N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 739

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 86880

2. FULL NAME Jess Willard Wynn

(a) Residence. No. North of Pocatello City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 3, 1916.

7. AGE: Years 17 | Months 9 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: & Farmer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oklahoma.

FATHER

13. NAME: Jack Wynn
14. BIRTHPLACE (city or town) (State or country): Illinois.

MOTHER

15. MAIDEN NAME: Pearl Brownly
16. BIRTHPLACE (city or town) (State or country): Kansas.

17. INFORMANT (Address): Jack Wynn, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Blackfoot, Idaho. Date: Jan. 5, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Jan. 3, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 1, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1934., to 1-1, 1934.

I last saw him alive on 1-1, 1934.; death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion of brain | |
| Pulmonary Embolus | |
| Comminuted Fracture | |
| left tibia & Fibula | |

Other **contributory causes** of importance:

| | |
|---|---|
| Auto accident on highway | |
| 6 Miles North of Pocatello | |
| Idaho — | |

Name of operation —— Date of —

What test confirmed diagnosis? —. Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/1, 1934
Where did injury occur? 6 miles North of Pocatello Ida on highway (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public highway
Manner of injury Hit by automobile
Nature of injury Injury to head - back & legs

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) J. H. Young M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86964

Registration District No. 6-9

Primary Registration District No. 2129 Local Registrar's No. 6-9 #1

(No. Ebert Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Hellmuth Buechner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3-1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 10-33

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill

FATHER

13. NAME Herman Carl Buechner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agusta Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Louis C. Buechner Saugatuck Mich

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Troy Ida Date Jan 9, 1934

19. UNDERTAKER (Address) Ida. Falls Ida.

20. FILED Jan 6, 1934 Rusk & Nichols Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1933, to Jan. 6, 1934

I last saw him alive on Jan. 6, 1934; death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Addison Disease | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. V. Ebert, M. D.

(Address) Troy Ida.

RECEIVED JAN 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86967

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 150

(No. 4 east Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence Weech

(a) Residence. No. 4 miles east St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Weech

6. DATE OF BIRTH (month, day, and year): Apr. 20th 187

7. AGE: Years 56 | Months 8 | Days 13 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Millard Co. Utah.

FATHER
13. NAME: Oliver Harris
14. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER
15. MAIDEN NAME: Ludema Sly
16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): Mrs. Chas Weech Nampa, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Nampa, Ida. Date: 1-5, 1934
19. UNDERTAKER (Address): Mrs. Nina M. Talley Nampa, Idaho
20. FILED: Jan 6, 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 5 1934
22. I HEREBY CERTIFY, That I attended deceased from: Nov 9 193..., to ..., 193...
I last saw h... alive on: Nov 193...: death is said to have occurred on the date stated above, at 4:15 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilitation heart | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Frederick Bellmyer, M. D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86976

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 161

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Moody

(a) Residence. No. 308-15 Ave S. Nampa Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept-8-1856

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Rochester Minn.

FATHER

13. NAME James DeGraff

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Grigsby

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. W. S. Bray
(Address) 308-15 ave S. Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date Jan. 5, 1933

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida

20. FILED Jan. 8, 1934 Lydia Ridgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/2 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932, to Jan. 1, 1934
I last saw h[illegible] alive on Jan. 1, 1933: death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 5 yrs |
| mitral insufficiency | 5 yrs |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation none Date of
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to exter[illegible] causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) L. P. Rivas, M. D.
(Address) Nampa Ida

# DISINTERMENT PERMIT

## IDAHO STATE BOARD OF HEALTH

## BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Mary Ellen Moody

now lying buried in Kohlerlawn Cemetery, in the City or Town of Nampa

County of Canyon State of Idaho, who died on the 2nd day of Jan., 1934; Aged 77 years ____ months ____ days, the cause of death being Chronic myocarditis and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. H. P. Ross attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Park View Cemetery in the City or Town of New Plymouth County of Payette

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Canyon it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho, this 28th day of April, A.D. 1972.

Permit issued to:
Shaffer-Jensen Memory Chapel
P. O. Box 730
Payette, Idaho 83661

W. W. Benson
by _____ Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

FORM BH 56-019

RECEIV... 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86977

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 148

(No. State School & Colony)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leroy Erickson

(a) Residence. No. State School & Colony St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 6 1914

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 19 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Dora Erickson
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mocow, Idaho Date 1-5..., 1934

19. UNDERTAKER Wm D. Talley
(Address) Nampa, Idaho

20. FILED Jan 4..., 1934 Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-3 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4..., 1928..., to 1-2..., 1934.

I last saw him alive on 1-2..., 1934.; death is said to have occurred on the date stated above, at 5:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic tuberculosis | |
| Myocarditis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Dora Erickson M. D.
(Address) Nampa Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
State File No. 86981

Local Registrar's No. 113

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald W Dwayne Brock

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 10-1931

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 | 9 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER
13. NAME Morton Brock
14. BIRTHPLACE (city or town)
(State or country) Mo.

MOTHER
15. MAIDEN NAME Anna Henson
16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMENT (Address) Morton Brock Caldwell Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Canyon Hill Date Jan 6, 1934

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 1-10, 1934 John S. Meyer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~Jan 30~~ Jan 3, 1934, to Jan 4, 1934
I last saw h[illegible] alive on Jan 4, 1934: death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchol Pneumonia | 12/30/33 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. J. Newberry, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86982

**PLACE OF DEATH**
County of Canyon
City of Greenleaf

Registration District No. 9
Primary Registration District No. 2005
Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Dillon Winslow

(a) Residence. No. Greenleaf St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widow. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 6 1839

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 94 | 10 | 27 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grant Co. (State or country) Indiana

FATHER
13. NAME Jesse Dillon
14. BIRTHPLACE (city or town) (State or country) No Carolina

MOTHER
15. MAIDEN NAME Mary Edwards
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) W. J. Winslow Greenleaf
18. BURIAL, CREMATION, OR REMOVAL Place Greenleaf Date Jan 5" 1934
19. UNDERTAKER C. M. Peckham (Address) Caldwell Ida
20. FILED 1-10, 1934 John S. Meyer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 3 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1933, to Dec 29, 1933
I last saw h. alive on Dec 29, 1934: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| age | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
N. A. If so, specify .....
(Signed) Fred Edelen M. D.
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Lot 2 Blk 29

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86983

**PLACE OF DEATH**
County of Canyon
City of Caldwell.

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No.

(No. 917- Dilmore)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Francedia Fisher

(a) Residence. No. 917- Dilmore St. Caldwell Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mr. — Fisher

6. DATE OF BIRTH (month, day, and year) Dec. [illegible] 0, 1844

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 85 | — | 23. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER
13. NAME Garner Miner
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. G. H. Lynch.

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Canyon Hill Date 1 — 6, 1934

19. UNDERTAKER Mrs. Nina M. Fallen
(Address) Nampa, Idaho

20. FILED 1 — 4, 1934 John L. Meyer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 — 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 1 — 4, 1933, to 1 — 4, 1934

I last saw her alive on 1 — 4, 1933: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Decompensation | |
| & Senility | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Montgomery, M. D.

(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87000

Registration District No. 117

Primary Registration District No. 2126 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Bailey

(a) Residence. No. Oakley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephen D. Bailey

6. DATE OF BIRTH (month, day, and year) Jan. 28 1853

7. AGE: Years 80 Months 11 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 1/3/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza Goode

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Stephen D. Bailey Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Idaho Date 1-12- 1934

19. UNDERTAKER (Address) Johnson Mattingly Mary McCulloch

20. FILED 1/13/..., 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7- 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to Dec. 16, 1933.

I last saw her alive on Dec. 16 1933; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 10 yrs. |
| Chronic Mitral Regurgitation | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chr. Interstitial Nephritis | |

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. Lee B. Burley M. D.

(Address) Burley Ida.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87121

PLACE OF DEATH
County of Madison
City of Sunnydell
Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 29
(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Augusta Allen.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 34 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Amos Allen.

6. DATE OF BIRTH (month, day and year) Nov. 13, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 1 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Sweden.

PARENTS

10. NAME OF FATHER (Unknown) Eliason

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Amar Allen
(Address) Thornton, Idaho. R. #1

15. Filed Jan 10, 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 8 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct. 1, 1933, to Jan. 8, 1934
that I last saw h.er alive on Jan. 8, 1934
and that death occurred, on the date stated above, at 4:20 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma Stomach

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) A. B. Rigby, M. D.
....., 19..... (Address) Rexburg, Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Archer, Idaho. | 1-11 1934 |
| 20. Undertaker A. B. Eamsell | Address Rigby Ida. |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1934

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 86.

Primary Registration District No. 1010.

DO NOT WRITE IN THIS SPACE

State File No. 87222

Local Registrar's No. 30.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elgar Lawrence Hayes

(a) Residence. No. 475 East Main St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Hayes

6. DATE OF BIRTH (month, day, and year) June 5—1882

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. R. R. Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Wm Hayes

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Arabelle Baymiller

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) G. L. Hayes Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Soker. Cem. Date 1—4—, 1934

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Jan 4, 1934. A. R. Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2— 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1933 to Jan 2 1934, I last saw him alive on Jan 2, 1934, death is said to have occurred on the date stated above, at 12:01 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1932 |
| Mitral Regurgitation | |
| Other contributory causes of importance: Acute Nephritis | ? |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. M. Coffin, M. D.

(Address) Weiser Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87226

**PLACE OF DEATH**
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 8
(No. Veterans Administration Facility, Boise, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CUNNINGHAM, James A.

(a) Residence. No. 221 North 9th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 13, 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lyons, Iowa

FATHER

13. NAME CUNNINGHAM, John

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McLaughlin

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1/13/34 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 1-13, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to Jan. 8, 1934.

I last saw him alive on Jan. 8, 1934; death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia, acute | |
| Pulmonary edema | |

Other contributory causes of importance:

| | |
|---|---|
| Operation | |

Name of operation Cholecystectomy Date of 1-5-34

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) ALLEN H. WALKER, M. D.

(Address) V.A., Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 22 1934

PLACE OF DEATH

County of Power

City of Rockland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87227

Registration District No. 25

Primary Registration District No. 2572

Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ephraim Ralphs

(a) Residence. No. Rockland Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Nelson Ralphs

6. DATE OF BIRTH (month, day, and year) Apr. 19 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 85 | 9 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stock-grower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) Week

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Bonaparte Ia.

FATHER

13. NAME Thomas Ralphs

14. BIRTHPLACE (city or town) (State or country) Shropshire England

MOTHER

15. MAIDEN NAME Sarah Johnson

16. BIRTHPLACE (city or town) (State or country) Dickland

17. INFORMENT (Address) E. Ralphs

18. BURIAL, CREMATION, OR REMOVAL Place Brigham City, Utah Date Jan 6, 193 4

19. UNDERTAKER Olive D. Lewis (Address) American Falls Ida

20. FILED Jan 4, 1934 Genevieve, Utah Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 193 4 to 1-1, 193 4

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 10-15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Pneumonia | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. S. Logan, M. D.

(Address) American Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 87228

Local Registrar's No. 20

2. FULL NAME Harold Scurr Mac Martin.

(a) Residence. No. 518. N. 6 th Street. St.
(Usual place of abode)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

41

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23.1889.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Attorney at Law.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Altoona, Kansas.
(State or country)

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT Edwin Snow.
(Address) Idaho Building, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. January 23. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-22, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan - 17, 1934, to Jan 20, 1934

I last saw him alive on Jan. 19, 1934: death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus infection of leg and septicaemia | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Reno Numbers, M. D.

(Address) Boise Ida

87329 Burge

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87229
State File No.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 17

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Thorpe

(a) Residence. No. 1715 W. 12th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elma Thorpe

6. DATE OF BIRTH (month, day, and year)
September 22, 1866

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ex-State Game

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Warden.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon
(State or country)

FATHER

13. NAME Riely Thorpe

14. BIRTHPLACE (city or town)
(State or country) Unknown.

MOTHER

15. MAIDEN NAME Sarah Clock

16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMANT J. J. Fon
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem Date 1/18/34

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 1-17, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/14/34

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Jan. 14th, 1934.
I last saw him alive on Jan 14, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | 1/14/34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Partial Intestinal obstruction released by Surgery 1/10/34

Name of operation Laparotomy Date of 1/10/34
Findings

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alfred Burge Jr MD, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

87230

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87230

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 28

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Lillian McClure

(a) Residence. No. 1708 Boise Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willis E. McClure

6. DATE OF BIRTH (month, day, and year) September 11-1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Elija Melius

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Emily Nourse.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT ...Harold McClure. (Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 1/26/34 193..

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho.

20. FILED 1-26 193 4 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/23/34 193

22. I HEREBY CERTIFY, That I attended deceased from ...Jan. 20..., 1934, to ...Jan. 23, 1934
I last saw her alive on ...1/23..., 1934; death is said to have occurred on the date stated above, at 7:30 P.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post operative Shock | |
| following removal of 30lb. Retro-Peritoneal Lipoma | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Lap. for abort Date of 1/23/34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ...Fred A. Peterson, M. D.
(Address) ...Boise, Idaho.....

RECEIVED JAN 28 1934

87231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87231

PLACE OF DEATH

County of Fremont

City of Ashton

Registration District No. 102

Primary Registration District No. 4

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guy Edison Casperson

(a) Residence. No. Ashton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Rose A. Casperson

6. DATE OF BIRTH (month, day, and year) Oct. 19-1891

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montrose Mo.

FATHER

13. NAME Hyrum P. Casperson

14. BIRTHPLACE (city or town) (State or country) America

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Rose A. Casperson Ashton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ashton Date Jan. 12, 1934

19. UNDERTAKER W. M. Hayden (Address) St. Anthony Idaho.

20. FILED Jan 13, 1934 Lenore Kerr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1934, to Jan 12, 1934

I last saw him alive on Jan 12, 1934: death is said to have occurred on the date stated above, at 6.45 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1- Influenzal Pneumonia | Jan 2nd |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) W. W. Daty M. D., M. D.

(Address) Ashton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87232

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 12
Primary Registration District No. 2194
Local Registrar's No. 10

(No. ; If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cecil L. Hess. (Gjettrup)

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day and year): 1 Sept 1909
7. AGE: Years 24 | Months 5 | Days 1 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓
9. BIRTHPLACE (city or town) (State or country): Shelley Ida
PARENTS
10. NAME OF FATHER: L. A. Hess
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Albion Idaho
12. MAIDEN NAME OF MOTHER: Belle Teeples
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Holden Utah
14. Informant: Jesse Gjettrup
(Address): Shelley Ida RFD
15. Filed Jan 13, 1934 Mrs Helen E Latus
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 2" (Day) 1934 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 1", 1934, to Jan 2", 1934, that I last saw h— alive on Jan 2", 1934, and that death occurred, on the date stated above, at 6 45 A m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. A. McGrath, M. D.
Jan 2", 1934 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Gordon, Idaho — Date of Burial: Jan 4 1934
20. Undertaker: Peck & Wood — Address: Idaho Falls Ida

IMPORTANT.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 5 1934

87233

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87233
State File No.

## PLACE OF DEATH

County of Nezperce
City of Lewiston, Ida

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie May Hulse

(a) Residence. No. 1303 Bridge St St. Clarkston Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ed. M. Hulse

6. DATE OF BIRTH (month, day, and year) June 22, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgerton, Ohio

MOTHER FATHER

13. NAME William G Wilsey

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Harriett Crocker

16. BIRTHPLACE (city or town) (State or country) Edgerton Ohio

17. INFORMANT (Address) Ed M. Hulse Clarkston, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 1/14/34

19. UNDERTAKER (Address) H.R. Merchant Clarkston, Wash

20. FILED Jan. 16 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/13/34

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to Jan. 13, 1934.
I last saw her alive on Jan. 13, 1934: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tumor Spinal cord | 1932 |

Other **contributory causes** of importance:

Name of operation No Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Broadstock, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB STATE OF IDAHO

8 7234

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87234

PLACE OF DEATH
County of Madison
City of Rexburg
Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 1
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glenn LeRoy Elhart. 47

(a) Residence. No. 19 W Main St.
(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 1882

7. AGE: Years 51 | Months 5 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year) Dec. 15-33.
11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME John Lewis Elhart.
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Hanna L. Beyers.
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) D. F. Elhart 3002 Federal Blvd. Denver, Colo.

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell, Idaho Date 1/21/34 193

19. UNDERTAKER (Address) [illegible] Caldwell Idaho

20. FILED Feb 4, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933, to Jan. 17, 1934
I last saw h[illegible] alive on Jan 17, 1934; death is said to have occurred on the date stated above, at 7:30P m.
The principal cause of death and related causes of importance were as follows: Date of onset

Streptococcic Infection starting in hand, spreading to axilla, then to left lung.

Other contributory causes of importance:
Wound received while working, when infection started.

Name of operation Incision & drainage Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Ac Date of injury 193
Where did injury occur? Shoe repairing Shop Rexburg
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Shoe repairing Shop
Manner of injury Wound back of hand
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Shoemaker

(Signed) [illegible] M. D.
(Address) [illegible]

RECEIVED [illegible] 1934

87235

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87235

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 161

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward A. Roth

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Tirnell

6. DATE OF BIRTH (month, day, and year) May 25 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 37 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) January 15 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER FATHER

13. NAME Gus Roth

14. BIRTHPLACE (city or town) Illinois
(State or country)

15. MAIDEN NAME Lucy Ensminger

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Frank Roth
(Address) Rathdrum, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pine Grove, Rathdrum Date 1-19-, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum Idaho

20. FILED 1-22-, 1934 E. L. Spohn M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-15-, 1934., to 1-15-, 1934.

I last saw h....alive on ....., 193..: death is said to have occurred on the date stated above, at about 6:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury 1/15, 1934

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, state how.....

(Signed) E. L. Spohn M.D.

(Address) Sheriff's Office Kootenai Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 1 1934

STATE OF IDAHO

PLACE OF DEATH

# CERTIFICATE OF DEATH

State File No. 81256

City of Filer

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 24

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Louisa Strain

(a) Residence. No. Filer Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles Strain

6. DATE OF BIRTH (month, day, and year) Oct. 23, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 2 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montgomery Mo.

FATHER

13. NAME William Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophrania Davis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Dr. W. Wright Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Date Feb 6 1934

19. UNDERTAKER (Address) Evans & Johnson Twin Falls Ida

20. FILED Feb. 1, 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1923, to Jan. 11, 1934.

I last saw h alive on Jan. 11 1934. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | Jan 2-1923. |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senile Insanity | Jan 8-1934. |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. A. Wright M. D.

(Address) Filer

87237

RECEIVED JAN 10 1934
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87237
State File No.

County of Bonneville
City of Idaho Falls
Registration District No. 7-3
Primary Registration District No. 21-7
Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johan Edwin Jensen

(a) Residence. No. Lyman St. Idaho (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5-1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 39 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Union (State or country) Utah

FATHER

13. NAME Niels M. Jensen

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Sarah Ann Amundsen

16. BIRTHPLACE (city or town) South Cottonwood (State or country) Utah.

17. INFORMENT (Address) Niels M. Jensen Thornton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Cem. Date Jan 11, 1934

19. UNDERTAKER (Address) Jesse C. Keller Driggs Idaho

20. FILED 1/9, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 7. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to Jan 7, 1934
I last saw h.m alive on Jan 7, 1934: death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 10 days |
| | Dec 1933 |

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

872 37

DO NOT WRITE IN THIS SPACE

State File No. 87238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 3

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Charles Hansen

(a) Residence. No. Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. May Hansen

6. DATE OF BIRTH (month, day, and year) Feb. 6, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 69 | 11 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. W. A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lacrasse
(State or country) Wisconsin

FATHER

13. NAME A. K. Hansen

14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER

15. MAIDEN NAME Davis

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMENT Mrs. May Hansen
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rushford, Minn Date Jan. 9, 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 1-8, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Jan 6, 1934
Last saw him alive on Jan 6, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | about Dec 28 |
| (oedema lungs) | |
| Other contributory causes of importance: "Grippe" | 1933 |

Name of operation none Date of
What test confirmed diagnosis? Mental Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. Symms, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

87239

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87239

**PLACE OF DEATH**
County of Boise
City of Ada

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 48

(No. 510 State St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Konrad

(a) Residence. No. 510 State Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Konrad

6. DATE OF BIRTH (month, day, and year) Oct. 5th. 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Salesman

10. Date deceased last worked at this occupation (month and year) 10 years.

11. Total time (years) spent in this occupation 42 Years.

12. BIRTHPLACE (city or town) (State or country) Bavaria

FATHER

13. NAME Fred Konrad

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMENT (Address) Edward Konrad

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 2-17, 1934 St. John's Cemetery

19. UNDERTAKER (Address) Schreiber & McCann, Boise, Idaho.

20. FILED 2-15, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-15 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933, to Feb 15, 1934

I last saw him alive on Feb 14, 1934: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Impaction | |
| | |
| | |
| | |

Other contributory causes of importance: Tumor of Pectoral

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas V. Sevonay, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1 1934

Boise 87240

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87240

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 19

(No. Boise, Idaho. Route #5.) 101a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Fletcher.

(a) Residence. No. Boise, Idaho. Route #5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ----------
6. DATE OF BIRTH (month, day, and year): January 13, 1895
7. AGE: Years: 39 | Months: 0 | Days: 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho.

FATHER
13. NAME: Emroy Fletcher
14. BIRTHPLACE (city or town) (State or country): Wis.

MOTHER
15. MAIDEN NAME: Abbie Ball.
16. BIRTHPLACE (city or town) (State or country): Wis.

17. INFORMANT (Address): Mrs. Abbie Eastman. Boise, Idaho.
18. BURIAL, CREMATION OR REMOVAL Place: Morris Hill Cem. Date: 2/9/34, 193..
19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho.
20. FILED: 2-9-, 1934 W. W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/6/34

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31st, 193 4, to Feb. 6th, 193 4.
I last saw him alive on Feb. 6th 193 4.: death is said to have occurred on the date stated above, at 7 A. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double Lobar pneumonia | Jan. 30 '34 |

Other ~~contributory causes~~ of importance: Patient emaciated, bore generally full of [illegible] Tuberculosis
Name of operation: ... Date of:
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury...
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) A. M. Banks, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87241

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 22

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Duncan Johnston.

(a) Residence. No. 310 East Bannock St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Johnston.

6. DATE OF BIRTH (month, day, and year) May 15th 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Ferry., England

FATHER

13. NAME Duncan Johnston.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT (Address) Duncan McDougal Johnston. Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 1/24/34

19. UNDERTAKER (Address) Wm McBratney Boise, Idaho.

20. FILED 1-23, 1934. W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/22/34

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933 to Dec 22, 1934

I last saw him alive on Jan 22, 1934; death is said to have occurred on the date stated above, at 6:22 PM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Stenosis | |
| with Myocardial | |
| degeneration. | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of ..

What test confirmed diagnosis? .. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Springer M. D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87242

**PLACE OF DEATH**
County of Ada.
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 24
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Noah T. Magee.

(a) Residence. No. 1406 North 12 street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 23. 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 83 | 4 | 0 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Peoria
(State or country) ILL.

FATHER
13. NAME George Magee.
14. BIRTHPLACE (city or town)
(State or country) Pennsylvana

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMENT Mrs F. E. Perkins
(Address) 2425 Ellis Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Jan. 25, 1934

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho.

20. FILED 1-24, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193.., to Jan, 193.4
I last saw him alive on Jan 23, 193.4; death is said to have occurred on the date stated above, at 5-15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Harold W. Stone M. D.
(Address) 317 Eastman Bldg. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 87243

Local Registrar's No. 25

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Grosso

(a) Residence. No. 706 Union St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eusebio Grosso

6. DATE OF BIRTH (month, day, and year): Sept. 28th. 1873

7. AGE: Years 60 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): France

FATHER
13. NAME: ? Gallo
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: Not Obtainable
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMENT (Address): B. J. Grosso Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Boise, Ida. St. John's Date 1- 17, 1934

19. UNDERTAKER: Schreiber & McCann
(Address): Boise.

20. FILED 1-24, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 - 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1933, to Jan 14, 1934
I last saw her alive on Jan 14, 1934: death is said to have occurred on the date stated above, at about 5 a.m. Jan 15

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| and | |
| Sub-acute nephritis | |

Other contributory causes of importance:

| | |
|---|---|
| Diabetes mellitus | |
| Sub acute nephritis | |
| and Dropsy | |

Name of operation: Autopsy Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Hospital
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) G. H. Wahle, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87244

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 26

(No. Soldiers Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John King Woodburn

(a) Residence. No. 2009 Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Geneva Woodburn

6. DATE OF BIRTH (month, day, and year) July 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 79 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Mississippi

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town)
(State or country) American

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town)
(State or country) American

17. INFORMENT
(Address) Geneva Woodburn Boise

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 1-23, 1934

19. UNDERTAKER Schreiber McCann
(Address) Boise Ida

20. FILED 1-24, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/32, 1932, to 1/31, 1934

I last saw him alive on 1/22, 1934; death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Hip. | 8/11/33 |
| | |
| | |
| | |
| Other contributory causes of importance: Bronko-pneumonia | 8/14/33 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accide Date of injury 1-12, 1934

Where did injury occur? Soldiers Home Boise Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At Soldiers Home

Manner of injury Fell

Nature of injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Swan M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Fuller ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87245

**PLACE OF DEATH**

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flavius. C. Croy.

(a) Residence. No. 1409. E. Washington Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Jerusha E. Croy

6. DATE OF BIRTH (month, day, and year) July. 23. 1860.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Extracts.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Thomas Croy.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Mary Duffy.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. Jerusha E. Croy. 1409. E. Washington. St.

18. BURIAL, CREMATION, OR REMOVAL Morris hill cemetery. Date Jany. 27. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-26, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933, to Jan 25, 1934

I last saw him alive on Jan 25, 1934: death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Arterio-sclerosis | |

Other contributory causes of importance:

| | |
|---|---|
| Diabetes | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Forbush, M. D.

(Address) Boise Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Baldwin

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87246

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 31

(No. 1712 N. 19th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alice A. Afton

(a) Residence. No. 1712 N. 19th St.
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Afton

6. DATE OF BIRTH (month, day, and year)
November 15- 1852

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER/FATHER

13. NAME Martin Brown.

14. BIRTHPLACE (city or town)
(State or country) Pa.

15. MAIDEN NAME Susan Jane Goddard

16. BIRTHPLACE (city or town)
(State or country) Ky.

17. INFORMANT Mrs. Amon Yeager.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Cem. Date 1/30/34

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho.

20. FILED 1-29 1934 W. A. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/28/34

22. I HEREBY CERTIFY, That I attended deceased from October, 1933, to death, 193...
I last saw h. alive on about 1/15, 1934; death is said to have occurred on the date stated above, at 3:15 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of sigmoid colon | 1925 |
| with generalized metastasis | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. E. Wellman, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

FEB 14 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87247

**PLACE OF DEATH**

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 30

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Robert Adam Ormiston.

(a) Residence. No. Middleton, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 11. 1860.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 73 | 5 | 15. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton, New York.

FATHER

13. NAME Adam Ormiston.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Elizabeth Gillett.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mrs. Charles Card. 426. S. 10 Street, Boise,

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery, Date 28. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-27, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1934, to 1-26, 1934

I last saw him alive on 1-25, 1934: death is said to have occurred on the date stated above, at 9:00 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia. | Approx 1-22-34 |
| Other contributory causes of importance: Broncho pneumonia. | 5 days. |
| Myocarditis | |
| Arteriosclerosis | |
| Senility | |

Name of operation None Date of

What test confirmed diagnosis? Phy. findings an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. F. Kistler, M. D.

(Address) Boise Idaho

V Brostam

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87248

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 32

(No. 1601 Leadville)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sarah Jane Billings

(a) Residence. No. 1601 Leadville St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joel Billings.

6. DATE OF BIRTH (month, day, and year) August 12- 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilksbour, N.C.

FATHER

13. NAME Hiram Wilcox

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Myra Robbins.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT Mrs. Minnie Mackey
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 1/30/34

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 1-29, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/27/34

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to Jan 27, 1934.

I last saw her alive on Jan 23, 1934; death is said to have occurred on the date stated above, at 3.15 P. M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Arthritis | years |
| Fracture left femoral neck | Jan 22 |
| Cerebral Embolism | Jan 23 |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation. None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Ac. Date of injury 1-22, 1934

Where did injury occur? At Home
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** At home

Manner of injury Fell out of bed

Nature of injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. M. Brostam, M. D.

(Address) Boise, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 87249

Local Registrar's No. 55

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles R. Hay.

(a) Residence. No. 1150 Borah Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah J. Hay.

6. DATE OF BIRTH (month, day, and year) Sept. 30. 1868.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 3 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Yard man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for coal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME Thomas Hay

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Mary Jane. Robinson.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMENT (Address) John D. Hay. Bruneau, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bruneau, Idaho Date Jan. 30, 193 4

19. UNDERTAKER Summers & Krebs (Address) Boise, Idaho.

20. FILED 1-29, 193 4 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 26 193 4

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 193 4, to Jan. 26, 193 4
I last saw him alive on Jan. 26, 193 4; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis - Heart failure | 1/1/34 |

Other contributory causes of importance:
arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Wedman, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87250

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 1

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm J. Phillips

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 4, 1853

7. AGE: Years: 80 | Months: 8 | Days: 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired 2 years

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harrisonville
(State or country) Missouri

FATHER

13. NAME James M. Phillips

14. BIRTHPLACE (city or town) Pont-Knox
(State or country) So Carolina

MOTHER

15. MAIDEN NAME Polly Beeler

16. BIRTHPLACE (city or town) Pont-Knox
(State or country) So Carolina

17. INFORMANT W. B. Phillips
(Address) Kuna Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Ida Date 1-16, 1934

19. UNDERTAKER E. W. Robinson
(Address) Meridian Ida

20. FILED 1/16, 1934 W. H. Baer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933, to Jan 13, 1934.

I last saw him alive on Jan 12, 1934; death is said to have occurred on the date stated above, at 8:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cystic nephritis | |
| Hypertension | |
| Hypertensive heart disease | |
| Cerebral hemorrhage | |
| | |

Other **contributory causes** of importance:
Focal infection

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Cameron M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87252

**PLACE OF DEATH**

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Huntley Passage.

(a) Residence. No. 116 North 17th street. St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June.18.1853.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 80 | 6 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ghent
(State or country) Ohio

FATHER

13. NAME Benjamin Huntley.

14. BIRTHPLACE (city or town) Cuvington
(State or country) Ky.

MOTHER

15. MAIDEN NAME Elizabeth Furgeson

16. BIRTHPLACE (city or town) Norton.
(State or country) Ohio.

17. INFORMENT Mrs R. E. Ewing.
(Address) 116 N. 17th street, Boise.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Jan. 4., 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-2, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2. 1934.

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933, to Jan 2, 1934.

I last saw h[illegible] alive on Jan 1, 1933: death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (Bronchial) | |

Other contributory causes of importance:

Intestinal Obstruction
Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) O. H. Parker, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 87253

Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Esther Westrope.

(a) Residence. No. 419 south 15th street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 15. 1864.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 2 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Biggsville
(State or country) ILL.

FATHER

13. NAME Leanord Fuller.

14. BIRTHPLACE (city or town) Gardner
(State or country) Maine.

MOTHER

15. MAIDEN NAME Matelda March

16. BIRTHPLACE (city or town) Gardner
(State or country) Maine

17. INFORMENT (Address) Austin Westrope Willman Apt. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Jan. 5, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-3, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Jan 2, 1934
I last saw h.. alive on July, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coarctation Heart Disease | |
| Died suddenly no immediate attendance | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) C. H. Parker, M. D.
(Address) Boise, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87254

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 5

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Amanda A. Casey

(a) Residence. No. 1219 N. 17th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matthew Casey.

6. DATE OF BIRTH (month, day, and year) July 15th 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER FATHER

13. NAME Willaim Henshaw.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Nancy Nichols.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Marvin Casey.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Cemetery Date 1/6/34 193..

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 1-5, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/4/34 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933 to Jan. 4, 1934.
I last saw her alive on Jan. 4, 1934; death is said to have occurred on the date stated above, at 1:10 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | |

Other **contributory causes** of importance:
Chronic bronchial asthma and high blood pressure, irregular heart.

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Wm. Bruk M. D.
(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87255

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 8

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Drake

(a) Residence. No. Ornadview, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/9/34 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 1-8, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/4/34 193

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1929, to January 4, 1934.
I last saw him alive on Jan. 3, 1934; death is said to have occurred on the date stated above, at 7:30 AM.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial nephritis | |
| uremia. | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Granulia abscess & urethral | |
| Strictures | |
| Carcinoma ? Bladder? | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D. W. M. Doctor, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87256

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 9

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Eugene Troyer

(a) Residence. No. 1414 E. Bannock St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jane Troyer

6. DATE OF BIRTH (month, day, and year) March 30 th 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 75 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Business Manager

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annawan, Henry Co. Ill.

MOTHER FATHER

13. NAME Lewis Troyer

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Elizabeth Morton

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT (Address) Vida Troyer Smith Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/11/34, 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 1-11, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/9/34 193

22. I HEREBY CERTIFY, That I attended deceased from July 1922, 193.., to Jan 9, 193.3.
I last saw him alive on Jan 9., 193.3.; death is said to have occurred on the date stated above, at 7:30 A.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Heart | |
| Decay | 1 yr. ago |
| Generalized Arteriosclerosis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alfred Rudy Erwin, M. D.
(Address) Boise, Idaho.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87257

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 12

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas J. Raper

(a) Residence. No. 1014 Thatcher Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 12th 1845

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 88 | 5 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Joseph Raper

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT J. D. Raper
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Shipped
Place Idaho Falls, Ida. Date 1/15/34 93..

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 1-15.., 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/14/34 93

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932, to Jan. 14, 1934.
I last saw him alive on Feb. 13, 1934.; death is said to have occurred on the date stated above, at 1:15 A. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility — | |
| Hypostatic pneumonia — | |
| Paralysis — | |
| Encephalitis — | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? —. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Fred Bauch M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87258

**PLACE OF DEATH**
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 16

(No. 1706 Harrison Blv.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John P. Anderson.

(a) Residence. No. 1706 Harrison Blv. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie C. Anderson.

6. DATE OF BIRTH (month, day, and year) May. 16. 1864.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 7 | 28. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Jane Hawes. 1706 Harrison Blv.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Jan. 16, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-15-34 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933, to Jan. 14, 1934
I last saw him alive on Jan 13, 1934: death is said to have occurred on the date stated above, at 5 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Paralysis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) M. Calloway M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87259

**PLACE OF DEATH**

County of Ada

City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 14

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James. H. Hart, Jr.

(a) Residence. No. 421. West Bannock Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

71a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 28. 1873

| 7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 6 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tin Smith.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME James. H. Hart.

14. BIRTHPLACE (city or town) (State or country) New York. N.Y.

MOTHER

15. MAIDEN NAME Eliza Paynton.

16. BIRTHPLACE (city or town) (State or country) New York. N.Y.

17. INFORMENT (Address) Henry. C. Hart. 421. W. Bannock Street.

18. BURIAL, CREMATION, OR REMOVAL Pioneer Cemetery. January. 17. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-16, 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934, to Jan 15, 1934
I last saw alive on Jan 16, 1934: death is said to have occurred on the date stated above, at 6.30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Some form of Meningitis Organism was not isolated. | Jan 4/34 |

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Springer, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87260

**PLACE OF DEATH**

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 15

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester C. Westfall.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Westfall.

6. DATE OF BIRTH (month, day, and year) Oct.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prospector.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Clyde E. Summers 906 Bannock st. Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Jan13, 1934

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 1-16, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1933, to January 11, 1934

I last saw him alive on Jan. 11, 1934; death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of neck - | |
| pneumonia - | |
| Exhaustion. | |

Other contributory causes of importance: Cancer of lip January 1933

Name of operation Resection of neck glands 9/8/33 Date of

What test confirmed diagnosis? Lab & Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ....., 193

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Clayton, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87261

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 18

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Louise Harvey.

(a) Residence. No. 613 Franklin Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William A. Harvey

6. DATE OF BIRTH (month, day, and year): October 9th 1871

7. AGE — Years: 62 — Months: 2 — Days: 6 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England.

FATHER

13. NAME: William Allison

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Maria Wilson.

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): William A. Harvey Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/18/34

19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho

20. FILED 1-17-1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/15/34

22. I HEREBY CERTIFY, That I attended deceased from Jan 13., 1934., to Jan. 15., 193.4.
I last saw h. er alive on Jan 15., 193.4: death is said to have occurred on the date stated above, at 9.45 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorhage (Apoplexy) | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Harold W. Love, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87262

**PLACE OF DEATH**
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 19

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caddie Bates.

(a) Residence. No. 1415. N. 8 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1860.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation T

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Bessie Martin King. 2101. Ellis Ave, Boise.

18. BURIAL, CREMATION, OR REMOVAL Pioneer Cemetery. January. 21, 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-22, 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-18 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to 1/18, 1934
I last saw her alive on 1/17, 1934: death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary [redacted] | |
| Embolism. | |

Other contributory causes of importance:
Auto accident Fractured Pelvis & R. Rib.

Name of operation — Date of
What test confirmed diagnosis? X Ray & clinical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 1/17, 1934
Where did injury occur? Boise Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place.
Manner of injury Auto accident
Nature of injury Fractured Pelvis & Rib.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred A. Tibbetts Jr. M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise (or near)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 87263

Local Registrar's No. 27

(No. St. Lukes Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wong Sucho

(a) Residence. No. Davis Ranch St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Yellow | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dong Kuan

6. DATE OF BIRTH (month, day, and year) 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMENT (Address) Ed Wong

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 1-26, 1934 Chinese Plot

19. UNDERTAKER Schroeder & McCall (Address) Boise Idaho

20. FILED 1-25, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 4p 1-18, 1934, to 6.30p 1-18, 1934

I last saw him alive on 1-18, 1934: death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | 1-18-34 |
| Other contributory causes of importance: Arterial Hypertension | ? |

Name of operation Spinal punct Date of 1-15-34

What test confirmed diagnosis? Obvious Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T W Almond, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87265

1. PLACE OF DEATH
County of Ada
near
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 2

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Wagner

(a) Residence. No. Ada County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of May 2

6. DATE OF BIRTH (month, day, and year) 1856.

7. AGE: Years 77 | Months 7 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Drug Sprinkler Wagner Boise Inc
10. Date deceased last worked at this occupation (month and year) 18 years ago
11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (city or town) (State or country) Oregon, Ill.

FATHER
13. NAME Emanuel Wagner
14. BIRTHPLACE (city or town) (State or country) Washington, Maryland.

MOTHER
15. MAIDEN NAME Elizabeth Fridley
16. BIRTHPLACE (city or town) (State or country) Wahington, Maryland.

17. INFORMENT (Address) Mrs E C Lehrase, Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Jan. 9, 1934

19. UNDERTAKER Schreiber & McMann
(Address) Boise Idaho

20. FILED 1-8, 1934 W W Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-7 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to Jan 7, 1934
I last saw him alive on Jan 6, 1934: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Injured by a fall Concussion of brain | |
| Other contributory causes of importance: | |
| Chronic nephritis (apellog) | |

Name of operation ——— Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-4, 1934
Where did injury occur? Boise Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Ada County Hospital
Manner of injury Fell down stone steps
Nature of injury Head injury. Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Carraway M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87266

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 3

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Franklin Taylor.

(a) Residence. No. 7 Miles West of Boise, I mile west of Ustick
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Hilma Taylor.

6. DATE OF BIRTH (month, day, and year) May. 16.1862.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina.
(State or country)

FATHER

13. NAME William Taylor.

14. BIRTHPLACE (city or town)
(State or country) North Carolina.

MOTHER

15. MAIDEN NAME Permelia. L. Grigg.

16. BIRTHPLACE (city or town) North Carolina.
(State or country)

17. INFORMENT Mrs. Hilma Taylor.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. January 8 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-8, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933, to Jan 6, 1934
I last saw him alive on Jan 5, 1934; death is said to have occurred on the date stated above, at 8 45 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Dec 31-33 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Hypertension | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. A. Forbush, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

• MARGIN RESERVED FOR BINDING •

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87267

**PLACE OF DEATH**
County of Ada
City of
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 4
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Agnes Alston Canfield.

(a) Residence. No. 1 mile south of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 23. 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 3 | 15. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa.
(State or country)

FATHER
13. NAME Robert Alston
14. BIRTHPLACE (city or town) Scotland.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT (Address) Robert. B. Canfield R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Idaho. Date Jan. 10 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-8, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1934, to 1/8, 1934.
I last saw her alive on 1/6, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |
| Other contributory causes of importance: Senility | |

Name of operation Date of
What test confirmed diagnosis? Clinical Was autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A. Peterson, M. D.
(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 14 1934

**PLACE OF DEATH**

County of Ada

City of Boise

**STATE OF IDAHO**
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87268

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 5

(No. Boise, Idaho. R#4)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Weirman

(a) Residence. No. Boise, Idaho. R#4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Weirman

6. DATE OF BIRTH (month, day, and year)
March 7th 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 9 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John P. Weirman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine Fisher.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs. Margaret Weirman Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/8/34 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 1-8, 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/6/34 193

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1933, to Jan 5, 1934.
I last saw him alive on Jan 4, 1934; death is said to have occurred on the date stated above, at 12:15 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | Jan 2, 1934 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. J. Svendsell, M. D.
(Address) Boise, Idaho.

RECEIVED FEB 14 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87269

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 6

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Cant

(a) Residence. No. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White. | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 1st 1848

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 85 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Pearl Allen.
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/8/34, 193..

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 1-10, 1934 W. A. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/7/34 93

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Jan 7, 1934

I last saw h. im alive on Jan 6, 1934; death is said to have occurred on the date stated above, at 11 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

1934 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87270

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 7

(No. Boise, Idaho. Route #4)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Malcom Wood.

(a) Residence. No. Boise, Idaho Route #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adda Wood.

6. DATE OF BIRTH (month, day, and year) August 4th 1845

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 88 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

MOTHER FATHER

13. NAME Ruben Wood

14. BIRTHPLACE (city or town) (State or country) Hartford, N. Y.

MOTHER

15. MAIDEN NAME Sarah Ferguson

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Justa Downs. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/12/34

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 1-11, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/10/34

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1934, to January 10 1934.
I last saw him alive on Jan. 10, 1934; death is said to have occurred on the date stated above, at 2:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia Left lower | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Bronchitis & Cardiac asthma | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ~~Ex~~. Was there an autopsy? ~~No~~.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Justa M. Downs M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 9

DO NOT WRITE IN THIS SPACE
State File No. 87271

(No. Ada county Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Addie Jane Mc Claren

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8, 1855.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 11 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Frank D. McClaren 2010 Lemp St. Boise, Ida.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Portland, Ore. Date 1-18, 1934 Shipment

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho.

20. FILED 1-15, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan-10 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to 1-10, 1934

I last saw her alive on 1-9, 1934: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause unknown. | |
| Clinical evidence was that | |
| of Primary Carcinoma of stomach | |
| involving liver. | |
| Autopsy refused. | |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. Callaway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87272

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 10

(No. 6th & Garden Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David V. Morrison

(a) Residence. No. 6th & Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelina Morrison

6. DATE OF BIRTH (month, day, and year) June 11th 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Cafe Owner.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leith, Scotland

MOTHER FATHER

13. NAME William Morrison.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Mary Jane Bog.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT (Address) Mrs. John B. Smith, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 1/19/34

19. UNDERTAKER (Address) Wm. McBratney, Boise, Idaho

20. FILED 1-17, 1934 C. M. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/16/34

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 15, 1934.
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 1:20 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage (Hypertension) | 1934 Jan 13 |
| Other **contributory causes** of importance: Cardio-Vascular Renal Disease | 1926 |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Harold I. Rokes, M. D.
(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE
State File No. 87273

Local Registrar's No. 11

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johann George Mueller.

(a) Residence. No. 6 Miles South West of Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Anna. G. Mueller.

6. DATE OF BIRTH (month, day, and year) Aug. 21.1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 4 | 24. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Andrew Mueller.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs. Anna. G. Mueller. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Jan. 19 1934

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 1-18, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 -, 193 3, to Jan 15 -, 193 4

I last saw him alive on Jan 1 V, 193 4: death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |

Other contributory causes of importance:

Senility

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. A. Springer, M. D.

(Address) Boise Idaho

506

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87274

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 15

(No. 7 Miles West of Boise.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Nettie Jane Glasier Schneider

(a) Residence. No. 7 Miles West of Boise St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Schneider.

6. DATE OF BIRTH (month, day, and year) October 3rd 1868

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota.

FATHER

13. NAME Daniel Glasier.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Sarah Hart.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT (Address) William Schneider. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 1/27/34

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 1-26 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/24/34

22. I HEREBY CERTIFY, That I attended deceased from January, 1934, to January, 1934
I last saw her alive on Jan., 1934; death is said to have occurred on the date stated above, at 9:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| High Blood Pressure (Essential Type) | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Harold W. Stone, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 21

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 87275

Local Registrar's No. 984

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabelle E. Peck

(a) Residence. No. Eagle, Ida R#1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 21-1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 0 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bellevrey Mich

FATHER

13. NAME Wm Doughtery

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Millie Budd

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Don W Peck Eagle, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Roswell Cem Date 1-22-1934

19. UNDERTAKER (Address) C. H. Peckham Caldwell Idaho

20. FILED 1/25, 1934 M Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1933, to Jan 20, 1934

I last saw h[illegible] alive on Jan 17, 1934; death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Not known |
| Arterio Sclerosis | |
| H.B.P. | |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral Hemorhage | Oct 18/33 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Halverson, M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87276

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 34

(No. St. Alphonsus Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

38

2. FULL NAME Felix M. Green

(a) Residence. No. 2306 Harrison Blvd
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Cal. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie L. Green

6. DATE OF BIRTH (month, day, and year) April 9-1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep Raiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1-6-34

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Chas. Green

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Maddie ?

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMENT (Address) Mamie L. Green Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1-27, 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise, Idaho

20. FILED 1-31, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934, to Jan 26, 1934

I last saw him alive on Jan 25, 1934: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Softening of Brain | 1-6-34 |
| Syphilis | ? |

Other contributory causes of importance:

Aneurysm

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Forbush, M. D.

(Address) Boise

1934

Dr Collister. ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87278

**PLACE OF DEATH**
County of Ada.
City of Boise.
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 13
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Esther K. Murrie.

(a) Residence. No. 1/4 mile north of Collister. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert O. Murrie.

6. DATE OF BIRTH (month, day, and year) Dec. 25. 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | 0 | 25. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Andrew Gow.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Esther Keacher.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) Robert O. Murrie. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1-22, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-21, 1934 W. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 1 10 34, 193..., to ..., 193...
I last saw ~~her~~ alive on 1 20, 1934; death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage of brain | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Fra Collister, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 14 1934

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87279

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 8

(No. 20th & Irene Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Janet May Church

(a) Residence. No. 20th & Irene Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) June 8th 1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME W. S. Church

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Leona Naser.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT W. S. Church
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/2/34 193..

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 1-2-, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1/34

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Dec 31, 1933.

I last saw h.. alive on ....., 193...: death is said to have occurred on the date stated above, at 4 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza & | |
| Bronchio Pneumonia | Dec 26 1933 |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Incarceration | Months |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. H. Bradshaw, M. D.

(Address) Boise, Idaho.

FEB 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87281

**PLACE OF DEATH**

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 6

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

40

2. FULL NAME Georgia Lewis Stearns

(a) Residence. No. 1208. Franklin Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George. G. Stearns.

6. DATE OF BIRTH (month, day, and year) June. 10. 1893.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 40 | 6 | 24. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Texas.
(State or country)

FATHER

13. NAME Edwin Lewis.

14. BIRTHPLACE (city or town) Alabama.
(State or country)

MOTHER

15. MAIDEN NAME Louellen Edwards.

16. BIRTHPLACE (city or town)
(State or country) Mississippi.

17. INFORMENT George. G. Stearns.
(Address) 1208. Franklin St. Boise,

18. BURIAL, CREMATION, OR REMOVAL
Place Seattle, Wash. Date Jan. 8, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-6, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Jan. 4, 1934

I last saw her alive on Jan. 4, 1934, death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus Cellulitis of lip and chin - Septicemia | 12/31/33 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Streptococcus findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Erdman, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Dr Swinnerton

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 87283

Local Registrar's No. 10

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Elmer Hammond.

(a) Residence. No. 2224 Idaho St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | ~~Divorced.~~ Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16, 1905.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 7 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Life Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Storden
(State or country) Minn.

FATHER

13. NAME Henry G. Hammond.

14. BIRTHPLACE (city or town)
(State or country) Minnesota

MOTHER

15. MAIDEN NAME Maggaret B. Look

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMENT Henry G. Hammond
(Address) 2224 Idaho St. Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Caldwell Idaho Date Jan 13, 1934

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 1-12, 1934 W. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan - 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Jan 10, 1934

I last saw him alive on Jan 10, 1934: death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1931 |

Other contributory causes of importance:
Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis? Clinical & Laboratory Tray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. J. Swingdell, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87284

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 11

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elbert Donald West

(a) Residence. No. 2811 West Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 12 1933

7. AGE: Years 1 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME John A. West
14. BIRTHPLACE (city or town) Medford
(State or country) Oregon

MOTHER
15. MAIDEN NAME Lucy Wilma Stubbs
16. BIRTHPLACE (city or town) Harrison
(State or country) Arkansas

17. INFORMENT (Address) John a West 2811 West Jefferson Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 1/13/34

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-13, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1934, to Jan. 12, 1934
I last saw him alive on Jan. 11, 1934: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 12/20/33 |

Other contributory causes of importance:
Activation of arnold lesion resulting in the placement of right hip total.

Name of operation none. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harrison Drennan M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87285

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 16

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willa Dee Davis

(a) Residence. No. Cascade, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 4 Hrs. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year): April 21st 1933

7. AGE — Years: 0 Months: 8 Days: 24 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cascade, Idaho

MOTHER/FATHER

13. NAME: Edwin Davis

14. BIRTHPLACE (city or town) (State or country): Neb.

15. MAIDEN NAME: Pauline Liming

16. BIRTHPLACE (city or town) (State or country): Cascade, Idaho.

17. INFORMANT (Address): Everett, Harp. Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL: Shipped
Place. Cascade, Idaho Date 1/16/34

19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho.

20. FILED 1-16 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/15/34

22. I HEREBY CERTIFY, That I attended deceased from 1/15/34, 193.., to 1/15/34, 193.... I last saw h. alive on 1/15/34, 193.. death is said to have occurred on the date stated above, at 8:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 1/11/33 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) M. E. Simmons Lovell M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87286

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 21

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pascasio Garechana

(a) Residence. No. 521 Grove St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 31, 1894
7. AGE — Years: 39 — Months: 8 — Days: 17 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Sheepherder
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spain

FATHER
13. NAME: Pedro Garechana
14. BIRTHPLACE (city or town) (State or country): Spain

MOTHER
15. MAIDEN NAME: Josefa Arrate
16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMENT (Address): Mrs. M. Garechana Boise Ida
18. BURIAL, CREMATION, OR REMOVAL — Place: Boise, Ida. — Date: 1-19-1934
19. UNDERTAKER (Address): Schreiber & Mahoney Boise Ida
20. FILED 1-23, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 17 1934
22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933, to Jan 16, 1934
Last saw h. alive on Jan 16, 1934: death is said to have occurred on the date stated above, at 5:35 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | May 1933 |

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? X Ray & Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. T. Swendsen, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87287

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 23

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Agnes May Martens

(a) Residence. No. Boise, Idaho. Route #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Martens

6. DATE OF BIRTH (month, day, and year) January 23-1884

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 49 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

MOTHER/FATHER

13. NAME Michael Byer.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT (Address) Charles W. Martens. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/23/34

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 1-23, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/20/34

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1934, to Jan. 20, 1934.
I last saw h. alive on Jan. 20, 1934.; death is said to have occurred on the date stated above, at 9 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Burns over entire body | 1/20/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~?..... Date of injury 1/20, 1934
Where did injury occur?..... Boise
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** Home
Manner of injury.. Burned by fire
Nature of injury... Entire body surface.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. Reno Numbers M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of PATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87289

PLACE OF DEATH
County of Ada
City of Kuna
Registration District No. 124
Primary Registration District No. 2202
Local Registrar's No. 225

(No. Drowned In Indian Creek, Near Kuna)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Franklin Wasson

(a) Residence. No. 106 11th Ave No. Nampa Ida, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6th 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 11 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Joseph Wasson

14. BIRTHPLACE (city or town) Hilgard
(State or country) Ore.

MOTHER

15. MAIDEN NAME Anna Leon Harvill

16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

17. INFORMENT (Address) Joseph L. Wasson Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1/16/34 193

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-15, 1934 Geo. S. Whitehouse
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ←, 193..., to ←, 193...

I last saw him alive on ←, 193...: death is said to have occurred on the date stated above, at 12:30 P.M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned In Indian Creek, | |
| Broke Through Ice While | |
| Skating. | |
| Accident. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 193.

Where did injury occur? Kuna Ada Co Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. S. McCann Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87290

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 7
(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth McNabb

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 26, 1932.

7. AGE — Years: 1 | Months: 7 | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

FATHER
13. NAME: B. Geo. McNabb
14. BIRTHPLACE (city or town) (State or country): Washington.

MOTHER
15. MAIDEN NAME: Doris Cardon
16. BIRTHPLACE (city or town) (State or country): Ogden, Utah.

17. INFORMANT: B. Geo. McNabb
(Address): Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Jan. 12, 1934.

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED Jan. 11, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 10 1934.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1934, to Jan. 10, 1934.
I last saw her alive on Jan. 10, 1934.: death is said to have occurred on the date stated above, at 11:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis | Jan. 1 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Stomatitis, acute gangrenous | Dec 26 1933 |

Name of operation..... Date of.....
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury.....
Nature of injury. None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) D. C. McDougall, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87291

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 8

(No. 115 Roosevelt Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Reuben Parley Hansen

(a) Residence. No. Grant, Idaho. St. Grant, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? Idaho yrs. 36 mos. Yrs.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Ellen Helm

6. DATE OF BIRTH (month, day, and year) December 2, 1890.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 43 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER FATHER

13. NAME Parley H. Hansen

14. BIRTHPLACE (city or town) (State or country) Utah.

15. MAIDEN NAME Henreita McGhie

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Mrs. R. P. Hansen (Address) Grant, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place: Grant, Idaho. Date Jan. 16, 193.4.

19. UNDERTAKER Eckersall & Flamm (Address) Rigby, Idaho.

20. FILED Jan. 13, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 13, 193 4.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W Hall M.D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87292

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 1

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Janet Adamson Rankin

(a) Residence. No. 209 South Sixth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow of Allan Rankin

6. DATE OF BIRTH (month, day, and year) November 7, 1849.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 84 | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Henry Adamson

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Margaret Nicholson

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Mrs. Warren Smith
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Franklin, Idaho. Date Jan. 4, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 3, 1934. D. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 2, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933, to Jan. 2, 1934.

I last saw her alive on Jan. 1, 1934.: death is said to have occurred on the date stated above, at 2 a.m.

The **principal cause of death** and related causes of importance were as follows: **Date of onset**

Apoplexy —

Other **contributory causes** of importance:
Age - Cardio Renal Disease

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. H. Hanney M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 87293

Local Registrar's No. 2

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

118

2. FULL NAME Maude S. Ricks

(a) Residence. No. 445 South Arthur St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of Martin Ricks

6. DATE OF BIRTH (month, day, and year): March 11, 1886.

7. AGE: Years 47 | Months 9 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Farmington, Utah.

FATHER

13. NAME: David Sanders

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Elzady Hess

16. BIRTHPLACE (city or town) (State or country): Farmington, Utah.

17. INFORMANT (Address): Martin Ricks, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Idaho. Date Jan. 6, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Jan. 5, 1934. D. O'Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 4, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1933, to 1-4, 1934.

I last saw her alive on 1-4, 1934: death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated Ulcer of Intestine with Hemorrhage | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Intestinal Obstruction | |
| | |
| | |

Name of operation Laparotomy Date 12-27-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. Young, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 87295

Local Registrar's No. 4

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr. E. F. Guyon

(a) Residence. No. Prism Apts. St. Montpelier, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie

6. DATE OF BIRTH (month, day, and year) Nov. 7 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Orleans Louisiana

FATHER

13. NAME Leon Guyon

14. BIRTHPLACE (city or town) (State or country) La.

MOTHER

15. MAIDEN NAME Emily Shattuck

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Edwin F. Guyon Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Date , 193

19. UNDERTAKER Howard's Funeral Home (Address) Pocatello Idaho

20. FILED 1-8, 1934 D C Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 8, 1934

I last saw him alive on Jan 6, 1934: death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | |

Other contributory causes of importance:

| | |
|---|---|
| Senility | |

Name of operation — Date of

What test confirmed diagnosis? by case Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 193

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) J. W. Lyons, M. D.

(Address) Pocatello Ida.

RECEIVED FEB 1 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87296

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 27
Primary Registration District No. 2664
Local Registrar's No. 9
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Juanita Zamora Petros Ballanchatta

(a) Residence. No. 322 N. 2nd St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of: John

6. DATE OF BIRTH (month, day, and year): July 11, 1897

7. AGE — Years: 36 — Months: 6 — Days: 3 — If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Las Vegas N. M.

FATHER
13. NAME: Miguel Zamora
14. BIRTHPLACE (city or town) (State or country): Las Vegas N. M.

MOTHER
15. MAIDEN NAME: Canutitta Castillo
16. BIRTHPLACE (city or town) (State or country): Las Vegas N M

17. INFORMENT (Address): John Ballanchatta 322 N. 2nd
18. BURIAL, CREMATION, OR REMOVAL Place: Mountainview Date: Jan. 17, 1934
19. UNDERTAKER (Address): Howard's Funeral Home Pocatello, Idaho
20. FILED 1-18, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 14 1934
22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1934, to 1/14, 1934
I last saw h~~im~~ alive on 1/14/34, 1934: death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilitation of stomach, post operative | |
| Other contributory causes of importance: | |

Name of operation Double Salpingectomy Date of 1/11/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O F Hall, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87297

**PLACE OF DEATH**
County of Ida
Precinct
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 14
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry W. Countryman 74a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): S
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1857
7. AGE: Years 77; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER
13. NAME: Hal Maxwell
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Schreiber & Mc Cain Boise Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: 1-24 1934 Ada Co. Cemetery
19. UNDERTAKER: Schreiber & McCain (Address) Boise Ida
20. FILED 1-25, 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 20 1934
22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1933, to 1-20, 1934
I last saw h alive on, 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage 2d | |
| Embolism | |

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Callaway, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87298

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2161
Local Registrar's No. 11

(No. ) (If death occurred in a hospital ~~or institution~~, give its name instead of street and number.)

2. FULL NAME Henry Haas

(a) Residence. No. Country Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Don't Know

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 86 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. lived at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Country farm
10. Date deceased last worked at this occupation (month and year)
11. Total ~~time~~ (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) David O'Miles
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Jan 18 1934
19. UNDERTAKER (Address) H. L. McCammon Pocatello Idaho
20. FILED Jan 18, 1934 D. O'Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 17 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to Jan, 1934
I last saw h[illegible] alive on Jan 7, 1934; death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured left Ventricle | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Arteriosclerosis
Fatty degeneration heart

Name of operation ~~None~~ Date of ~~None~~
What test confirmed diagnosis? ~~None~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~None~~ Date of injury ~~None~~, 193..
Where did injury occur? ~~None~~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~~None~~
Manner of injury ~~None~~
Nature of injury ~~None~~

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ~~None~~
(Signed) H. C. Downs, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87299

**PLACE OF DEATH**

County of Pocatello

City of Bannock

Registration District No. 20

Primary Registration District No. 2161

Local Registrar's No. 13

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. Alan Yates

(a) Residence. (Usual place of abode) No. 236 W. 5th St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 22, 33

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME George C. Yates

14. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

MOTHER

15. MAIDEN NAME Fern Thompson

16. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

17. INFORMENT (Address) Geo. C. Yates 236 W. 5th

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Jan. 21, 1934

19. UNDERTAKER (Address) Maynard's Funeral Home Pocatello, Idaho

20. FILED 1-20, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934, to Jan 19, 1934

I last saw him alive on Jan 19, 1934; death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Jan 17 1934 |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D C McDougall, M. D.

(Address) Pocatello, Idaho

# DISINTERMENT PERMIT

## IDAHO STATE BOARD OF HEALTH

## BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of J. Alan Yates

now lying buried in Mountain View Cemetery, in the City or Town of Pocatello

County of Bannock State of Idaho, who died on the 19 day of January, 1934, Aged ____ years ____ months

____ days, the cause of death being Bronchopneumonia and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. D.C. McDougall attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Dry Creek Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Bannock it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 11th day of March, A.D. 19 74.

Permit issued to:
Relyea Mortuary
Boise, Idaho

Janet M. Nick
By Director, ~~Division~~ of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ____ State of Idaho, this ____ day of ____, 19__.

Health Officer

FORM BH 56-019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE
State File No. 87300

Local Registrar's No. 15

(No. St. Anthony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Samuel Warner

(a) Residence No. ..... St. Aberdeen, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, and year) Dec. 30, 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

FATHER

13. NAME James Warner

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Darcus Patterson

16. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

17. INFORMENT (Address) Mrs John Palmer Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Date Jan. 24, 1934

19. UNDERTAKER (Address) Howard's Funeral Home Pocatello Idaho

20. FILED 1-31, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 21. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Jan 21, 1934

I last saw h. alive on Jan 21, 1934: death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated gastric ulcer. | |

Other contributory causes of importance:

| | |
|---|---|
| Myocarditis acute | |

Name of operation Repairing of perforation Date of Jan 19. 34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Ida.

[redacted] STATE OF [redacted]D
DEPARTMENT OF P[redacted] WELFARE
BUREAU OF VITAL [redacted]TISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87301

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 29
Primary Registration District No. 5161
Local Registrar's No. 16
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Cecelia Wilson

(a) Residence. No. 329 So Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) April 19, 1925

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 8 | 9 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

FATHER
13. NAME Harry H. Wilson
14. BIRTHPLACE (city or town) (State or country) Lincoln Illinois

MOTHER
15. MAIDEN NAME Cecelia Jones
16. BIRTHPLACE (city or town) (State or country) Brady Nebraska

17. INFORMENT (Address) Harry H. Wilson Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem. Date Jan. 26, 1934

19. UNDERTAKER H.L. McHan (Address) Pocatello, Idaho

20. FILED 1-25, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ~~Dec.~~ Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933, to Jan 2-3, 1934
I last saw he~~r~~ alive on 1-23, 1934; death is said to have occurred on the date stated above, at 7½ P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia right | Nov 15 1933 |
| Other contributory causes of importance: Empyema right | Dec 1 1933 |
| Sept Pneumo. | Dec 15 1933 |
| acute pericarditis | Jan 2 1934 |

Name of operation Resection 4 Date of Dec 10 1933
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W.W. Brotherton, M.D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2761

DO NOT WRITE IN THIS SPACE
State File No. 87302

Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Nellie H. Dow.

(a) Residence. No. Wenatchee. Washington. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Married. |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Warren O. Dow.

6. DATE OF BIRTH (month, day, and year) April 27, 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 8 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ada, Ohio

FATHER

13. NAME Houston Cunningham

14. BIRTHPLACE (city or town) (State or country) Unknown U.S.A.

MOTHER

15. MAIDEN NAME Mary Good

16. BIRTHPLACE (city or town) (State or country) U.S.A. City unknown

17. INFORMENT (Address) Warren O. Dow. Wenatchee, Washington.

18. BURIAL, CREMATION, OR REMOVAL to Place Wenatchee, Wash. Date Jan 26. 1934

19. UNDERTAKER H. L. McHan, (Address) Pocatello, Idaho.

20. FILED Jan 25. 1934 O E Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1934, to Jan 25, 1934
I last saw her alive on Jan 20, 1934; death is said to have occurred on the date stated above, at 11.45 m. a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Rasp, M.D.
(Address) Pocatello Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87303

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Pearson

(a) Residence. No. 323 N. 5th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

164

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5 1861

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 11 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.S.L. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Iowa Utah Missouri

FATHER

13. NAME Jefferson Pearson

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Susanna Pearson

16. BIRTHPLACE (city or town) (State or country) Iowa U.S.A.

17. INFORMENT (Address) Ella Pearson Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cheyenne Wyo. Date Jan 21 1934

19. UNDERTAKER (Address) J. M. Tate Pocatello Idaho

20. FILED Jan 19, 1934 W. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1-34, 193..., to 1-18, 1934

I last saw him alive on 1-18-, 1934; death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism | |
| Other contributory causes of importance: | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Swan, M.D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87304

PLACE OF DEATH
County of Bannock
City of Grace Ida
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Lars Hansen

(a) Residence No. Grace Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Louisa Hanis Hansen
6. DATE OF BIRTH (month, day, and year): July 17 1873
7. AGE: Years 60 | Months 5 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation All his life

12. BIRTHPLACE (city or town) (State or country): Soda Springs Ida

FATHER
13. NAME: Lars Hansen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Matilda Christoffersen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Lowell M. Hansen Grace Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Soda Springs Date: 1-10, 1934
19. UNDERTAKER (Address): J. E. Patterson Soda Springs Ida
20. FILED: Jan 31-34 Mrs. G. G. Feb Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1-7-34 193
22. I HEREBY CERTIFY, That I attended deceased from January 7, 193 to January 7, 1934
I last saw h[illegible] alive on January 7, 1934: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion (probably) | 1-7-34 |
| Other contributory causes of importance: (Probably) coronary sclerosis | unknown |

none
Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. E. Evans, M. D.
(Address) Grace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Arimo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2160

DO NOT WRITE IN THIS SPACE
State File No. 87307

Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

9

2. FULL NAME Yvonne Bloxham

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 20 0934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey Idaho
(State or country)

FATHER

13. NAME Dewane Bloxham

14. BIRTHPLACE (city or town) Downey Idaho
(State or country)

MOTHER

15. MAIDEN NAME Florence Tripp

16. BIRTHPLACE (city or town) Richmond Utah
(State or country)

17. INFORMENT (Address) Florence Bloxham Arimo Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Arimo Idaho Date Feb 10 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Feb 11, 1934 Mary C. Coffin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1934 to Feb 8, 1934
I last saw her alive on Feb 7, 1934; death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| w/ Hooping Cough | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. J. Hartman, M. D.
(Address) Downey, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87308

PLACE OF DEATH

County of Bannock Registration District No. 88

City of Downey Route 2 Primary Registration District No. 2160 Local Registrar's No. 1

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Webb Barnes

(a) Residence No. Downey Idaho R.F.D # 2 (If nonresident give city or town and State.)
(Usual place of abode.)

Length of residence in city or town where death occurred 26 yrs mos ds How long in U. S. if of foreign birth? yrs mos ds

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed or divorced HUSBAND of or WIFE of: Lorenzo Barnes

6 DATE OF BIRTH (month, day and year): April 7 1859

7 AGE

| Years | Months | Days | If LESS than 1 day |
|---|---|---|---|
| 74 | 9 | 6 | .....hrs. or .....min. |

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House keeper

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Kaysville Utah

PARENTS

10 NAME OF FATHER: Edmund Webb

11 BIRTHPLACE OF FATHER (city or town) (State or Country): England

12 MAIDEN NAME OF MOTHER: Sarah Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14 INFORMANT (Address): Fred L. Barnes Downey Idaho

15 Filed Feb. 11, 1934 Mary C. Coffin Registrar.

Place Where Remains Are to Be Sent: — — —

Date of Shipment: — — —, 193...

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 12 (Month) (Day), 193 4 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec - 24 -, 1933, to Jan 13 -, 1934.

that I last saw her alive on Dec - 28 -, 1934.

and that death occurred on the date stated above, at 7.45 A M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows: Gastric ulcer (Cancer ?)

.....(duration) 10 yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical diagnosis.

(Signed) D. J. Darrington, M. D.

Jan - 15 - 1934. (Address) Downey Idaho

19 Place of Burial, Cremation or Removal: Woodland Cemetary — Date of Burial: Jan 16 1934

20 Undertaker: J. Guy Hansen — Address: Malad Ida

SHIPPING UNDERTAKER

ADDRESS..... Firm Name.....

The information on this certificate is an exact COPY of the official certificate at place of death.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 87309

Local Registrar's No. 72

(No. Fort Hall Haspital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Taylor

(a) Residence. No. Pingree Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 10, 1912.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 22 | 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bird City, Kansas.

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Ada Gertrude Hayes

16. BIRTHPLACE (city or town) (State or country) Oaklahoma.

17. INFORMANT William Taylor
(Address) Pingree, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date Feb. 3, 1934.

19. UNDERTAKER Brown Eldredge Co.
(Address) Blackfoot, Idaho

20. FILED Feb. 1, 1934. D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on Jan 31, 193.4: death is said to have occurred on the date stated above, at 8:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull, riding on fender of car operated by Harold Johnson, car struck horse on Highway #91 (accidental) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Arthur W. Hall Coroner
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87310

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 21
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Clark Evans

(a) Residence. No. Rockland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lory W. Evans

6. DATE OF BIRTH (month, day, and year) March 16, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 29 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) LaCrosse, Washington

FATHER

13. NAME Calvin J. Clark

14. BIRTHPLACE (city or town) (State or country) Jaco Washington

MOTHER

15. MAIDEN NAME Elvira J. Bumgartner

16. BIRTHPLACE (city or town) (State or country) Laurel Fork North Carolina

17. INFORMENT (Address) Lory W. Evans Rockland, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rockland, Idaho Date Feb. 1st 1934

19. UNDERTAKER H. L. McHan (Address) Pocatello, Idaho

20. FILED 1-30, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1934, to Jan. 29, 1934
I last saw her alive on Jan. 29, 1934: death is said to have occurred on the date stated above, at 1:30 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilation | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Uremia | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William F. Howard M. D.
(Address) Pocatello Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

FEB 14 1958

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| EXAMPLE I | | EXAMPLE II | |
|---|---|---|---|
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other CONTRIBUTORY CAUSES of importance: | | Other CONTRIBUTORY CAUSES of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N #6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87311

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 20

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alex R. Swanson

(a) Residence. No. 1119 E. Whitman St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1853.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 11 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Swanson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) R. W. Swanson Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date Jan. 31, 1934

19. UNDERTAKER H. L. McHan (Address) Pocatello, Idaho

20. FILED 1-30, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932, to Jan. 28, 1934
I last saw h alive on Jan. 24, 1934; death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87312

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 18

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Henry Cherry

(a) Residence. No. 436 North Eighth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 2, 1895.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 36 | 4 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville, Utah.

FATHER

13. NAME Aaron B. Cherry

14. BIRTHPLACE (city or town) (State or country) Centerville, Utah.

MOTHER

15. MAIDEN NAME Charlott Hemming

16. BIRTHPLACE (city or town) (State or country) Morgan, Utah.

17. INFORMANT Aaron B. Cherry
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Idaho. Date Jan. 29, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 26, 1934. D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 25, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1934, to Jan., 1934
I last saw him alive on Dec., 1933. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Influenza | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pneumonia | Jan. 19 |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? None Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. C. Sunn M. D.
(Address) Pocatello, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

R

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 87313

Local Registrar's No. 19

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Green Clough

100 a

(a) Residence. No. 620 North Arthur St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 17-1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bountiful Utah
(State or country)

FATHER

13. NAME Richard Green

14. BIRTHPLACE (city or town) Shefield England
(State or country)

MOTHER

15. MAIDEN NAME Emma Heap

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT Mrs Melvira Clough 620 N Arthur Ave Pocatello
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmont Cem Date Jan 30, 1934

19. UNDERTAKER E J Rich
(Address) Blackfoot Idaho

20. FILED 1-27, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Jan 26, 1934

I last saw h.. alive on Jan 26, 1934: death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial pneumonia | Jan 19-34 |

Other contributory causes of importance:

Chronic myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87314

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 14

(No. Saint Marie Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME E. W. Altringer

(a) Residence. No. Kansas City, Kansas. St. Kansas City, Kansas.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Unknown

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Arthur W. Hall
(Address) Bannock County Coroner

18. BURIAL, CREMATION OR REMOVAL
Place Kansas City, Kan. Date On Arrival 193..

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 20, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 16th or 17th 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ..... 193....
I last saw him alive on ..... 193.., death is said to have occurred on the date stated above, at [illegible]
The **principal cause of death** and related causes of importance were as follows:

Found dead
Heart
Probably
Coronary thrombosis
Not Known

Date of onset: Found dead Jan. 16th, Last seen alive Jan. 9th, 1934.

Other **contributory causes** of importance:

Not Known

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not so, specify .....

(Signed) [signature] M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87315

Registration District No. 21
Primary Registration District No. 2161 Local Registrar's No. 10

(No. St Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Hall Cook 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George E. Cook

6. DATE OF BIRTH (month, day, and year) April 9, 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 73 | 9 | 7 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Conn.

FATHER
13. NAME John W. Hall
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Helen Pankhurst
16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT (Address) Mrs Walter Floyd Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Date Jan. 18, 1934

19. UNDERTAKER (Address) H. Dinwoodie Mortuary Pocatello Idaho

20. FILED 1-18, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1933, to Jan. 18, 1934,
I last saw her alive on Dec. 18, 1933; death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio renal | Many years |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) H. H. Haywood, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 87316

Local Registrar's No. 6

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lois Yuvonne Jenks

(a) Residence. No. 258 Wayne Ave. St. Poca., Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 23, 1933.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 3 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME J. G. Jenks

14. BIRTHPLACE (city or town) (State or country) Weston, Idaho.

MOTHER

15. MAIDEN NAME Pearl Coburn

16. BIRTHPLACE (city or town) (State or country) Lund, Idaho.

17. INFORMANT J. G. Jenks
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Jan 13, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 12, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 9, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 1/8/34, 193..., to 1/9/34, 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. F. Call, M. D.
(Address) Pocatello, Idaho.

RECEIVED ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87317

PLACE OF DEATH
County of Bear Lake
City of Bloomington — Registration District No. 5-3
Primary Registration District No. ... Local Registrar's No. 3
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leany Nelson Thomas.

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Clayborne Thomas.

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1846.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 87 | 2 | 10. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) January 1933
11. Total time (years) spent in this occupation All of Life.

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER
13. NAME Soren Nelson.
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Christure Halsted.
16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT (Address) Burton Thomas Bloomington Ida
18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Ida. Date Feb. 2, 1934
19. UNDERTAKER (Address) ...
20. FILED Feb. 2, 1934 Mrs. Sarah Hess Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 30 1934.
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to January 30, 1934.
I last saw her alive on January 30, 1934; death is said to have occurred on the date stated above, at 6:00 a. m.
The principal cause of death and related causes of importance were as follows: Cardiac Decompensation. — Date of onset ...
Other contributory causes of importance: Old Age.
Name of operation None. Date of ...
What test confirmed diagnosis? Cardiac Irregularity dyspnea, orthopneadema. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...
(Signed) Spencer H. Rich, M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87318

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 2

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. Leslie Cole

(a) Residence. No. Paris Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lula Cole

6. DATE OF BIRTH (month, day, and year): Feb 10 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 55 | 11 | 22. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ____
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Logan Utah

FATHER
13. NAME: Walter Cole
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Lucy Bendreau
16. BIRTHPLACE (city or town) (State or country): U.S.

17. INFORMENT (Address): Mrs W. Leslie Cole Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Paris Idaho Date: Jan 8 1934

19. UNDERTAKER (Address): F. M. Hillam Montpelier Idaho

20. FILED: Jan 30 1934 Wm. Bennion Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1933, to Jan 4, 1934
I last saw him alive on Jan 4, 1934; death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation: None Date of: ____
What test confirmed diagnosis? Child fever erysipelas eruption Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Spencer F. Peck, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87319

PLACE OF DEATH
County of Bear Lake.
City of St Charles
Registration District No. 55
Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph W. Linford

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 66 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lois Esther Ricks Linford.

6. DATE OF BIRTH (month, day, and year) Sept 2, 1867.

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | 4 | 19. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year) Jan 1934
11. Total time (years) spent in this occupation All of Life

12. BIRTHPLACE (city or town) (State or country) Paris Idaho

FATHER
13. NAME Joseph Wm Linford
14. BIRTHPLACE (city or town) (State or country) Grayely Cambridge England

MOTHER
15. MAIDEN NAME Mary A. Rich.
16. BIRTHPLACE (city or town) (State or country) Nauvoo Illinois

17. INFORMENT (Address)
18. BURIAL, CREMATION, OR REMOVAL Place St. Charles Ida Date Jan 24, 1934
19. UNDERTAKER (Address) Dan Pike Paris Idaho.
20. FILED Feb 3, 1934 Hannah J Nelson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1934.
22. I HEREBY CERTIFY, That I attended deceased from Did not see from alive during 193
I last saw h alive on Last illness 193 : death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?
If death was due to exter l causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Spencer L Leigh, M. D.
(Address) Paris Idaho.

Patient suddenly fell to floor unconscious died without regaining consciousness. Natural death

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87320

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Deana May Nicholls

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) Dec 14, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Ida

FATHER
13. NAME Delphord D. Nicholls
14. BIRTHPLACE (city or town) (State or country) Sublet, Wyo.

MOTHER
15. MAIDEN NAME Kathryn Conway
16. BIRTHPLACE (city or town) (State or country) Jackson Miss

17. INFORMANT (Address) Delphord D. Nicholls Montpelier Ida

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Ida Date Jan 29, 1934

19. UNDERTAKER (Address) F. McWilliams Montpelier Ida

20. FILED Jan 31, 1934 H. H. Kemp Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28 — 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 —, 1934, to Jan 28 —, 1934
I last saw he alive on Jan 25 —, 1934; death is said to have occurred on the date stated above, at 12:50 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis. | Jan 5, 1934 |

Other contributory causes of importance: Immaturity at Birth

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. H. Kemp, M. D.
(Address) Montpelier Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

AHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87321

**PLACE OF DEATH**

County of Bear Lake

City of Bennington

Registration District No. 8

Primary Registration District No. 736

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Isabelle Perkins

(a) Residence. No. Bennington Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo C Perkins

6. DATE OF BIRTH (month, day, and year) Oct 27 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Adam Hunter

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Patterson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) David Perkins Bennington Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bennington Idaho Date Jan 9, 1934

19. UNDERTAKER (Address) F. M. Williams Montpelier Idaho

20. FILED Jan 31, 1934 W H Reuse Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Jan 6, 1934

I last saw h[illegible] alive on 1-V, 1934; death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer | |

Other contributory causes of importance:

old age

Name of operation none Date of

What test confirmed diagnosis? V Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? V Date of injury , 193

Where did injury occur? V
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury V

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Endicott, M. D.

(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87335

PLACE OF DEATH
County of Lemewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Ira Barker

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Augusta Moline

6. DATE OF BIRTH (month, day, and year) Apr. 27, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 8 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Sterling, Iowa

FATHER
13. NAME ~~Jas~~ Richard E. Barker
14. BIRTHPLACE (city or town) (State or country) York England

MOTHER
15. MAIDEN NAME Annie E. Cooper
16. BIRTHPLACE (city or town) (State or country) York England

17. INFORMENT (Address) Mrs. Augusta Barker St. Maries, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa, Wash. Date Jan 19, 1934

19. UNDERTAKER (Address) Mitchell & Washa St. Maries, Ida.

20. FILED 2-9, 1934 W. Vollers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at about 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| History of Heart ailment for several years | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. C. E. Mitchell Coroner, M.D.

(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87336

County of Benewah
City of St. Maries Registration District No. 92
Primary Registration District No. 2nd 9 Local Registrar's No. 3

(No. Lumbermens Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Mann

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 6 1880

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 10 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown U. S.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMENT (Address) Mrs. Jean Anderson St. Maries, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Jan. 26 1934

19. UNDERTAKER Mitchell & Wessa (Address) St. Maries, Ida

20. FILED 2-9, 1934 W. R. Toberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12:10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Failure | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pneumonia | |
| | |

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. G. Mitchell Coroner, M. D.

(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

PLACE OF DEATH

County of Benewah

City of St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 87337

Local Registrar's No. 4

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Abigail Maud Cory.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Wilson Cory

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1845

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 88 | 3 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Crawford Co. O.

FATHER

13. NAME David Parky.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Dave Cory St. Maries Ida

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Jan. 29 1934

19. UNDERTAKER Mitchell & Wiesler (Address) St. Maries Ida

20. FILED 2-9, 1934 W. Boberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 26, 1934

I last saw h— alive on Jan 25, 1934: death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Senility | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ....

(Signed) Dave D Platt, M. D.

(Address) St Maries Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB

**PLACE OF DEATH**

County of Benewah

City of De Smet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87338

Registration District No. 31

Primary Registration District No. ____ Local Registrar's No. 3

(No. De Smet, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan Lawrence

(a) Residence. No. De Smet, Ida. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lawrence

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 39 | 00 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Louie Sabeschaw

14. BIRTHPLACE (city or town) (State or country) Ida

MOTHER

15. MAIDEN NAME Rosila Thomas

16. BIRTHPLACE (city or town) (State or country) Ida

17. INFORMENT (Address) John Lawrence De Smet

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Ida Date Jan 22 193 4

19. UNDERTAKER (Address) Kimball Funeral Home Deary Ida

20. FILED Jan. 20, 1934 John Last Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Jan 20, 1934

I last saw her alive on Jan 14, 1934; death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. A. Nelson, M. D.

(Address) Deary Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87339

**PLACE OF DEATH**

County of Benewah

City of Sanders

Registration District No.

Primary Registration District No. 31 Local Registrar's No. 1

(No. Sanders, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Ellen Warren

(a) Residence. No. Sanders, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. G. Warren

6. DATE OF BIRTH (month, day, and year) Aug. 12-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 5 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Taylor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Smith

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Dennis Donohue Dayton, Wn

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa, Wn Date Jan 17 1934

19. UNDERTAKER KIMBALL FUNERAL HOME
(Address) TEKOA, WASH.

20. FILED Jan 15, 1934 John Post
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1933, to Jan 15, 1934

I last saw h[illegible] alive on Dec, 1933: death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | Nov 1932 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C B Bolinger, M. D.

(Address) Tekoa Wn

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87340

County of Benewah
City of St. Maries
Registration District No.
Primary Registration District No.
Local Registrar's No.

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Crippen

(a) Residence. No. St. Emida Ida
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. His own Shop

10. Date deceased last worked at this occupation (month and year) Dec. 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Warring
(State or country) Penn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) UNKNOWN

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) UNKNOWN

17. INFORMENT Mrs. Josephine Green
(Address) St. Maries Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Emida Ida. Date Jan 31 1934

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED ....., 193.... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-29th 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/13, 1934, to 1-29, 1934
I last saw him alive on 1-28, 1934: death is said to have occurred on the date stated above, at 5:10 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1/12-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | Unknown |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.
Where did injury occur? No injury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ed Robinson, M. D.
(Address) St. Maries Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87341

PLACE OF DEATH
County of Benewah
City or [illegible] St. Maries, Ida.
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 5

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Tater

(a) Residence. No. 3rd Ave & Capital St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

8 9

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | — | — | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Woods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Dr. C. A. Robbins St. Maries Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Woodlawn Cemetery Date Jan. 27, 1934

19. UNDERTAKER (Address): STAPISH & SON, ST. MARIES, IDAHO

20. FILED ....., 193.... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-25 1934

22. I HEREBY CERTIFY, That I attended deceased from (12-15 - Dec 15, 1933) to 1-25, 1934
I last saw him alive on 1-24, 1934: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Virginia pectoris | 12-12-33 |
| Other contributory causes of importance: | |
| Hypertension | 5 yrs |

Name of operation None Date of
What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.
Where did injury occur? No injury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. A. Robbins M. D.
(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87342

**PLACE OF DEATH**

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 1

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Pruitt Chatcolett

(a) Residence. No. Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Alfred Larsen

6. DATE OF BIRTH (month, day, and year): 1867

7. AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: miner & Smelter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Coal mines Lead Smelter
10. Date deceased last worked at this occupation (month and year): 11yrs. ago
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): UNKNOWN

MOTHER

15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): UNKNOWN

17. INFORMENT (Address): W. L. Pruitt, Coeur d'Alene,
18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Date Jan 6 1934
19. UNDERTAKER (Address): STAPISH & SON ST. MARIES, IDAHO
20. FILED 2-9, 1934 W. W. Bokerg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1-4 1934
22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1933, to 1-4, 1934
I last saw h. alive on 1-3, 1934; death is said to have occurred on the date stated above, at 4:40 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 12-12-33 |
| Myocarditis | |
| Other contributory causes of importance: Pulmonary Emphysema | ? |
| Pneumoconiosis | ? |

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? Coeur d'Alene
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. A. Robins, M.D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FR[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87343

**PLACE OF DEATH**
County of Benewah
City of De Smet
Registration District No. 37
Primary Registration District No.
Local Registrar's No. 2
(No. De Smet, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Everett Elery Falcon
(a) Residence. No. De Smet, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ######

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) No

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) De Smet,
(State or country) Idaho

FATHER

13. NAME Elmer Falcon

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Margaret Joseph

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT Margaret Falcon
(Address) De Smet, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place De Smet, Ida. Date Jan 16, 1934

19. UNDERTAKER KIMBALL FUNERAL HOME
(Address) TEKOA, WASH.

20. FILED Jan. 15, 1934 John Last
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Jan 14, 1934
last saw him alive on Jan 14, 1934; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Jan 10-34 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87345

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 13

(No. Beck Hospital Eccles Hotel Bldg.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Charles Prouse

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 3, 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 35 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deepwater, Mo.

FATHER

13. NAME Ruben Prouse

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Burt

16. BIRTHPLACE (city or town) (State or country) Knightstown, Indiana

17. INFORMENT (Address) B. V. Prouse Blackfoot Ida RFD 3

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Grove City Cem. Date Jan. 11, 1934

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho.

20. FILED Jan. 10, 1934 Mrs Helen Estill
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 - 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 1 - 2, 1934, to 1 - 9, 1934

I last saw h alive on 1 - 9, 1934; death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Horse fell on him | 1 - 2 - 34 |
| Fractured Cranium | |
| Concussion of the Brain | |
| Instantaneous | |
| Death | |
| Other contributory causes of importance: | |
| Meningitis | 1 - 6 - 34 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1 - 2, 1934

Where did injury occur? Bingham Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On Russell 5 East & Blackfoot

Manner of injury Horse fell on him

Nature of injury Concussion with Contusion

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Raising cattle

(Signed) J. O. Humphreys, M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87346

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 14

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Bithall

(a) Residence. No. North Ash St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 4, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Birkenhead,
(State or country) England

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) Liverpool,
(State or country) England.

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town)
(State or country) England.

17. INFORMENT Julia B. Conger
(Address) 346 N. Main St. Blackfoot Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Grove City Cem. Date Jan. 15, 1934

19. UNDERTAKER E. W. Peck
(Address) Blackfoot, Idaho

20. FILED Jan 15, 1934 Mrs Helen E. Tatem
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933, to Jan 13, 1934

I last saw ~~him~~ alive on Jan 12, 1934; death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | Jan 10, 34 |

Other contributory causes of importance:

| | |
|---|---|
| Bronchitis & Senility | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. W. Peck, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87347

**PLACE OF DEATH**

County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 0007
Local Registrar's No. 15
(No. Blackfoot Gen. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erven Wayne Ables

(a) Residence. No. Blackfoot R. 1 Box #5
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 9 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Pingree Idaho

FATHER

13. NAME Erven J. Ables

14. BIRTHPLACE (city or town) (State or country) Colborn Colo.

MOTHER

15. MAIDEN NAME Ellen V. Jones

16. BIRTHPLACE (city or town) (State or country) Bayfield Mexico

17. INFORMENT (Address) Erven J. Ables Blackfoot R. 1 Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Thomas Riverside Cem. Date Jan. 20, 1934

19. UNDERTAKER E. J. Peck (Address) Blackfoot Idaho

20. FILED Jan 16, 1934 W. M. Walker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 — 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 1 — 16, 1934, to 1 — 17, 1934

I last saw h— alive on 1 — 17, 1934: death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured appendix with general perito- | 1 — 15 — 34 |
| nitis | |

Other contributory causes of importance:

Name of operation Abd. Inc. drainage Date of 1 — 16 — 34

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Jensen, M. D.

(Address) Blackfoot Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87348

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 16

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MATILDA SCHRADER

(a) Residence. No. ..... St. WEISER, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | WIDOWED |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) 1859----

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --- Germany

FATHER

13. NAME Henry Duewert

14. BIRTHPLACE (city or town) (State or country) --- Germany

MOTHER

15. MAIDEN NAME Fredicka Koehm

16. BIRTHPLACE (city or town) (State or country) --- Germany

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Weiser Idaho Date Jan 19, 1934

19. UNDERTAKER E. J. Peck
(Address) Blackfoot

20. FILED Jan. 19, 1934 Mrs. Nalura E. Farmer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from October 13th 1933 to Jan. 19th 1934

I last saw her alive on Jan. 18th 1934: death is said to have occurred on the date stated above, at 2:10 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CHRONIC MYOCARDITIS | At least since Oct 13th 1933 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ----

(Signed) Chas. R. Lowe, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of BINGHAM

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2-94

STATE HOSPITAL SOUTH

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 87349

Local Registrar's No. 17

2. FULL NAME FRANK A SELLERS

(a) Residence. No. St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restraurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) INDIANA

FATHER

13. NAME John H. Sellers

14. BIRTHPLACE (city or town) (State or country) --- Ohio

MOTHER

15. MAIDEN NAME Hannah Roads

16. BIRTHPLACE (city or town) (State or country) --- Indiana

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Ida. Date 1-21, 1934

19. UNDERTAKER (Address) Byron Brainard Pocatello

20. FILED Jan 19, 1934 Mrs Walter Fatzer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from October 16th 1930, to Jan. 19th, 1934

I last saw him alive on Jan. 19th, 1934; death is said to have occurred on the date stated above, at 12:05 m. PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| GENERAL PARALYSIS OF THE INSANE | April 1930 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms and Wassermann Test Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury , 193

Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify

(Signed) Chas. L. Lowe M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE
State File No. 87350

Local Registrar's No. 18

(No. State Hosp. South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John J. Lowrie

(a) Residence. No. ... St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of ---
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | 3 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Reclamation Service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aberdeen
(State or country) Scotland

FATHER

13. NAME William Lawrie

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Ann Kemp

16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMENT (Address) Records of State Hosp. South, Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Barr & Holm Date ..., 193...

19. UNDERTAKER E. F. Peck
(Address)

20. FILED Jan 22, 1934 Mrs Walter E Latimer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1932, to Jan. 21, 1934
I last saw him alive on Jan 21, 1934 : death is said to have occurred on the date stated above, at 5:50 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocartitis at least since June 4, 1932. | |
| Other contributory causes of importance: Fracture of skull, lumbar vertebrae, the hip and bones of chest Mar. 25, 1925 | |

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ----- Date of injury ..., 193...
Where did injury occur? --------
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -------
Manner of injury -------
Nature of injury ------

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. R. Lowry, M. D.
(Address) State Hosp South
Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1934 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87351

**PLACE OF DEATH**
County of Bingham
City of Pingree

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Hahn

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 9 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 40 min. |
|---|---|---|---|---|
| | — | — | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Pingree (State or country) Idaho

FATHER

13. NAME Herbert Hahn

14. BIRTHPLACE (city or town) Fulton (State or country) Kansas

MOTHER

15. MAIDEN NAME Lucy Barnes

16. BIRTHPLACE (city or town) Downey (State or country) Idaho

17. INFORMENT (Address) Herbert Hahn Pingree Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pingree Date 2-10, 1934

19. UNDERTAKER Pratt Weber
(Address) Pingree R. I.

20. FILED Jan. 9, 1934 A. McMastin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934, to Jan 9, 1934
I last saw h[illegible] alive on Jan 9, 1934; death is said to have occurred on the date stated above, at 12:10 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature delicate Baby | 7½ mo |
| Other contributory causes of importance: | |
| Hydramnios | Nov 10, 193 |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) W. W. Beck M. D.
(Address) Blackfoot, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87352

Registration District No. 12

Primary Registration District No. 1007 Local Registrar's No. 19

(No. Beck's Hospital Eccles Bldg. St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

143(2)

2. FULL NAME Maud Croney Barrus

(a) Residence. No. Blackfoot, Ida St. R # 1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. \ mos. \ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Murray D. Barrus

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 24 | Months 8 | Days 27 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER

13. NAME: Mose Croney

14. BIRTHPLACE (city or town) (State or country): Logan Utah

MOTHER

15. MAIDEN NAME: Lois Rollins

16. BIRTHPLACE (city or town) (State or country): Afton Wyo

17. INFORMENT (Address): Murray D. Barrus Blackfoot Idaho

18. BURIAL, ~~CREMATION, OR~~ REMOVAL Place Groveland Utah Date Jan 28, 1934

19. UNDERTAKER (Address): E. T. Peck Blackfoot Idaho

20. FILED Jan 27, 1934 Mrs. Valeria C. Lowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934 to Jan 25, 1934

I last saw h~~e~~r alive on Jan 25, 1934; death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage Internal | 1-16-34 |

Other contributory causes of importance:

| | |
|---|---|
| Ruptured Tubal Pregnancy | |

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Beck, M. D.

(Address) Blackfoot, Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87353

**PLACE OF DEATH**

County of Bingham
City of Shelley

Registration District No. 13
Primary Registration District No. 2194
Local Registrar's No. 12
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Vera Braeggen

(a) Residence. No. Shelley Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. O. Braeggen

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 49 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Portage Utah

PARENTS

10. NAME OF FATHER: Jones Heaton
11. BIRTHPLACE OF FATHER (city or town) (State or Country): South Almond
12. MAIDEN NAME OF MOTHER: Laura B. Hall
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Portage Utah

14. Informant: J. O. Braeggen
(Address) Shelley Ida RFD # 2

15. Filed Jan 3, 1934 Mrs Walter E Patten Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 4th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1934 to Jan. 4th, 1934
that I last saw her alive on Jan 3rd, 1934
and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 6 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Nephritis with edema

(duration) yrs. 4 mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) J. O. Braeggen, M. D.
Jan 5th, 1934 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Portage Utah — Date of Burial: Jan 7 - 1934

20. Undertaker: Jack A. Woods — Address: Idaho Falls Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87360

**PLACE OF DEATH** — **CERTIFICATE OF DEATH**

County of Ft. Hall Reservation.
City of No Hospital.
Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 7
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Shoshone.

(a) Residence. No. Ft. Hall St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | Bannock, Ind. 4/4 | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unkhown

6. DATE OF BIRTH (month, day and year) 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 84 | ( No record) | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Rop Ingawanup.
(Address) Ft. Hall, Idaho.

15. Filed Jan. 12, 1934 Mrs Nalus E Tatsie Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 7, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 8:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia- lobar I/6/34

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. J. Whitman M. D.
..., 19... (Address) Ft. Hall, Idaho

| 19. Place of Burial, ~~Cremation, or Removal~~ | Date of Burial |
|---|---|
| Lincoln Creek Cem. | I/10/34 19 |
| 20. Undertaker Brown-Eldredge, Blackfoot, Idaho. | Address |

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87361

**PLACE OF DEATH**
County of Ft. Hall Reservation.
City of Fort Hall

**CERTIFICATE OF DEATH**
Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 9
(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Amy Johnson

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | Shos. & Bannock 3/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year) Jan. 17, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | - - | - - - | - - | One |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

PARENTS

10. NAME OF FATHER John Johnson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ft. Hall Res.

12. MAIDEN NAME OF MOTHER Lucy Pocatello

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ft. Hall Reservation

14. Informant Lucy Johnson
(Address) Ft. Hall, Idaho.

15. Filed Jan. 28, 1934 Wm Nathan E. Adams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH January 17, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1934 to Jan. 17, 1934
that I last saw her alive on Jan. 17, 1934
and that death occurred, on the date stated above, at 10:A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature birth I/17/34

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. J. Waldeman, M. D.
, 19 (Address)

19. Place of Burial, ~~Cremation, or Removal~~ Own farm — Date of Burial Jan. 18, 193 19

20. Undertaker Agency Carpenter. — Address Ft. Hall, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87362

RECEIVED

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**

County of Ft. Hall Reservation.
City of Ft. Hall,
Agency Hospital.

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 8
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Holly.

(a) Residence. No. ..... St. Diamond valley, Nev.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | Shoshone Ind. 4/4 | S |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year) June 28, I9I2

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2I | 6 | II | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer, C.C.Camp.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Diamond valley, Nevada.

PARENTS

10. NAME OF FATHER Joe Holly.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nevada
12. MAIDEN NAME OF MOTHER Nellie --
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Nevada

14. Informant Dr. E.J. Mittleman
(Address) Ft. Hall, Idaho.

15. Filed Jan. I2, 1934 Mrs Walter G. Fuller
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Jan. 9, I934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1933 to Jan. 8, I934,
that I last saw him alive on Jan. 8, I934,
and that death occurred, on the date stated above, at I2:30A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C. I0/26/33

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) E.J. Mittleman M. D.
....., 19..... (Address) Ft. Hall, Idaho.

19. Place of Burial, ~~Cremation, or Removal~~ Elko, Nevada — Date of Burial I/I9/34 19

20. Undertaker Downard, Pocatello, Idaho. — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

1. PLACE OF DEATH

County Ft. Hall Reservation. State Idaho. Registered No. 5

Township _____ or Village _____ or

City Ft. Hall. No. Agency Hospital. St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Henry Holly.

(a) Residence: No. Diamond Valley, Nev. St., _____ Ward. 31

(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M. | Shoshone 4/4 | Single. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None.

6. DATE OF BIRTH (month, day, and year): June 28, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|---|---|---|---|
| 21 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: E.C.W. Camp.

10. Date deceased last worked at this occupation (month and year): Nov 25-1933

11. Total time (years) spent in this occupation: 5 Mo

12. BIRTHPLACE (city or town) (State or country): Diamond Valley, Nev.

FATHER

13. NAME: Joe Holly.

14. BIRTHPLACE (city or town) (State or country): Nevada.

MOTHER

15. MAIDEN NAME: Nellie (unknown)

16. BIRTHPLACE (city or town) (State or country): Nevada.

17. INFORMANT (Address): Dr E. J. Mullerman

18. BURIAL, CREMATION, OR REMOVAL Place Elko, Nevada. Date _____, 19___

19. UNDERTAKER (Address): Downard, Pocatello, Idaho

20. FILED 1-10, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 9, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1933, 19___, to Jan. 8, 1934, 19___

I last saw him alive on Jan. 8, 1934, 19___; death is said to have occurred on the date stated above, at 12:30 A.M

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary T.B.C. | 10/26/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. J. Mullerman, M. D.

(Address) Fort Hall Ida.

c11—3184

RECEIVED FEB 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87363

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Anna Maria Benedict

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | White | widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Feb 7- 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Brattleboro
(State or country) Vermont

FATHER

13. NAME Wm B. Harris

14. BIRTHPLACE (city or town) Brattleboro
(State or country) Vermont

MOTHER

15. MAIDEN NAME Ann Olde

16. BIRTHPLACE (city or town) .....
(State or country) North Carolina

17. INFORMANT .....
(Address)

18. ~~BURIAL, CREMATION OR REMOVAL~~ Removal
Place Crete-Nebraska Date Feb. 2 1934

19. UNDERTAKER .....
(Address) L. Harris Hailey Idaho

20. FILED 1-31, 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1933, to 1-29, 1934

I last saw her alive on 1-29, 1934 death is said to have occurred on the date stated above, at 8. P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Illeus | |
| Colostomy performed | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation Colostomy Date of 10/12-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert H. Wright, M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB

PLACE OF DEATH

County of Blaine

City of Carey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87364

Registration District No. 57

Primary Registration District No. 2025

Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina Annie Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Y

6. DATE OF BIRTH (month, day, and year): April 26 - 1849

7. AGE — Years: 84 | Months: 8 | Days: 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: V

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hogby Stork Sweden

FATHER

13. NAME: Andrew Blomdall

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Marie Nelson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): J. A. Smith Carey

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Carey Date: Jan 14, 1934

19. UNDERTAKER (Address): J. J. Harris Hailey, Ida.

20. FILED: 1-31, 1934 P. A. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934, to Jan 9, 1934.

I last saw h. alive on Jan 9, 1934. death is said to have occurred on the date stated above, at 9:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance: Nephritis Chronic 3 yrs

Name of operation: 0 Date of:

What test confirmed diagnosis? Casual Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. [illegible] M. D.

(Address) Hailey, Ida.

164
F 07

RECEIVED FEB 5 1934

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Blaine

City of Picabo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87365

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gottlieb C. Niedermeyer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Niedermeyer

6. DATE OF BIRTH (month, day, and year) March 3-1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 64 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation All of lifetime

12. BIRTHPLACE (city or town) (State or country) Strawberry Point Iowa

FATHER

13. NAME Gottlieb Niedermeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Earl Niedermeyer Picabo

18. BURIAL, CREMATION OR REMOVAL
Place Picabo Date Jan 14 1934

19. UNDERTAKER (Address) J. J. Harris Hailey Ida.

20. FILED 1-31, 1934 R. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June-18, 1933, to 1-10, 1934
Last saw him alive on 12-22, 1933: death is said to have occurred on the date stated above, at 11:50 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | June-33 |
| | Jan-34 |

Other **contributory causes** of importance:
Hyper tension

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert H. Wright M. D.
(Address) Hailey, Idaho

RECEIVED FEB 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87366

**PLACE OF DEATH**

County of Blaine

City of Hailey

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Charley Beeter

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, and year) March 4 - 1850

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 83 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Alameda
(State or country) Calif -

FATHER

13. NAME X

14. BIRTHPLACE (city or town) X
(State or country)

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) X
(State or country)

17. INFORMANT J. E. McKay
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hailey - Idaho Date Jan 16 1934

19. UNDERTAKER L. A. Hummo
(Address) Hailey Ida.

20. FILED 1 - 31, 1934 R. H. Wright
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) Jan 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 12 - 1, 1932, to 1 - 14, 1934

I last saw him alive on 1 - 7, 1934; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 2 yrs |

Other **contributory causes** of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) R. H. Wright, M. D.
(Address) Hailey, Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED FEB

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87367

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 4

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

Fox 1
12

2. FULL NAME Alice Imagine Stanfield

(a) Residence. No. .... St. ....
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 2 - 1931
7. AGE — Years: 2 | Months: 11 | Days: 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Los Angeles Calif

FATHER
13. NAME: Stanfield
14. BIRTHPLACE (city or town) (State or country): Gunnison Utah

MOTHER
15. MAIDEN NAME: Georgia Rose Cameron
16. BIRTHPLACE (city or town) (State or country): Bellevue Idaho

17. INFORMANT (Address): Georgia Cameron

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Bellevue Date: Jan 24 1934

19. UNDERTAKER (Address): Life Haines Hailey Ida

20. FILED: 1-31, 1934 E. E. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 193.4. to Jan 22, 193.4.
I last saw her alive on Jan 22, 193.4. death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute meningitis | 2 mo. |
| following measles | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Anasarca | 10 days |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. W. Jost, M. D.
(Address) Hailey, Ida

RECEIVED FEB 6 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87368

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 1

(No. 909 Main Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Della Ann Woodard

(a) Residence. No. 909 Main Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bud Woodard

6. DATE OF BIRTH (month, day and year) April 27, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 49 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brown County Indiana

FATHER

13. NAME Elwood Barnes

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Polly Ann Ferguson

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Vivian Woodard
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Idaho Date Jan. 11, 1934

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 11, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931, to Jan 9, 1934.

I last saw h[illegible] alive on Jan 9, 1934; death is said to have occurred on the date stated above, at 11:? a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, Colon, Sigmoid. | Aug. 1931 |

Other **contributory causes** of importance:

Name of operation Colostomy Date of Oct 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. G. Stackhouse, M. D.
(Address) Sandpoint, Idaho.

RECEIVED FEB 6 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 2

DO NOT WRITE IN THIS SPACE

State File No. 87369

(No. Residence of G. M. Gray on Dover Road.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlotte Isabelle Davis

(a) Residence. No. 885 St. Elk Wash
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George L Davis

6. DATE OF BIRTH (month, day, and year): Sept. 23, 1868

7. AGE: Years 65 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

MOTHER FATHER

13. NAME: John Day
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Louise Hanson
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. G. M. Gray Sandpoint Ida

18. BURIAL, CREMATION OR REMOVAL
Place Elk Wash. Date Jan. 14 1934

19. UNDERTAKER (Address): L. G. Moody Sandpoint Idaho

20. FILED Jan. 14 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933, to Jan. 12, 1934
I last saw h~~er~~ alive on Dec. 7, 1933: death is said to have occurred on the date stated above, at 6 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | 2 |
| Hypostatic Pneumonia | 1 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Jones, M. D.
(Address) Sandpoint

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87370

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

Registration District No. 76

Primary Registration District No. 2155

Local Registrar's No. 3

(No. 627 N Boyer)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Agnes Turpin 90

(a) Residence. No. 627 N Boyer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Widow |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Francis M Turpin

6. DATE OF BIRTH (month, day, and year) Feb 14 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) None

FATHER

13. NAME John Early

14. BIRTHPLACE (city or town) (State or country) None

MOTHER

15. MAIDEN NAME Margaret Joyce

16. BIRTHPLACE (city or town) (State or country) None

17. INFORMENT Hugh Early (Address) Sandpoint

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 1/15, 1934

19. UNDERTAKER Turnbull Co (Address) Sandpoint Ida

20. FILED Jan 14, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934, to Jan 12, 1934

I last saw her alive on Jan 12, 1934: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cbn Occlusion Heart Coronary | |
| Occlusion Deformans | 11 yrs duration |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P E Cross M. D.

(Address) Sandpoint Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87371

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 4
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Bonner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 24 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 0 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minn
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Page Hospital
(Address) Sandpoint

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date 1/16, 1934

19. UNDERTAKER Turnbull Co
(Address) Sandpoint

20. FILED Jan 15, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 13, 1934
I last saw him alive on Jan 12, 1934; death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1932 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | 1930 |
| Hypertrophied prostate | 1931 |

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Wm F. Taylor, M. D.
(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87372

**PLACE OF DEATH**

County of Bonner

City of Morton

Registration District No. 7F

Primary Registration District No. 2155

Local Registrar's No. 8

(No. Peter) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Peterson

(a) Residence. No. Morton Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

165

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Peterson

6. DATE OF BIRTH (month, day, and year) Jan 30 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisc

FATHER

13. NAME James Peterson

14. BIRTHPLACE (city or town) (State or country) Wisc

MOTHER

15. MAIDEN NAME Unobtainable

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs Elizabeth Peterson Morton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 1/23/34 193

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED Jan 23, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronal Occlusion Coronary Thrombosis with Cerebral Hemorrhage intent | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. Nelson, M. D.

(Address) Morton Bonner Co Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87373

PLACE OF DEATH
County of Bonner
City of Wrencoe

Registration District No. 76
Primary Registration District No. 2155
Local Registrar's No. #6

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilborne Franklin Overholser

(a) Residence. No. Wrencoe St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ ~~Caroline K~~ Overholser
MARY E MILES OVERHOLSER

6. DATE OF BIRTH (month, day, and year) Dec 18 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 77 | 1 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Tenn

FATHER

13. NAME Benj. Overholser

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) John Overholser Wrencoe Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Codell Kansas Date shipping Jan 22, 1934

19. UNDERTAKER Turnbull Co (Address) Sandpoint Idaho

20. FILED Jan 21, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Jan 20, 1934

I last saw him alive on Jan 19, 1934: death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis and endocarditis | 1931 |
| Other contributory causes of importance: Arteriosclerosis | 1925 |

Name of operation NO Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) Wm F Tyler, M. D.

(Address) Sandpoint, Idaho

1934-87377

John Overholser, of lawful age, being first duly sworn according to law deposes and says; that he is a resident of Bonner County Idaho residing at Wrencoe; that he is a son of Wilborne Franklin Overholser and Caroline K. Overholser: that Caroline K. Overholser died on or about September 4th, 1915; that Wilborne Franklin Overholser died January 20th, 1934 and at the time of his death he was legally married and living with Mary E. Miles Overholser; that the death certificate of Wilborne Franklin Overholser, filed January 21, 1934, with Viola Allen, Registrar, at Sandpoint, Idaho, through error failed to show the name of Mary E. Miles Overholser as the living wife of Wilborne Franklin Overholser and this affidavit is made for the purpose of correcting the same; that firther deponant saith not.

John Overholser

Subscribed and sworn to before me this 19th day of July 1934.

Notary Public.

NOTARY PUBLIC FOR THE STATE OF IDAHO
SANDPOINT, IDAHO
MY COMMISSION EXPIRES JUNE 3rd, 1938

RECEIVED FEB 6 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 7

DO NOT WRITE IN THIS SPACE
State File No. 87374

(No. ) 90
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Cathérine Graves

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H. Graves

6. DATE OF BIRTH (month, day, and year) January 8, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 63 | 0 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** own Home

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dent County Missouri

FATHER

13. NAME Robert Dunlap

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lawana Graves
(Address) Sagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL Nearest Cem
Place Sandpoint, Ida. Date Jan. 26, 1934

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED Jan 26 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/21 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1933, to Jan 21, 1934.
I last saw her alive on Jan 1, 1934; death is said to have occurred on the date stated above, at 8:30 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease | |
| Other **contributory causes** of importance: | |
| Pneumonia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. E. Calvert, M. D.
(Address) Sandpoint, Idaho.

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87375

**PLACE OF DEATH**

County of Bonner

City of Dover, Ida.

Registration District No. 76

Primary Registration District No. 2155

Local Registrar's No. 9

(No. Gravel Pit, Dover Ida)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Fred H Robertson

(a) Residence. No. 414 N Division St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helga L Robertson

6. DATE OF BIRTH (month, day, and year) Dec 19, 1842

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 91 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Edward Robertson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Emma Ford

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMENT (Address) Helga Robertson Sandpoint

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 1/25, 1934

19. UNDERTAKER Tennant & Co
(Address) Sandpoint

20. FILED Jan 25, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 10.20 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Struck by Train (accidental) | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W Fulcom, M. D.

(Address) Sandpoint Ida

Emma Bonner Duly

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87376

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 9

(No. 425 Lakeview Blvd.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nell N. Curtis

(a) Residence. No. 425 Lakeview Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard F. Curtis

6. DATE OF BIRTH (month, day, and year) July 3, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 50 | 6 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shepherd
(State or country) Michigan

FATHER

13. NAME Stephen P. Murtha

14. BIRTHPLACE (city or town)
(State or country) Michigan

MOTHER

15. MAIDEN NAME Catherine Gruber

16. BIRTHPLACE (city or town)
(State or country) Pa.

17. INFORMANT R. J. Curtis
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Jan. 28 193 4

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 26, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug., 193 3, to Jan. 25, 193 4.

I last saw h[illegible] alive on Jan. 25 193 4: death is said to have occurred on the date stated above, at 6:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1/24/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Menapause | 2 yr |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Floyd G. Mendle, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1934

PLACE OF DEATH

County of Bonner

City of Sandpoint

1934 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87377

Registration District No. 7F

Primary Registration District No. 2155

Local Registrar's No. 10

(No. Pace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Mrs Jennie McNamara

(a) Residence. No. 524 Pine St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widow |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Robt Noble

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Pace Hospital Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pineresr Date 1/29, 1934

19. UNDERTAKER Turnbull C6 (Address) Sandpoint, Ida.

20. FILED Jan 29, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Jan 25, 1934

last saw h alive on Jan 24, 1934: death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Jan 20 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic Myocarditis | 1923 |
| | |
| | |

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1934

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87378

Registration District No. 76

Primary Registration District No. 2155 Local Registrar's No. 11

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Doyle

(a) Residence. No. Poor Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Page Hospital Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cem Date 2/6, 1934

19. UNDERTAKER Turnbull Co.
(Address) Sandpoint

20. FILED Feb 2, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 28, 1934
I last saw him alive on Jan 26, 1934; death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 1932 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | 1930 |

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB [illegible] 1934

**PLACE OF DEATH**

County of Bonner

City of Sagatone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 87379

Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah H. Grigg

(a) Residence. No. St. (Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David G. Grigg

6. DATE OF BIRTH (month, day, and year) July 10 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 6 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayette Co. Ill.

FATHER

13. NAME Joseph Grotts

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Sarah P. Davis

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) G. W. Grigg, Columbia Falls Mont

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Cemetery Date 1-17, 1934

Sport Lake Oda.

19. UNDERTAKER Assigned Funeral Home (Address) Bathdrum Ida.

20. FILED Jan 17, 1934 A C Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to Jan. 15, 1934

I last saw h[illegible] alive on Jan. 15, 1934; death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1) Cerebral hemorrhage | 12-23-33 |
| 2) Hypostatic Pneumonia | 1-12-34 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Dalgarn, M. D.

(Address) Spirit Lake Oda

RECEIVED 3 10 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87381

Registration District No. 73

Primary Registration District No. 214-0 Local Registrar's No. 2

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

165

2. FULL NAME Mary Ann Merrill

(a) Residence. No. Ford Porter Hotel St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leon C. Merrill

6. DATE OF BIRTH (month, day, and year): April 1, 1894

7. AGE: Years 39 | Months 9 | Days 0 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Cafe Waiter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Restaurant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER

13. NAME: Azra Judd

14. BIRTHPLACE (city or town) (State or country): Farmington Utah

MOTHER

15. MAIDEN NAME: Maryann Clark

16. BIRTHPLACE (city or town) (State or country): Provo Utah

17. INFORMANT (Address): Madge Taylor Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Richmond Utah Date: Jan 4, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Idaho

20. FILED: 1/4, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6.8 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide - Lysol Poisoning | |
| (W.F.) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide or homicide?..... Date of injury, Jan 1 1934

Where did injury occur?.. Idaho Falls Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home of Fatal

Manner of injury Lysol Poisoning

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred Dustin Cornia M. D.

(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87382

County of Bonn
City of Ida Falls
Registration District No. 3
Primary Registration District No. 2, 1, 10
Local Registrar's No. 3

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter H. Christofferson

(a) Residence. No. Ida Falls, Route # 1 St.
(Usual place of abode)
Length of residence in city or town where death occurred. X yrs. 9 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 26, 1874

7. AGE: Years 59 | Months 11 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Land
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Chris Christofferson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Bertha Hansen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Lon Christofferson Ida. Falls
18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Date Jan. 9, 1934
19. UNDERTAKER (Address) A. Evans Ida. Falls Ida.
20. FILED 1/10, 1934 (Registrar.)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6:00 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cankerous - No medical attention. | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. J. Furniss, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 3 10 1934

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87383

Registration District No. 73

Primary Registration District No. 21-6

Local Registrar's No. 4

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Belle Birch

(a) Residence. No. 287-9th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Birch

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | — | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewisville Idaho

FATHER

13. NAME James Kingborn

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Luna Jarding

16. BIRTHPLACE (city or town) (State or country) West Weber, Ogden Utah

17. INFORMENT (Address) James M. Birch Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Riverview Cem. Ida. Date Jan 11, 1934

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls

20. FILED Jan 9, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 8, 1934

I last saw her alive on Jan 8 4:10 P.M., 1934; death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolus | Jan 8 |

Other contributory causes of importance: Incomplete miscarriage

Name of operation Curettage Date of Jan 8, 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. K. Abbott M. D.

(Address) Idaho Falls Ida.

RECEIVED JAN 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87384

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21 N-D
Local Registrar's No. 1
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Louise Stivrat

(a) Residence. No. 259-G St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec. 28, 1933

7. AGE: Years #; Months #; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Arthur Stivrat
14. BIRTHPLACE (city or town) (State or country): Evanston, Wyo.

MOTHER
15. MAIDEN NAME: Alta Phillips
16. BIRTHPLACE (city or town) (State or country): Dayton, Idaho

17. INFORMENT (Address): Arthur Stivrat Idaho Falls, Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Jan 5, 1934
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Ida
20. FILED: 1/7, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933, to Jan 3, 1934
I last saw h[illegible] alive on Jan 3, 1933: death is said to have occurred on the date stated above, at 12:30 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | Dec 28 |

Other contributory causes of importance: Congenital eventration of the bowell with multiple perforation of colon

Name of operation Resection of colon and cloasma Date of Dec 28-33
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87386

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2 1 4 9
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Bybee Hancey

(a) Residence. No Idaho Falls Rt #7 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A. C. Hancey

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mantie, Utah

FATHER

13. NAME P. L. Bybee

14. BIRTHPLACE (city or town) (State or country) South Bend Indiana

MOTHER

15. MAIDEN NAME Harriett Raymond

16. BIRTHPLACE (city or town) (State or country) Smithfield Utah

17. INFORMENT (Address) A. C. Hancey Idaho Falls, Rt #7

18. BURIAL, CREMATION, OR REMOVAL Place Icon Idaho Date Jan 14, 1934

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED 1/13, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1934, to Jan 11, 1934
I last saw h[illegible] alive on Jan 11, 1934: death is said to have occurred on the date stated above, at 3-30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza T | |
| Acute Myocarditis | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87387

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2 1 V-0
Local Registrar's No. 9
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Schmeil

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced. (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12, 1915

7. AGE — Years: 18 | Months: 10 | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tusk, Wyoming

FATHER
13. NAME: Adam Schmeil
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Rosa [illegible]
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Henry W. Schmeil, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Jan 15 1934

19. UNDERTAKER (Address): Jas. A. Ford, Idaho Falls, Idaho

20. FILED 1/13, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934, to Jan 12, 1934

I last saw her alive on Jan 12, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | 5 days. |

Other contributory causes of importance:
Acute evacuation of Chronic salpingitis

Name of operation: Laparotomy for drainage Date of: Jan 12-34
What test confirmed diagnosis? Clinical Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. P. Abbott, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87388

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 10
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Valentine Anderson

(a) Residence. No. R F D #4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1918

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 15 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gooding, Idaho

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

FATHER

13. NAME Peter Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Holm

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Vernondell Winder 202 Short St. Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place New Sweden Date Jan 20, 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls.

20. FILED 1/19, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934, to Jan 17, 1934
I last saw her alive on Jan 17, 1934: death is said to have occurred on the date stated above, at 8:1 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Endocarditis | Dec. 1933 |
| Nephritis | " " |
| Other contributory causes of importance: | |
| Pneumonia | Jan 13 |

Name of operation none Date of
What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) A E Gray M.D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87389

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21 N.D. Local Registrar's No. 11
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyde Lyman Moser

(a) Residence. No. Idaho Falls Rt 5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 30, 1933

7. AGE — Years: — Months: 1 — Days: 18 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Francis Moser
14. BIRTHPLACE (city or town) Bedford
(State or country) Wyoming

MOTHER
15. MAIDEN NAME Esther Misplin
16. BIRTHPLACE (city or town) Ucon
(State or country) Idaho

17. INFORMENT Francis Moser
(Address) Idaho Falls Rt 5

18. BURIAL, CREMATION, OR REMOVAL
Place Kent, Idaho Date Jan 20, 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Jan 19, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Jan 18, 1934
I last saw him alive on Jan 18, 1934: death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemophilia | Jan 4 1934 |

Other contributory causes of importance:

| | |
|---|---|
| Icterus Neonatorum | Birth |

Name of operation transfusion of Blood Date of Jan 6 - 1934
What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. W. Nash M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87390

Registration District No. 3

Primary Registration District No. 21-0 Local Registrar's No. 12

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Elizabeth Hardstay

(a) Residence. No. 311 - 7th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Samuel C. Hardstay

6. DATE OF BIRTH (month, day, and year): March 7, 1849

7. AGE: Years: 84 | Months: 10 | Days: 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: William Huff

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Margaret Elizabeth ?

16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT (Address): Mrs. Alma M. Anderson, Lenton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rubois, Ida. Date: Jan 23 1934

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls.

20. FILED: 1/22, 1934 W. Truman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary - Sen. Myocardial degeneration | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No specify.....

(Signed) C. W. Truman, M. D.

(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87391

County of Bonneville
City of Idaho Falls Irwin.
Registration District No. 73
Primary Registration District No. 21 & 70
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nesbit. E. Beam.

(a) Residence. No. Irwin Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white. | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Beam

6. DATE OF BIRTH (month, day, and year) Sept 8-1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Several yrs ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fremont Co. Iowa.

FATHER

13. NAME Thomas N. Beam.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Martha E Way

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) Frank W. Beam Irwin Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls. Date 2-6, 1934

19. UNDERTAKER V. F. McHan
(Address) Idaho Falls Idaho.

20. FILED 2/10, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... —, 193..., to —, 193...

I last saw h...alive on —, 193...: death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause unknown | |
| (Primary Heart failure) | |
| | |

Other contributory causes of importance:

No medical attendance

Name of operation none Date of .....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1934

Where did injury occur? Irwin Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred Lantz Conner M.D.

(Address) Idaho Falls Ida.

RECEIVED JAN 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87392

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 13
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Coey Wadsworth
(a) Residence. No. ... St. Ucon, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna Wadsworth
6. DATE OF BIRTH (month, day, and year): April 26, 1899
7. AGE: Years 34 | Months 8 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer and
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mechanic, C. W. A.
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Taylor, Idaho

FATHER
13. NAME: Joseph W. Wadsworth
14. BIRTHPLACE (city or town) (State or country): Mountain Green Utah

MOTHER
15. MAIDEN NAME: Henrietta McCoy
16. BIRTHPLACE (city or town) (State or country): Hooperville Utah

17. INFORMANT (Address): Mrs. Edna Wadsworth Ucon, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Ucon Date: Jan 23 1934
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls,
20. FILED 1/22, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 20 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:12 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Inspection Hand | Jan 10 1934 |
| Septicemia | Jan 12 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 10 1934
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible]

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 3 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87393

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaretta M. Olivason (Oliverson) 74a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. A. Olivason

6. DATE OF BIRTH (month, day, and year) Feb. 3 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Id

FATHER

13. NAME Wm Whitehead

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaretta Freeman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Anna Keller Idaho Falls Id

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Date Jan 22 1934

19. UNDERTAKER (Address) Nye Whitehead Pocatello Id

20. FILED 1/23, 1934 (Mary Truman) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Jan 22, 1934

I last saw her alive on Jan 22 1934; death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Nov 1 33 |
| Apoplexy 2nd attack | Jan 22 34 |
| Other contributory causes of importance: | |
| Myocarditis | 1929 |

Name of operation None Date of

What test confirmed diagnosis? Physician Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. O. Leuzinger, M. D.

(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1934

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87394

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2170
Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Danny Ellis Stoms

(a) Residence. No. R.D. 6 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | No. | 5 | 29. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls.
(State or country) Idaho

FATHER

13. NAME Ellis Merrill Stoms

14. BIRTHPLACE (city or town) Ft. Collins
(State or country) Colorado

MOTHER

15. MAIDEN NAME Florence E. Buckley

16. BIRTHPLACE (city or town) Bonneville Co
(State or country) Idaho.

17. INFORMENT (Address) Ellis M. Stoms Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Jan 29, 1934

19. UNDERTAKER F. F. McFarr
(Address) Idaho Falls. Idaho

20. FILED 1/29, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1934, to Jan 26, 1934
I last saw him alive on Jan 26, 1934; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not If so, specify

(Signed) W. B. Gallemore M.D.
(Address) Idaho Falls. Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87395

PLACE OF DEATH
County of Bonn.
City of Eda Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 16

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Eva Hasley

(a) Residence. No. Capital + "S" Sts. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Hasley
6. DATE OF BIRTH (month, day, and year): Apr. 23, 1855
7. AGE: Years 78; Months 9; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Devonshire England

FATHER
13. NAME: John Eva
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Jane Unknown
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Jane Hasley, Idaho Falls, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Blackfoot Ida. Date: Feb. 1, 1934 Removal
19. UNDERTAKER: W. F. McHan (Address) Idaho Falls, Ida.
20. FILED 1/30, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 30 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1934, to Jan 30, 1934
I last saw her alive on Jan 28, 1934: death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1st Pneumonia | Jan 27 |
| Other contributory causes of importance: Arterio Sclerosis | Many Years |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

RECEIVED FEB 10 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87396

Registration District No. 3

Primary Registration District No. 2140

Local Registrar's No. 17

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Chadwick

(a) Residence. No. ..... St. Shelley, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Chadwick

6. DATE OF BIRTH (month, day, and year) Feb 20, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Joseph Pritchward

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Helen Cope

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) L. O. Chadwick Sr.

18. BURIAL, CREMATION OR REMOVAL Place Shelley, Ida. Date Jan 31, 1934

19. UNDERTAKER (Address) Jack A. Hill & Son Idaho Falls Idaho

20. FILED Jan 31, 1934 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Jan 27, 1934

I last saw h[illegible] alive on 1-27, 1934: death is said to have occurred on the date stated above, at 1:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 1/21 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Haemoplegia | 2 days |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....

(Signed) Edwin Leyden M. D.

(Address) Box [illegible]

RECEIVED FEB 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87397

Registration District No. 73
Primary Registration District No. 214-0 Local Registrar's No. 14
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grant Howard

(a) Residence. No. ..... St. Rigby, R3 D#3
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 20 1932

7. AGE — Years: 1 | Months: 4 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rigby R3 D#3 Idaho

MOTHER FATHER
13. NAME: Walter L. Howard
14. BIRTHPLACE (city or town) (State or country): Rigby R3 D#3 Idaho
15. MAIDEN NAME: Elizabeth Williams
16. BIRTHPLACE (city or town) (State or country): Samaria Idaho

17. INFORMANT (Address): Walter L. Howard Rigby R3 D#3 Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelton Date Jan 31 1934

19. UNDERTAKER (Address): Jack A. Ward Idaho Falls, Idaho

20. FILED Jan 14, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1934, to Jan 29, 1934
I last saw her alive on Jan 28 1934; death is said to have occurred on the date stated above, at 8:25 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Edema of glottis secondary to acute phlegmonous pharangitis | |
| Other **contributory causes** of importance: | |
| 25 days Otitis Media + Bronchitis | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87399

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 20

(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

174

2. FULL NAME Thelma Hodge.

(a) Residence. No. 678-2. St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white. | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Tom Hodge.

6. DATE OF BIRTH (month, day, and year) Dec 20-1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Joe Larson.

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Mary Bolen.

16. BIRTHPLACE (city or town) (State or country) So Carolina

17. INFORMENT (Address) Joe Larson Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Malad Date 2-2, 1934

19. UNDERTAKER V. F. McHan
(Address) Idaho Falls Idaho.

20. FILED 2/2, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1934, to Jan 31, 1934
I last saw h[illegible] alive on Jan 31, 1934; death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Catarrhal Jaundice | Dec 30 |
| Septicaemia | Jan 24 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Idaho Falls Ida

RECEIVED 3 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87406

PLACE OF DEATH
County of Bannock
City or Idaho Falls

Registration District No. 73
Primary Registration District No. 2142 Local Registrar's No. 22
(No. LDS Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Boy Lake
(a) Residence. No. Robert St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 29, 1934
7. AGE: Years | Months: 5½ mo | Days | If LESS than 1 day, 2 hrs. or ..... min.: Premature

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida.

MOTHER
13. NAME: Lynn Lake
14. BIRTHPLACE (city or town) (State or country): Fayett Sanpete Co. Utah

FATHER
15. MAIDEN NAME: Anna Kay Conley
16. BIRTHPLACE (city or town) (State or country): Woodland Utah

17. INFORMANT (Address): Father

18. BURIAL, CREMATION ~~OR REMOVAL~~
Place: Cremation Date: 1/30, 1934
Idaho Falls Ida

19. UNDERTAKER (Address): none

20. FILED 2/1, 1934. C. J. Truman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1934 to Jan. 29, 1934
I last saw him alive on Jan. 29, 1934: death is said to have occurred on the date stated above, at 7.20 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | Jan 29 |
| 5½ mos | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Partial Placenta Praevia (Mother) | 4 |
| Hemorrhage | 5 Hrs |

Name of operation ..... Date of .....
What test confirmed diagnosis? Farmer Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) Idaho Falls, Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 10 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87401

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 1170
Local Registrar's No. 23
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verna Ethel Pugmire.

(a) Residence. No. ..... St. Annis, Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Howard Pugmire.

6. DATE OF BIRTH (month, day and year) Dec. 16, 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | 1 | 12 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Lorenzo, Idaho.

PARENTS

10. NAME OF FATHER William James Barker.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho.

12. MAIDEN NAME OF MOTHER Sylvia Harriet Clark.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho.

14. Informant Sylvia H. Barker
(Address) Lorenzo, Idaho. R. #1

15. Filed Feb. 6, 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 28 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Jan 28, 1934
that I last saw her alive on Jan 28, 1934
and that death occurred, on the date stated above, at 3:5P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Annis Idaho
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? ✓

(Signed) [signature], M. D.
Jan 31, 1934 (Address) Idaho Falls, Idaho

19. Place of Burial, Cremation, or Removal: Annis, Idaho | Date of Burial: 2/1/34 19

20. Undertaker [signature] | Address: Rigby

RECEIVED FEB 10 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87402

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 22

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1002

2. FULL NAME Bell LeRoy Robinson

(a) Residence. No. ..... St. Ucon, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 16, 1933

7. AGE: Years 4 | Months | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ucon Idaho

FATHER

13. NAME: Oliver L. Robinson

14. BIRTHPLACE (city or town) (State or country): Ucon Idaho

MOTHER

15. MAIDEN NAME: Julia Lott

16. BIRTHPLACE (city or town) (State or country): Beaver Utah

17. INFORMANT (Address): Oliver L. Robinson Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Ucon, Idaho Date: Jan 24 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: 2/3, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): January 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Jan 22, 1934.

I last saw him alive on Jan 21, 1934; death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | Jan 18, 1934 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so, specify.....

(Signed) ..... M. D.

(Address) H. Roy Hatch Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87426

**PLACE OF DEATH**
County of Canas
City of Fairfield

Registration District No. 58
Primary Registration District No. ..... Local Registrar's No. ..... 177

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmo June Turner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 3 | 2 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Emry Oral Turner

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Maralda Hardman

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMENT (Address) E. O. Turner

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Removal
Place Gooding Idaho Date Jan 19, 1934

19. UNDERTAKER Thompson & Gooding
(Address)

20. FILED Jan 18, 1934 W. B. Parkinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-17- 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934, to Jan 17, 1934
I last saw h[illegible] alive on Jan 16, 1934: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scalded over body ars face and leggs | Jan 3-1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Scalded
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. B. Parkinson, M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87427

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 8

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1430

2. FULL NAME Agnes Walling

(a) Residence. No. 223 - 13th ave. no. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James E. Walling

6. DATE OF BIRTH (month, day, and year) Aug. 28th 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37. | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pitcairn,
(State or country) Penna.

FATHER

13. NAME W. G. Bell.

14. BIRTHPLACE (city or town) Altoona,
(State or country) Penna.

MOTHER

15. MAIDEN NAME Ella Kernahn.

16. BIRTHPLACE (city or town)
(State or country) Penna.

17. INFORMENT (Address) Mrs. J. W. Bell. Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 1-13, 1934

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho

20. FILED Jan 29, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933, to Jan, 1934

I last saw h[illegible] alive on Jan 10, 1934: death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Embolus to Rt lung and Septicemia following abortion,

Date of onset

Other contributory causes of importance:

Mis carriage + infection

Name of operation Curretment Date of 11/29/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace B Kellenah, M. D.

(Address) Nampa Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 7 1934

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87428

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 7

(No. 723 - 1st St. No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Wm Foster

(a) Residence. No. 723 - 1st St. No. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 16th 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME Robert Foster.

14. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

MOTHER

15. MAIDEN NAME Opal Sliger

16. BIRTHPLACE (city or town) (State or country) Idaho Co. Wash.

17. INFORMENT (Address) Mr. Robert Foster Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Cem. Date 1-12, 1934

19. UNDERTAKER (Address) Mrs. Nina M. Talley Nampa Idaho

20. FILED Jan 29, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 10, 1934

I last saw him alive on Jan 10, 1934; death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Pneumonia | |

Other contributory causes of importance: Flu pneumonia with edema lungs.

Name of operation No. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193.

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roscoe Pickrell, M. D.

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87429

**PLACE OF DEATH**

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 10
(No. 711 - 6th Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha C. Watts

31

(a) Residence. No. 711 - 6th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Roscoe Watts

6. DATE OF BIRTH (month, day, and year) May 24th 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 33 | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Black Bear
(State or country) Idaho

FATHER

13. NAME Harry Parks

14. BIRTHPLACE (city or town)
(State or country) Illinois.

MOTHER

15. MAIDEN NAME Lyda Skillman

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMENT Mr Wall.
(Address) Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa, Ida. Date , 193

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Ida

20. FILED Feb. 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Jan 24, 1934

I last saw h[illegible] alive on Jan 24, 1934: death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis - of 5 yrs duration with tuberculous laryngitis | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. S. Rose, M. D.
(Address) Nampa, Ida

RECEIVED FEB 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87430

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 1
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

202

2. FULL NAME Harry Dan Rouse

(a) Residence. No. 1011 - 13 ave S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Rouse

6. DATE OF BIRTH (month, day, and year) 7-7-83

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 50 | 6 | 4. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Dealer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Hides
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem MO
(State or country)

FATHER

13. NAME Oren S. Rouse
14. BIRTHPLACE (city or town) Paris
(State or country)

MOTHER

15. MAIDEN NAME Frances Dawyer
16. BIRTHPLACE (city or town) N.Y.
(State or country)

17. INFORMANT Mrs. Bessie Rouse
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Rolla
Place ~~Salem~~ MO Date ....., 193..

19. UNDERTAKER F.K. Robinson
(Address) Nampa Ida

20. FILED Jan 29, 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-11-, 1934., to 1-11-, 1934.
I last saw h.im alive on 1-11-, 1934.: death is said to have occurred on the date stated above, at 2:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Compound fracture | |
| of skull | 1-11-34. |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hemorrhage from | |
| lacerated longitudinal | 1-11-34. |
| sinus | |

Name of operation. Decompression Date of 1-11-34
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Murder Date of injury 1/1/1934
Where did injury occur? Caldwell, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public
Manner of injury murdered by blow from hatchet.
Nature of injury Compound fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. Rodgers, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87431

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 2
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

146

2. FULL NAME Dorothy Lavine Ashcraft

(a) Residence. No. 1611-2nd St.So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victor Ashcraft

6. DATE OF BIRTH (month, day, and year) 9-9-1906

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 27 | 2 | 29 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baker, Ore.

FATHER
13. NAME Veron V. Sparks
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Daisy Nelson
16. BIRTHPLACE (city or town) (State or country) Ore.

17. INFORMANT Veron V. Sparks (Address) Caldwell, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Caldwell, Ida. Date 1-10., 1934

19. UNDERTAKER F.K. Robinson (Address) Nampa, Ida.

20. FILED Jan 29., 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933, to Jan 8, 1934
I last saw her alive on Jan 8, 1934: death is said to have occurred on the date stated above, at 6 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cystemia infection | |
| following Miscarriage | |
| (Abscess Salpingitis) | |

Other **contributory causes** of importance:

| | |
|---|---|
| Mis carriage | |

Name of operation. Curretment Date of 1/2/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Horace B. Richards M. D.
(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87433

**PLACE OF DEATH**
County of Canyon
City of Nam pa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 4
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74 L

2. FULL NAME John Alexander Jackson

(a) Residence. No. Melba, I a. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lenora Jackson
6. DATE OF BIRTH (month, day, and year): Sept. 12, 1876
7. AGE: Years 57 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mc Alevy's Fort Pa.

FATHER
13. NAME: William Jackson
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Forest
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Lenora Jackson, Melba, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Boise, Ida. Date: ....., 193..

19. UNDERTAKER (Address): F.K.Robinson, Nampa, Ida.

20. FILED Jan. 29, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1934., to 1-20, 1934.
I last saw him alive on 1-19, 1934.: death is said to have occurred on the date stated above, at 7 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embulus | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel A Swayne, M. D.
(Address) Nampa, Ida

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87434

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 3

(No. 404 16th Ave.So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Belle Thompson

(a) Residence. No. Sweet, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 5, 1864

7. AGE: Years 69 | Months 11 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. If retired, date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

13. NAME: Zimmer

14. BIRTHPLACE (city or town) (State or country): N.Y.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Nettie May Woods, Sweet, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Sweet, Ida. Date ....., 193..

19. UNDERTAKER (Address): F.K.Robinson, Nampa, Ida.

20. FILED Jan 29., 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH 1934

21. DATE OF DEATH (month, day and year): Jan. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, ....., 193.3., to Jan. 15, ..., 193.4.

I last saw her alive on Jan. 15, 1934; death is said to have occurred on the date stated above, at 8. P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No. If so, specify.....

(Signed) J. C. Horton, M. D.

(Address) Nampa, Idaho.

MARGIN RESERVED FOR BINDING
...E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ...ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ...CUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87435

**PLACE OF DEATH**

County of Canyon
City of Rural

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eddie Goodman Packer

(a) Residence. No. One mile West of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Packer

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Kazia Ridgeway

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs E.G.Packer
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 1-11-34

19. UNDERTAKER F.K.Robinson
(Address) Nampa, Ida.

20. FILED Jan 29, 1934 Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1934, to 1-8, 1934
I last saw him alive on Jan 1, 1934: death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilitation heart (Was dead when found at gate) | |
| Other **contributory causes** of importance: | |
| Myocarditis & Arteriosclerosis | |

Name of operation No Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Francis O. Belknap M. D.
(Address) Nampa Ida.

RECEIVED 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Canyon
City of Greater

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87436

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 12
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mercedes Abbott 119

(a) Residence. No. Route 2 Box 4 Caldwell St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 29 1885
7. AGE: Years 46; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Colorado

FATHER
13. NAME: Abbott
14. BIRTHPLACE (city or town) (State or country): U S A

MOTHER
15. MAIDEN NAME: Alice Jane Rutledge
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Son Route 2 Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 1/27, 1934

19. UNDERTAKER (Address): F. K. Robinson Nampa Ida

20. FILED Feb 3, 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1—24—1934

22. I HEREBY CERTIFY, That I attended deceased from 9—29—, 1929, to 1—24—, 1934.
I last saw her alive on 1—24—, 1934: death is said to have occurred on the date stated above, at 4.45 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial "Flue" | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Cystitis | |
| Salpingitis | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify.....
(Signed) Jno. C. Rogers, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87437

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 9

(No. Hanks S.)
(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME Bergon Katherine Hanks

(a) Residence. No. State School & Colony St. Nampa Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F M | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Feb. 21 1879

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 54 | 10 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dora Gouge (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Rohrerlawn
Place Nampa, Ida. Date 1-21.., 193.4

19. UNDERTAKER Mrs. Nina M. Fallen
(Address) Nampa, Idaho.

20. FILED Feb. 3..., 193.4. Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to 1-18, 1934.

I last saw h[illegible]live on 1-18 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonal "Flue" | 1-11-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Heart - Complications | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Dora Gouge M. D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87438

**PLACE OF DEATH**

County of Canyon
City of Bowmont
Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 6
(No. 1 mi. no Bowmont)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verne Eldon Vassar

(a) Residence. No. 1 mi. no. Bowmont St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 30th 1920

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 13 | 2 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME John C. Vassar
14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Bessie C. Bowdle
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMENT Mrs. J. C. Vassar
(Address) Bowmont

18. BURIAL, CREMATION, OR REMOVAL Canyon Hill
Place Caldwell Ida Date 1-9, 1934

19. UNDERTAKER Wm. D. Talley
(Address) Nampa, Idaho

20. FILED Jan 29, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-6. 3 P.M., 1934, to 1-7-4 P.M., 1934
I last saw her alive on 1-7-, 1934; death is said to have occurred on the date stated above, at 4:20 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion of brain, Caused by Fall from horse | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Near home on road
Manner of injury Fell from horse
Nature of injury Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) O. C. Zellhuber M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1934

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
87439
State File No.

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Finley J. McDonell

(a) Residence. No. Caldwell 318 Elm
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 10" 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Jim McDonell Not Known

14. BIRTHPLACE (city or town) Calgary (State or country) Canada

MOTHER

15. MAIDEN NAME Katheryn McDonell Not Known

16. BIRTHPLACE (city or town) Glengary (State or country) Canada

17. INFORMENT (Address) Mrs J. Edgar Greenhill Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Huntington Ore Date Feb, 1934

19. UNDERTAKER C. H. Peckham (Address) Caldwell Idaho

20. FILED 18, 1934 M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6" 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Feb. 6, 1934

I last saw h[illegible] alive on Feb 6, 1934: death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Int. Nephritis | |

Other contributory causes of importance:

Chronic Myocarditis
Chronic Prost. Hypertrophy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. G. Newkem M. D.

(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87440

**PLACE OF DEATH**

County of Canyon

City of Caldwell

Registration District No. 21

Primary Registration District No. 2005

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Runciman

(a) Residence. No. R F D St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male (M)

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Runciman (Deceased)

6. DATE OF BIRTH (month, day, and year): May 14 1856

7. AGE: Years 77 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Winterbourn Ont. Canada

FATHER

13. NAME: Francis Runciman

14. BIRTHPLACE (city or town) (State or country): Iverness Scotland

MOTHER

15. MAIDEN NAME: Janet Brander

16. BIRTHPLACE (city or town) (State or country): Aberdeen Scotland

17. INFORMENT (Address): W A Runciman Portland Oregon

18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Hill Date: Feb 8-34

19. UNDERTAKER: Paul L. Case
(Address) Caldwell Idaho

20. FILED 2/9, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 5-34

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1934, to Feb 5, 1934
I last saw him alive on Feb 5, 1934; death is said to have occurred on the date stated above, at 7P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double pulmonary pneumonia | Feb 2, |
| Other contributory causes of importance: Paralysis Agitans | 4 yrs |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. C. W. Luttenberger M.D.
(Address) Caldwell, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87441

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2005

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy Mills Armstrong

(a) Residence. No. ( ) Caldwell Ida R#3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 7-1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 4 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME S.A. Miller

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Rhoda Hester

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT G.L. Armstrong (Address) Caldwell, Ida R#3

18. BURIAL, CREMATION, OR REMOVAL Place Riverside, Date Feb. 7, 1934

19. UNDERTAKER C.F. Peckham & Son (Address) Caldwell Ida

20. FILED 2/7, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1934, to Feb. 5, 1934

I last saw her alive on Feb. 4, 1934: death is said to have occurred on the date stated above, at 1:30a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | |
| following Sub Total hysterectomy | |
| Operated for Ho hysterectomy | |
| Stump cervix) | |

Other contributory causes of importance:
Moderate infection
Cause a few degree
of infection peritonitis

Name of operation Sub total hysterectomy Date of 1-30-34
What test confirmed diagnosis? Gross Observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Mangum, M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87442

**PLACE OF DEATH**
County of Canyon
City of Huston

Registration District No. 81
Primary Registration District No. 2005
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward O. Nelson

(a) Residence. No. Caldwell Huston Rt 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced (write the word)~~ |
|---|---|---|
| male | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Josephine Nelson

6. DATE OF BIRTH (month, day, and year) April 28-1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 8 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Gustave E. A. Nelson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) E E Nelson Huston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Co. Idaho Date Jan 26, 1934

19. UNDERTAKER (Address) C. J. Beckham Caldwell Idaho

20. FILED 1/25, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934, to Jan 23, 1934
I last saw h alive on Jan 22, 1934: death is said to have occurred on the date stated above, at 6.50 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | Jan 17-1934 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) A. A. Newberry M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 3-1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 87443

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Donald Hohstadt

(a) Residence. No. (Usual place of abode) Parma, Ida St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2 - 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | - | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Huston (State or country) Idaho

FATHER

13. NAME Cletus Hohstadt

14. BIRTHPLACE (city or town) Okla (State or country)

MOTHER

15. MAIDEN NAME Melba Goss

16. BIRTHPLACE (city or town) Utah (State or country)

17. INFORMENT H. F. Hohstadt (Address) Parma Ida R.F.D. 2

18. BURIAL, CREMATION, OR REMOVAL Place Tucker Cem. Date 1-23, 1934

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED ....., 193 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Jan 20, 1934

I last saw h... alive on Jan 20, 1934; death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro intestinal infection | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. M. Cain, M. D.

(Address) Greenleaf Ida

RECEIVED JAN 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87444

**PLACE OF DEATH**
County of Canyon
City of Caldwell
Registration District No. 21
Primary Registration District No. 2005
Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Sarah Agnes Sawyer
(a) Residence. No. Caldwell R#4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) aug 16-1849

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 4 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tioga Co
(State or country) Pa

FATHER
13. NAME John Houghtaling
14. BIRTHPLACE (city or town)
(State or country) Not Known

MOTHER
15. MAIDEN NAME Agnes Stewarts
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT M W Sawyer
(Address) Caldwell Ida S/O.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Cem. Date Jan 1/1934

19. UNDERTAKER C. T. Peckham
(Address) Caldwell Idaho.

20. FILED 1-17-, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2-, 1934, to Jan 8, 1934
I last saw h alive on Jan 2, 1934 death is said to have occurred on the date stated above, at 4:20 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Jan 2 34 |
| Myocarditis | about 1 yr. |
| Other contributory causes of importance: | |
| Paralysis | about 5 yrs. |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C M Haley M. D.
(Address) Caldwell, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1934

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 21

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 87445

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl David Nelson

(a) Residence. No. Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Luella Nelson

6. DATE OF BIRTH (month, day, and year) Aug 20-1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 55 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartland Iowa

FATHER

13. NAME David Nelson

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary M. Jay

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Luella M. Nelson Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Greenleaf Cem. Date Jan 16, 1934

19. UNDERTAKER Vest Peckham (Address) Caldwell Ida

20. FILED 1-17, 1934 E. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 193..., to Jan 12, 1934

I last saw him alive on Jan 12, 1934; death is said to have occurred on the date stated above, at 3.20 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| A Atrophic Cirrhosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. O. Bradley, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 31

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 87446

Local Registrar's No. 88

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wesley Gruver

(a) Residence. No. 2016 Blaine St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ~~Female~~ Male | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Alma Gruver

6. DATE OF BIRTH (month, day, and year) Aug 16 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Enos Gruver

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Mary A Phillips

16. BIRTHPLACE (city or town) (State or country) Northampton Co Penn

17. INFORMENT (Address) J. W. Gruver Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem Date Jan 24, 1934

19. UNDERTAKER (Address) A. Beckham Caldwell

20. FILED ....., 193.. ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 1932, 193.., to Jan 22, 1934

I last saw h...alive on Jan 22, 1934; death is said to have occurred on the date stated above, at 8:35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Montgomery M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87447

County of Canyon
City of Caldwell
Registration District No. 81
Primary Registration District No. 1005
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Granger Brown.

(a) Residence. No. 1602 Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married. |

5a. If married, widowed, or divorced (or) WIFE of Baldwin F. Brown.

6. DATE OF BIRTH (month, day, and year) Sept 13 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston
(State or country) Mass.

FATHER

13. NAME Reed B. Granger

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Hester Billings

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Evergreen Cemetery Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date 1-21, 1934

19. UNDERTAKER (Address) Caldwell Ida

20. FILED 1/26, 1934 W. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-19 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1931, to Jan 19, 1934

I last saw her alive on Jan 17, 1934; death is said to have occurred on the date stated above, at 3:28 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma — Metastic masses in abdominal tissue involved not known. | |
| Other contributory causes of importance Carcinoma of breast | Oct. 1931 |

Name of operation Breast removed Date of Oct 1931

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. H. Owen, M. D.
(Address) Caldwell Ida

RECEIVED FEB 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87448

PLACE OF DEATH
County of Canyon,
City of Caldwell,

Registration District No. 21
Primary Registration District No. 1005

Local Registrar's No. 135

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

No flowers
Funeral, Private, by Request

2. FULL NAME John Schorb Meyer,

(a) Residence. No. 1010-Cleveland Boulevard, St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male, | White, | Married, |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriet E.Meyer,

6. DATE OF BIRTH (month, day and year) March, 31-1856,

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 77 | 9 | 26 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) New Point,
(State or country) Missouri,

PARENTS

10. NAME OF FATHER John Meyer,
11. BIRTHPLACE OF FATHER (city or town) Baden Baden,
(State or Country) Germany,
12. MAIDEN NAME OF MOTHER Anna Mary Schorb,
13. BIRTHPLACE OF MOTHER (city or town) Baden Baden,
(State or Country) Germany,

14. Informant Mrs John S Meyer
(Address) 1010mCleveland Caldwell Ida

15. Filed 2/, 1934. J M Montgomery
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 27 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 27, 1934
that I last saw him alive on Jan 27, 1934
and that death occurred, on the date stated above, at 4 a m.
The CAUSE OF DEATH* was as follows:
Leukicemia following
Gastric surgery
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Acute Hyperthyroidism
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Dec 1/34
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) J M Montgomery, M. D.
2-3, 1934 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Canyon Hill, Cemetary, — Date of Burial: 1/30/34

20. Undertaker: Paul L.Case — Address: Caldwell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87449

PLACE OF DEATH
County of Canyon
City of Caldwell # 4
Registration District No. 31
Primary Registration District No. 2006
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

159 C

2. FULL NAME Joan Carnahan

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Girl | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6. DATE OF BIRTH (month, day and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, 3 hrs. or min. |
|---|---|---|---|---|
| | | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER C. E. Carnahan
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Washington
12. MAIDEN NAME OF MOTHER Audrey Ruby Bennett
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nebraska

14. Informant C. E. Carnahan
(Address) Caldwell, Idaho # 4

15. Filed Jan 25, 1934 John S. Meyer Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 23, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934, 19 to 19
that I last saw her alive on Jan. 23, 1934, 19
and that death occurred, on the date stated above, at at 8 P.M. m.
The CAUSE OF DEATH* was as follows:

Maldevelopment

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? What test confirmed diagnosis?
(Signed) C. E. Kaley, M. D.
19 C. E. Kaley (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| 20. Undertaker | Address |

RECEIVED FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87450

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 81
Primary Registration District No. 2005
(No. .....)
Local Registrar's No. .....

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvia Gertrude McDermott

(a) Residence. No. ..... Marsing Ida St.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Girl | | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Premature birth

6. DATE OF BIRTH (month, day and year) 2/2/34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) Caldwell
(State or country)

PARENTS

10. NAME OF FATHER Samuel Bernard McDermott

11. BIRTHPLACE OF FATHER (city or town) Minn.
(State or Country)

12. MAIDEN NAME OF MOTHER Ila L. Lawler

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Samuel Bernard McDermott
(Address) Marsing, Idaho

15. Filed 2-3, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2/2/34
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1934, to Feb 2, 1934
that I last saw her alive on Feb 2, 1934
and that death occurred, on the date stated above, at 9P m.
The CAUSE OF DEATH* was as follows:

Premature birth

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Accidental Breeches

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) S O Weeller M. D.
2-3, 1934 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| at home | 2-3 1934 |
| 20. Undertaker | Address |
| Samuel McDermott | |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 87452

Local Registrar's No. 5

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Hubbard Tarpley

(a) Residence. No. 244 - N - Miller St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Tarpley Sr.

6. DATE OF BIRTH (month, day, and year) Nov. 2nd 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 2 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willard Utah

FATHER

13. NAME Chas. W. Hubbard.

14. BIRTHPLACE (city or town) (State or country) Berkshire Co. Mass.

MOTHER

15. MAIDEN NAME Mary Edwards

16. BIRTHPLACE (city or town) (State or country) Wales England.

17. INFORMENT (Address) David Tarpley Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 1-16, 1934

19. UNDERTAKER (Address) A. O. Payne Burley Ida

20. FILED Jan 15, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933, to Jan 14, 1934

I last saw her alive on Jan 14, 1934: death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Hemiplegia | Jan 1 |
| Other contributory causes of importance: | |
| Arterio-sclerosis | 1910 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh M. Dean, M. D.

(Address) Burley Ida

RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87453

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 4

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary S Stallings

(a) Residence. No. 4 Edgen Utah St. Edgen utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles A Stallings
6. DATE OF BIRTH (month, day, and year): June-12-1860
7. AGE: Years 73 Months 7 Days 0 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1-7-33
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lexington Mo.

FATHER
13. NAME: John Farrell
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Jinnett Lindsay
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs Margaret Frank Burley Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Edgen Utah Date 1-21-, 1934
19. UNDERTAKER (Address): Johnson Mortuary Twin Falls Idaho
20. FILED 1-17-, 193.. Laura Greer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 18 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 193.., to January 18, 193.34
I last saw her alive on Jan. 17, 1934.: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pt. Hemiplegia — Cerebral Hemorrhage | Jan. 12, 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arterio Sclerosis | 1920 |
| Chr. myocarditis | 1922 |
| Hypertension | 1926 |

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) Charles B. Seymer M. D.
(Address) Burley - Idaho

RECEIVED FEB 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87455

**PLACE OF DEATH**

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lester Tilley

(a) Residence. No. Stanpan District St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5- 1910

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 23- | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1-14-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

MOTHER FATHER

13. NAME James Arthur Tilley

14. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

15. MAIDEN NAME Rachel Thomas

16. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

17. INFORMANT (Address) James Arthur Tilley Stanpan District

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho Date 1-23, 1934

19. UNDERTAKER (Address) D. E. Keenan Burley Idaho

20. FILED 1-17-, 1934. Laura Green Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1934, to January 19, 1934.
I last saw him alive on Jan. 19, 1934; death is said to have occurred on the date stated above, at 5a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism | Immediate |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Fracture Mandible | 6 days |
| Contusion, abrasions face & neck | 6 days |

Name of operation. Fracture Reduced Date of 1-14-34
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-14 1934
Where did injury occur? Burley - Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Highway
Manner of injury. Automobile Accident
Nature of injury. Fracture Mandible

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Charles B. Rayner, M. D.
(Address) Burley - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87456

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2126 Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Joseph Cole

(a) Residence. No. Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha F. Cole

6. DATE OF BIRTH (month, day, and year) Jan. 17 - 1847

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 86 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 1911

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Jonesville Ohio

FATHER

13. NAME Cole

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT C. C. Baker
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date 1-31-, 1934

19. UNDERTAKER W. C. Johnson
(Address) Burley Ida.

20. FILED 1-31-, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-29 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933 to Jan 29, 1934

I last saw him alive on Jan 26 1934; death is said to have occurred on the date stated above, at 1.35 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cirrhosis | |
| Coronary | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Joseph Trenna M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87457

PLACE OF DEATH
County of Clark
~~City~~ of 50 miles west of Dubois

Registration District No. 125
Primary Registration District No. 2203
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Unknown

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 60 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant N M Rayner Sheriff
(Address) Dubois Idaho

15. Filed Jan 24, 1934 C E Jones MD Registrar

No information brought in by Sheriff Rayner

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
(Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows: Found dead
Death from unknown causes
Coroners verdict
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C E Jones, M. D.
2/1, 1934 (Address) Dubois Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Dubois Idaho | 2/1 1934 |
| 20. Undertaker None | Address |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 5 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87458

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 7

(No. 1915)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Effie Frazier

(a) Residence. No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bert Frazier

6. DATE OF BIRTH (month, day, and year) April 30 1877

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 56 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minn
(State or country)

MOTHER FATHER

13. NAME J.C. Bullock

14. BIRTHPLACE (city or town) Minn
(State or country)

MOTHER

15. MAIDEN NAME Emma Gardner

16. BIRTHPLACE (city or town) Minn
(State or country)

17. INFORMANT Bert Frazier
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date Jan 26, 1934

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 1/24, 1934 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1933, to Jan. 23, 1934.
I last saw h[illegible] alive on Jan 23 1934; death is said to have occurred on the date stated above, at 9 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arthritis deformans | 1920 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cardiac Valvular disease | 1933 |
| | |

Name of operation [illegible] Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. Hopkins, M. D.
(Address) Orofino, Idaho

RECEIVED FEB 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87459

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 6

(No. Orofino Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Bell Herring

(a) Residence. No. Elmore Eda St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elza Herring

6. DATE OF BIRTH (month, day, and year) March 8-1896

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 10 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME Bailey Rugg
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Sarah Boyd
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs Sarah Rugg Peck Ida

18. BURIAL, CREMATION, OR REMOVAL Place Peck Ida Date 1-19, 1934

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 1/19, 1934 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 16, 1934
I last saw her alive on Jan 16, 1934: death is said to have occurred on the date stated above, at 12 midnight.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia | 1/6/34 |

Other contributory causes of importance:
Chronic interstitial Nephritis 1931
Premature labor 1/6/1934
Toxemia of pregnancy Jan 1934

Name of operation Curettage Date of 1/11/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Hoplamazian, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87460

**PLACE OF DEATH**

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2167

Local Registrar's No. 5

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Lange

(a) Residence. No. St. Moscow, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leo Lange

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 44 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grand Forks Minnesota

FATHER

13. NAME Christopher Lange

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Zubarth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Records: State Hospital North Orofino Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 1/13, 1934

19. UNDERTAKER (Address) H. A. Stout Moscow, Ida.

20. FILED 1/12, 193 H. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 11 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to January 11, 1934

I last saw him alive on January 10, 1934; death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Dementia praecox, paranoid type

Name of operation None Date of

What test confirmed diagnosis? Phys Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Lorne McKelvey, M. D.

(Address) Orofino — Idaho

RECEIVED FEB 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 87461

Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willa Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Femal | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. V. Smith

6. DATE OF BIRTH (month, day, and year) June 10-1896

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | 6 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carlina

FATHER

13. NAME Ben Rees

14. BIRTHPLACE (city or town) (State or country) North Carlina

MOTHER

15. MAIDEN NAME Flora Thomas

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT C. V. Smith
(Address) Southwick Ida

18. BURIAL, CREMATION OR REMOVAL
Place Southwick Date 1/5, 193..

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 1/4, 193... V. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Jan 4, 1934.

I last saw her alive on Jan 3, 1934; death is said to have occurred on the date stated above, at 1.30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute nephritis with | |
| Cardiac decompensation | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify recent child birth

(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

RECEIVED FEB 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

90

Registration District No.....

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 87462

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Jenks

10/12

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sep 29 1879

7. AGE — Years: 54 — Months: 3 — Days: 5 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash

FATHER

13. NAME Henry Jenks

14. BIRTHPLACE (city or town) (State or country) Indina

MOTHER

15. MAIDEN NAME Elizabeth Clark

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) W. H. Jenks Dent Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Jan 6., 193..

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 1/4, 193.. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 193.3, to Jan. 4, 193.4.

I last saw h... alive on Jan 3, 193.4.; death is said to have occurred on the date stated above, at 2. A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bolar pneumonia | Dec 18/1933 |
| Other **contributory causes** of importance: | |

Name of operation ... Date of .....

What test confirmed diagnosis? Clinical ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) C. T. Hopkins, M. D.

(Address) Orofino, Idaho

RECEIVED FEB 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Clearwater

City of Greer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87463

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME May Garrett

(a) Residence. No. Greer Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

46

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Femal | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 10 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 9- | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Indina
(State or country)

FATHER

13. NAME J.T. Hayden

14. BIRTHPLACE (city or town) Indina
(State or country)

MOTHER

15. MAIDEN NAME Feby Blumket

16. BIRTHPLACE (city or town) Indina
(State or country)

17. INFORMANT G.E. Garrett
(Address) Greer

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date Jan 5 193..

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED Jan 4, 193.. W.A. Shaw
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 3 193

22. I HEREBY CERTIFY, That I attended deceased from August 3, 193.., to Jan 3, 1934
I last saw ~~him~~ her alive on Jan ..., 1934: death is said to have occurred on the date stated above, at 3.40A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcenoma of ovary with metastasis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. Yes Date of 10-5-33

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury. —
Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A.B. Carpenteyer M. D.
(Address) Orofino Idaho

RECEIVED FEB 5 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87464

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. Orofino

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Pearsall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME William Pearsall

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT F. C. Pearsall
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida. Date 1/3, 1934

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 1/2, 1934 V. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1933, to Jan. 1, 1934

I last saw him alive on Dec. 13 1933; death is said to have occurred on the date stated above, at 11 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma stomach | Sept. 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Arterial sclerosis | Unknown |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. S. Hoffman, M. D.

(Address) Orofino, Idaho

RECEIVED FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87465

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

Registration District No. 35
Primary Registration District No. 2021

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME KINDALL HARDY

(a) Residence. No. GLENNS FERRY, IDAHO St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | DIVORCED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of LENORA CAMP

6. DATE OF BIRTH (month, day and year) MAY 15 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 59 | 7 | 14 | ....hrs. or ....min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) SCOTLAND, ARK.

PARENTS

10. NAME OF FATHER UNKNOWN
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ARK
12. MAIDEN NAME OF MOTHER UNKNOWN
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) IRELAND

14. Informant Horace KINDALL HARDY
(Address) GLENNS FERRY, IDA

15. Filed Jan 29, 1934 Mrs Mary Sullivan Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH JAN (Month) 29 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from AUG 14, 1929, to JAN 29, 1934
that I last saw him alive on JAN 29, 1934
and that death occurred, on the date stated above, at 11:40 PM.

The CAUSE OF DEATH* was as follows:
BRONCHO-PNEUMONIA
(duration) ....yrs. ....mos. 10 ds.
CONTRIBUTORY (Secondary) MYOCARDIAL FAILURE
(duration) ....yrs. ....mos. 3 ds.

18. Where was disease contracted if not at place of death? ---
Did an operation precede death? NO Date of
Was there an autopsy? NO
What test confirmed diagnosis? CLINICAL

(Signed) M. Sullivan M. D.
1-30-34 19.. (Address) GLENNS FERRY, IDA

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Glenns Ferry, Ida | 2-2 1934 |
| 20. Undertaker G. F. Zucker | Address Mt. Home |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87466

**PLACE OF DEATH**
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily Catherine Boyce

(a) Residence. No. (Usual place of abode) Glenns Ferry St.
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Boyce

6. DATE OF BIRTH (month, day, and year): 4-10-1849

7. AGE: Years 84 | Months 9 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: Samuel Hartman
14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER
15. MAIDEN NAME: Elizabeth Huntington
16. BIRTHPLACE (city or town) (State or country): Vermont

17. INFORMENT (Address): Mrs Harry Gorby
18. BURIAL, CREMATION, OR REMOVAL: Soldiers Id'a Date 1-31, 1934
19. UNDERTAKER (Address): J. C Zacher Hmt Home Id'a
20. FILED 1-31, 1934 Mrs Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1-29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934, to Jan 29, 1934
I last saw h alive on 1-28, 1934; death is said to have occurred on the date stated above, at 12 M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardelis | ? |

Other contributory causes of importance:

| | |
|---|---|
| Exophthalmic Goitre | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John W. Davison M. D.
(Address) Glenns Ferry Id'a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Elmore
City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE
87467
State File No.

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Wilburn Hampton

(a) Residence. No. Indian Cove Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 14 mos | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indian Cove Ida

FATHER

13. NAME James B. Hampton

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Etta Lott

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Mr. J B Hammett

18. BURIAL, CREMATION, REMOVAL Place Glenns Ferry Date 1-29, 1934

19. UNDERTAKER (Address) L. D. S. Ladies

20. FILED 1-29, 1934 Mrs Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-27-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934, to Jan 27, 1934

I last saw him alive on Jan 27, 1934: death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute cardiac Dilatation | |

Other contributory causes of importance:

| | |
|---|---|
| Pertussis | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. J. Eyendelyng, M.D.

(Address) Glenns Ferry Ida

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87477

**PLACE OF DEATH**
County of Franklin
City of Preston 2da

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilhelm Erastus Rasmussen

(a) Residence. No. Mink Creek Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Christina J. Rasmussen

6. DATE OF BIRTH (month, day, and year) May 12, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 56 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Mink Creek Idaho
(State or country)

FATHER

13. NAME James C. Rasmussen

14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Sophia Jensen

16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMENT (Address) Christina J. Rasmussen Mink Creek Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mink Creek Ida. Date Jan. 31, 1934

19. UNDERTAKER (Address) John M. Richards Logan, Utah

20. FILED Feb 8, 1934 G. N. Stoker
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1933, to Jan 28, 1934
I last saw him alive on Jan 28, 1934: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ca of Prostate | Aug 1933 |

Other contributory causes of importance:

Name of operation Transurethral Resection Date of Nov 1933
What test confirmed diagnosis? R. L. Burbank Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. R. Cutler, M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87478

**PLACE OF DEATH**

County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Bruce Geo. Cook.

(a) Residence. No. Franklin Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 2, 1917

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 16 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plain City Utah

FATHER

13. NAME Jacob O. Cook

14. BIRTHPLACE (city or town) (State or country) West Weber Utah

MOTHER

15. MAIDEN NAME Blanche Folkman

16. BIRTHPLACE (city or town) (State or country) Plain City Utah

17. INFORMENT (Address) Jacob O. Cook Franklin Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Plain City Utah Date 1/5/34 193

19. UNDERTAKER (Address) Hyrum Merchant Logan, Utah

20. FILED Feb 8, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 3, 1934

I last saw him alive on Jan 1, 1934; death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendicitis | Dec 16, 1933 |
| Peritonitis | Dec 27, 1933 |
| Appendectomy | Jan 1, 1934 |

Other contributory causes of importance:

Name of operation Appendectomy Date of Jan 1, 1934

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Lyon S. Davis, M. D.

(Address) Preston Ida.

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87479

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma Beth Griffith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. I mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 28 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | I | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER

13. NAME Douglas F. Griffith

14. BIRTHPLACE (city or town) Fairview Idaho
(State or country)

MOTHER

15. MAIDEN NAME Thelma V. Perkins

16. BIRTHPLACE (city or town) Preston Idaho
(State or country)

17. INFORMENT Douglas F. Griffith
(Address) Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Id. Date Jan 8, 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Feb 8, 1934 G. W. States
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Jan 6, 1934
I last saw h alive on Jan 6, 1934; death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas. | Dec 26. 1933 |
| Bronchia pneumonia | Jan 4. 1934 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Thos. L. Daines, M. D.
(Address) Preston Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED Feb 1 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87480

**PLACE OF DEATH**

County of Franklin

City of Weston

Registration District No. 27

Primary Registration District No. 2714

Local Registrar's No. 3

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrae Eliza Maughan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter D. Maughan

6. DATE OF BIRTH (month, day, and year) July 13 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mydepark Utah

FATHER

13. NAME Thomas L. Neilson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Andrae Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Peter D. Maughan Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weston Idaho Date Jan 10, 193[illegible]

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Feb 8, 193[illegible] G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933, to Jan 6, 193[illegible]
I last saw her alive on Jan 6, 193[illegible]; death is said to have occurred on the date stated above, at 3:00 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Jan 8 |
| Hypertension | 1933 |
| Chronic Myocarditis | 1925 |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orson L. Haines M.D.
(Address) Preston Idaho

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87481

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2719
Local Registrar's No. 4
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Thomas Larsen

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 30 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Elmar Larsen

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME Phyllis ~~Larsen~~ Thomas

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMENT (Address) Elmar Larsen Father Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Jan 5, 1934

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Feb 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan, 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Jan 3, 1934
I last saw him alive on Jan 3, 1934 death is said to have occurred on the date stated above, at 4:00 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra-cranial Hemorrhage | Dec 30 1933 |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Orson L. Daines M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87482

**PLACE OF DEATH**
County of Franklin
City of Dayton
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 5
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Henry Weeks

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Linda Weeks

6. DATE OF BIRTH (month, day, and year) June 13 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Swan Valley Idaho

FATHER

13. NAME Thomas Henry Weeks

14. BIRTHPLACE (city or town) (State or country) Smithfield Utah

MOTHER

15. MAIDEN NAME Orilla Harmon

16. BIRTHPLACE (city or town) (State or country) Clarkston Utah

17. INFORMENT (Address) Thomas H. Weeks Dayton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dayton Idaho Date Jan 14 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Feb 8, 1934 G. W. Stubbs Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933, to Jan 12, 1934
I last saw him alive on Jan 12, 1934; death is said to have occurred on the date stated above, at 11½ p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subacute Bacterial Endocarditis | Aug. 1933 |
| Chronic Rheumatic Endocarditis | 1912 |

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical-Blood Culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Elton L. Dame M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87483

**PLACE OF DEATH**

County of Franklin

City of Preston

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Vonda Rasmussen

(a) Residence. No. Of Grace St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Carl Rasmussen

6. DATE OF BIRTH (month, day, and year) Oct 21 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minkcreek Idaho

FATHER

13. NAME Emanuel Keller

14. BIRTHPLACE (city or town) (State or country) Minkcreek Idaho

MOTHER

15. MAIDEN NAME Mildred Bennett

16. BIRTHPLACE (city or town) (State or country) Gentlevalley Idaho

17. INFORMENT (Address) Carl Rasmussen Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grace Idaho Date Jan 24, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Feb 8, 1934 G. W. Stales Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1934, to 1-21, 1934

I last saw her alive on 1-21, 1934, death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | 24 hrs |
| Other contributory causes of importance: | |
| Appendicitis with Peritoneal abscess | Dec 28 1933 |

Name of operation Drainage Abscess Date of 1-20-34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. P. Cutler, M. D.

(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87484

**PLACE OF DEATH**
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza More Stephensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charlie Stephensen

6. DATE OF BIRTH (month, day, and year) Apr. 21 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME David Morere

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza Fox

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Ellen E. Thomas Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake City Date Jan 31 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho

20. FILED Feb 8, 1934 G. W. Stale
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to Jan 25, 1934
I last saw her alive on Jan 25, 1934; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | 1-23-34 |
| Other contributory causes of importance: | |
| Myocarditis | Sept 33 |

Name of operation ..... Date of .....
What test confirmed diagnosis? C. X. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. B. Cutler, M. D.
(Address) Preston, Idaho

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

**PLACE OF DEATH**

County of Franklin
City of Preston Idaho

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 8
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza J. Rawlings 90

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E. J. Rawlings

6. DATE OF BIRTH (month, day and year) April 15 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | 9 | 13 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None of late
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mill Creek Utah

PARENTS

10. NAME OF FATHER Peter Schultz
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Belanie Pulsifur
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penn

14. Informant (Address) Eliza Rawlings Preston Ida

15. Filed Feb 8, 1934 G. O. Stales Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Jan (Month) 29 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 29, 1934
that I last saw h.er alive on Jan 29, 1934
and that death occurred, on the date stated above, at 11:20 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocardial Degeneration
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute Upper Respiratory Infection with Bronchial pneumonia
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death? At Place of death.
Did an operation precede death? NO Date of
Was there an autopsy? NO
What test confirmed diagnosis? Clinical

(Signed) Orson L. Dames M. D.
Jan 30, 1934 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal: Faiewview Idaho — Date of Burial: 1/31/34 19

20. Undertaker: M. W. Hendricks — Address: Preston

FORM V.S. No. 8-A-25M-1-19 RECEIVED FEB 9 19

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Gooding
City of Wendell
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2018

State File No. 87488
Local Registrar's No. .....
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry J. Gold

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| M | White | Married |

6. DATE OF BIRTH: March 26 (Month) (Day) 1872 (Year)

7. AGE: 61 Yrs. 9 Mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Salt Lake City Utah

10. NAME OF Father: Cyrus H. Gold

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Willis

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William G. Gold
(Address) Wendell Ida

15. Filed June 6 1934 E. L. Dimmitt
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 4 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933 to Jun 4 1934
that I last saw h alive on June 4 1934
and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Heart Failure, following rheumatism
(Duration) ..... yrs. ..... mos. 29 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Dimmitt M. D.
1-6 1934 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL | UNDERTAKER | ADDRESS |
|---|---|---|---|
| Wendell Ida | 1-6 1934 | A. L. Harrison | Wendell Ida |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1934

**PLACE OF DEATH**
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 87491

Local Registrar's No. 257

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Frances Varin

(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 13 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

3a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Varin

6. DATE OF BIRTH (month, day, and year) May 21 - 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 9 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Andrew M. Gibb

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Susan McGown

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Ed Varin

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 2-1, 1934

19. UNDERTAKER Thompson (Address) Gooding Ida.

20. FILED 1-31, 1934 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Jan 29, 1934

I last saw her alive on Jan 29, 1934: death is said to have occurred on the date stated above, at 11:10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of cervix | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hemorrhage | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Houston E. Snyder, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87492

**PLACE OF DEATH**
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 256
(No. Gooding County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Bundy

(a) Residence. No. ____ Blis Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Bundy.

6. DATE OF BIRTH (month, day, and year) 6-19-1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 57- | 7 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marshal Co. Kansas

FATHER
13. NAME Fergus Edinborough
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Marcia Palmer
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Joseph Bundy, Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Ida Date 2-2, 1934

19. UNDERTAKER A E Thompson (Address) Gooding Idaho

20. FILED 1-31, 1934 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-31 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1934, to Jan 31, 1934
I last saw h... alive on Jan 30, 1934: death is said to have occurred on the date stated above, at 3 35 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cystic Toxic thyrocystadenoma | 1905 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic interstitial nephritis (?) acute pyelocystitis | Jan 1934 |

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) J H Cromwell, M. D.
(Address) ____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87493

**PLACE OF DEATH**
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 235

(No. Gooding County Hosp) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Mayabelle Lewis

(a) Residence. No. Gooding St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W - | — |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 17-1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| | 5 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Gooding -

FATHER
13. NAME Clarence Lewis
14. BIRTHPLACE (city or town) (State or country) Kimberly Idaho

MOTHER
15. MAIDEN NAME Myrtle Bryant
16. BIRTHPLACE (city or town) (State or country) Rawlins Wyo

17. INFORMENT (Address) Clarence Lewis

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Ida Date 1-29, 1934

19. UNDERTAKER A. E. Thompson (Address) Gooding

20. FILED 1-31, 1934 J. H. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-25-, 1934, to 1-27-, 1934

I last saw h[illegible] alive on 1-27-, 1934; death is said to have occurred on the date stated above, at 10 16 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| B. Bronchopneumonia | 1-25-34 |

Other contributory causes of importance:

Malnutrition

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. H. Cromwell, M. D.

(Address) [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No. .....

DO NOT WRITE IN THIS SPACE

State File No. 87494

Local Registrar's No. 254

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Robert Gooding

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | ~~Single~~ |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ~

6. DATE OF BIRTH (month, day, and year) August 3 33

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 5 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) Ogden Utah
(State or country)

FATHER

13. NAME John Gooding

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Hazel Bladgett

16. BIRTHPLACE (city or town) Long Pine
(State or country) Nebr.

17. INFORMENT John Gooding
(Address)

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Gooding Date 1 - 31, 1934

19. UNDERTAKER A. E. Thompson
(Address) Gooding

20. FILED 1 - 31, 1934 J. H. Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 - 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-29-34, 193..., to 1-29-34, 193...

I last saw him alive on 1-29-34, 193...; death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Capillary bronchitis — | 1-29-34 |
| Septicemia | 1-29-34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Cromwell, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 87495

Local Registrar's No. 253

(No. ) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Elus H Tullis

(a) Residence. No. Gooding St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~: Pauline Tullis

6. DATE OF BIRTH (month, day, and year): Nov. 26-1873

7. AGE: Years 60 | Months 1 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lusvelle Mo

FATHER
13. NAME: Charles Wesley Tullis
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Ann Elizabeth Briggs
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMENT (Address): Mrs J H Tullis

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 1-21-, 1934

19. UNDERTAKER (Address): A C Thompson

20. FILED 1-31, 1934 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Jan 18, 1934
I last saw him alive on Jan 18, 1934; death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Bright's disease | 1930 or sooner |
| Other contributory causes of importance: | |
| Myocardial failure | 1933 |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J H Cromwell, M. D.
(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87496

**PLACE OF DEATH.**

County of Gooding

City of Gooding Idaho

Registration District No. 24

Primary Registration District No.

Local Registrar's No. 253

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Emma Knight

(a) Residence. No. Gooding Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. 23 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Isaac A. Knight

6. DATE OF BIRTH (month, day, and year): Dec 9th 1855

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Evansville Indiana

FATHER

13. NAME: Fredrich Kurtz

14. BIRTHPLACE (city or town) (State or country): Groaw Holland

MOTHER

15. MAIDEN NAME: Caroline Riedaner

16. BIRTHPLACE (city or town) (State or country): Groaw Holland

17. INFORMENT (Address): Isaac A. Knight Gooding Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Idaho Date ....., 193..

19. UNDERTAKER: Thompson Furniture Co (Address) Gooding Idaho

20. FILED 1-31, 1934 J. N. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933, to Jan 23, 1934

I last saw h.e/alive on Jan 23, 1934; death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of liver | |
| Hypertention | |
| Cerebral embolism | |
| hemorrhage. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify .....

(Signed) J. N. Cromwell M. D.

(Address)

RECEIVED FEB 12 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 2181

DO NOT WRITE IN THIS SPACE
State File No. 87497

Local Registrar's No. 63

(No. 742)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Frank Morgan

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, ~~Widowed~~ or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie A Morgan

6. DATE OF BIRTH (month, day, and year): 1876

7. AGE: Years 57 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Newport R. I.

FATHER

13. NAME: Morgan

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: .....

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Mrs A F Morgan Twin Falls Idaho C. Ave

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Jan 15, 1934

19. UNDERTAKER (Address): C G Hancock Grangeville

20. FILED Febr. 10, 1934 P. R. Chipman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9-30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arterio Sclerosis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) C. B. Chipman, M. D.

(Address) Grangeville Ida.

RECEIVED [illegible]

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Idaho

City of Riggins

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87504
State File No.

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 62

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Belle Taylor

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 4/4/1864
7. AGE: Years 69 Yrs; Months 3; Days 18; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mt. Vernon Indiana

FATHER
13. NAME: Samuel Culley
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): J. H. Culver Riggins Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Date: , 193..

19. UNDERTAKER (Address):

20. FILED Feb. 10, 1934 B. C. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/15/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 193.., to Jan. 15, 1934.
I last saw her alive on Jan. 14, 1934; death is said to have occurred on the date stated above, at 5 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, Chronic | 1928 |
| Arteriosclerosis | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | 1928 |
| Endocarditis | 1924? |
| Senility | |

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Louis M. Hann M. D.
(Address) Office Riggins, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87506

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 2185

Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvis A. Kincaid

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mable Kincaid
6. DATE OF BIRTH (month, day, and year): 12/23/1858
7. AGE: Years 75 | Months 0 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mining
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Grangeville Tennessee

FATHER
13. NAME: Mat Kincaid
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Alivia Moss
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Mable Kincaid

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. Grangeville Date Jan 9., 1934

19. UNDERTAKER: L. A. Hamerick
Grangeville Idaho

20. FILED Feb 10, 1934 R. E. Chipman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/7/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Jan 6, 1934.
I last saw him alive on Jan 9, 1934.: death is said to have occurred on the date stated above, at 2:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | Dec 26-33 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.....
(Signed) J. D. Shumaker, M. D.
(Address) Grangeville Idaho

RECEIVED FEB 14 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87507

PLACE OF DEATH
County of Idaho
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. ....

2. FULL NAME Joseph Gene Branca

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 15 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 12 | 5 | 12 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Carroll, Wash

PARENTS

10. NAME OF FATHER Joe Branca
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho
12. MAIDEN NAME OF MOTHER Winslow
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nebraska

14. Informant Joe Branca
(Address) Winona Idaho

15. Filed 1/30, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 27 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
that I last saw h... alive on ..... 19...
and that death occurred, on the date stated above, at 3 30 P m.
The CAUSE OF DEATH* was as follows:
Accidental gun shot

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? ... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....
(Signed) John Taub Coroner
1/30, 1934 (Address) Kamiah Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Kamiah Ida | 1-30 1934 |

| 20. Undertaker | Address |
|---|---|
| Kamiah Funeral Home | Kamiah Ida |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA...

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87508

# CERTIFICATE OF DEATH

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 1
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Frisk.

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Chas. Elmer Frisk.

6. DATE OF BIRTH (month, day and year) Jan. 15 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 59 | 0 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Lee Miles.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ky.

12. MAIDEN NAME OF MOTHER Emma Wilkerson.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England.

14. Informant (Address) C E Frisk Rigby, Idaho.

15. Filed Jan 20. 1934 A B Eckersell Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 19, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 19, 1934
that I last saw her alive on Jan 19, 1934
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) H. K. Abbott, M. D.
Jan 22, 1934 (Address) Idaho Falls Ida.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 1/22/34 19

20. Undertaker A B Eckersell Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87509

**PLACE OF DEATH**
County of Jefferson
City of Clark.

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 2
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Ellen Elizabeth Anderson.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE of Lafeyette Anderson.

6. DATE OF BIRTH (month, day and year) May 26 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | 7 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Spanish Fork, Utah.

PARENTS

10. NAME OF FATHER John Taylor.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Mary Jane Standley.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England.

14. Informant Lafey Anderson
(Address) Rigby Idaho. R. #2

15. Filed 1-24, 1934 A. B. Eckersell. Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 23 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 4, 1934, to Jan 23, 1934
that I last saw her alive on Jan 22, 1934
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Embolus. Puerperal
of Coronary Artery

(duration) yrs. mos. 10 days

CONTRIBUTORY (Secondary) Thrombosis

(duration) yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) B. A. Penny, M. D.
1-23, 1934 (Address) Rigby

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 1/25/34 19

20. Undertaker A. B. Eckersell. Address: Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 87510

**PLACE OF DEATH**
County of Jefferson
City of Roberts

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 3
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Richard Gordon Pentecost.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 9 yrs. 9 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 3 1922

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 11 | 7 | 24 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tacoma, Washington.

PARENTS

10. NAME OF FATHER Ivan Ely Pentecost

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Washington.

12. MAIDEN NAME OF MOTHER Clara Duetta Anderson.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) ~~Idaho~~ Wyoming

14. Informant Ivan E. Pentecost
(Address) Roberts, Idaho.

15. Filed 1-28, 1934 A B Eckersell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Jan. 27th., 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw him alive on , 19
and that death occurred, on the date stated above, at 8 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental. Skull fracture caused by truck bed falling on him. He and two other boys were playing on bed when same slipped and overturned from props. Dead when first seen by me at my office, 8.10 P.M.

(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Intracranial
(Duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Witness, Accident & Condolence

(Signed) Earl D Jones M. D.
1/29 1934 (Address) Roberts Ida

19. Place of Burial, Cremation, or Removal: Roberts, Idaho. Date of Burial: 1/30/34 19

20. Undertaker A B Eckersell. Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PH
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
TION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

County of

City of Rigby | Registration District No. 98 | Primary Registration District No. 2176 | Local Registrar's No. 4

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Allen. 12 9

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of James Allen.

6. DATE OF BIRTH (month, day and year) Aug. 10, 1868.

| 7. AGE | Years | Months | Days | If LESS than 1 day |
|---|---|---|---|---|
| | 65 | 5 | 20 | hrs. or min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England.

PARENTS

10. NAME OF FATHER John McCullough.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Mary Ann Brown.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England.

14. Informant

(Address) Rigby, Idaho. R. #3

15. Filed 2-3, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 2, 1934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934 to Feb 1, 1934
that I last saw h alive on 19
and that death occurred, to the date stated above, at 10:30P m.
The CAUSE OF DEATH* was as follows: Nephritis, Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) M. D.

2-5-34, 19 (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho. | 2-5 1934 |

| 20. Undertaker | Address |
|---|---|
| | Rigby |

RECEIVED FEB 14 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87512

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 5
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Hogg Smith.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith.

6. DATE OF BIRTH (month, day and year) Aug. 26, 1849

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 5 | 14 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired

9. BIRTHPLACE (city or town) (State or country) Scotland.

PARENTS

10. NAME OF FATHER Richard Hogg Smith

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland.

12. MAIDEN NAME OF MOTHER Ellen Hogg.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland.

14. Informant Garfield Smith
(Address) Rigby, Idaho. R. #3

15. Filed 2-10, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 9, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934, to Feb 9, 1934
that I last saw h alive on Feb 9, 1934
and that death occurred, on the date stated above, at 1:55 P m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. R. West M. D.
2/10, 1934 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho | 2/12/34 |

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 29 193[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. ..... 129

DO NOT WRITE IN THIS SPACE
State File No. 87513

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Hannah Stearns

(a) Residence. No. Avenue C St. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
~~WIFE~~ of Mrs J. H. Wheatcroft

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 86 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME John Willman

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Swift

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) James Wheatcroft

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Jerome Idaho Date Jan 21, 1934

19. UNDERTAKER D. A. L. Henderson
(Address) Jerome Idaho

20. FILED 1/29, 1934 C. F. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/19th 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Jan 19, 1934
I last saw her alive on Jan, 1933: death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| Other contributory causes of importance: Chronic Myocarditis | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) C. F. Zeller, M. D.
(Address) Jerome Ida

RECEIVED JAN 29 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87515

**PLACE OF DEATH**
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lilly Jennie Sirucek

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER

13. NAME Frank Sirucek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Christina Hrance

16. BIRTHPLACE (city or town) (State or country) Hemingford Nebr.

17. INFORMENT Frank Sirucek, Jerome Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED 1/27, 193.. Chas F Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Jan 13, 1934
I last saw her alive on Jan 13, 1934; death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infection Umbilical Vessels | Jan 12, 1934 |

Other contributory causes of importance:

Name of operation No Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Reuben C. Matson, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 29 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87516

**PLACE OF DEATH**
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Leon Johnston

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16-33

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

FATHER

13. NAME Albert F Johnston

14. BIRTHPLACE (city or town) New Bree
(State or country) Idaho

MOTHER

15. MAIDEN NAME Blanch Miller

16. BIRTHPLACE (city or town) Minneapolis
(State or country) Minn

17. INFORMENT (Address) A F Johnston Jerome

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date Jan 7, 1934

19. UNDERTAKER D. D. Herman
(Address) Jerome

20. FILED 1/7, 1934 C. F. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934, to Jan 6, 1934
I last saw h alive on Jan 6, 1934: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87518

**PLACE OF DEATH**
County of Latah
City of Julietta

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Heimgartner

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Heimgartner

6. DATE OF BIRTH (month, day, and year) Mar 28 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 1 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy Idaho

FATHER
13. NAME Frank Hoovington
14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER
15. MAIDEN NAME Lussie Eaton
16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMENT (Address) Robert Heimgartner Juliaetta, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pine Ridge Date 1-14, 1934

19. UNDERTAKER (Address) John D Packard Troy Idaho

20. FILED Jan 14, 1934 B F Nesbit Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 11 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to Jan 8, 1934
I last saw her alive on Jan 8, 1934: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic glomerular nephritis | ? |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D A Thompson, M. D.
(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE
State File No. 87520

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Strohm

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14-1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME August Strohm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johnanna Strohm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Philip Strohm Troy Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date Jan 9, 1934

19. UNDERTAKER (Address) John J. Pickerd

20. FILED Feb 13, 1934 Lucy M. Pickerd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1934, to Jan 6. 1934
I last saw him alive on Jan 6, 1934. Death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronare acc, | |
| Poisoning. | 1-6-34. |
| Cut throat Trachea. | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1-6-1934.
Where did injury occur? Troy Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Swallowed Chemical Cut Throat
Nature of injury Severed Trachea.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas. J. Meyer, M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87521

PLACE OF DEATH
County of Latah Co.
City of Kendrick

Registration District No. 63
Primary Registration District No. 9143
Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME la verne Crocker Bump

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. COLOR OR RACE white | 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6 1851

7. AGE: 82 Years | 7 Months | 20 Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Center Belle Ohio

FATHER
13. NAME Milton Cook
14. BIRTHPLACE (city or town) (State or country) Marietta Ohio

MOTHER
15. MAIDEN NAME Virginia Seth
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Frank Crocker Kendrick Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kendrick Date Jan 8, 1934

19. UNDERTAKER (Address) John J Puckett Juliaetta Idaho

20. FILED Jan 7, 1934 B. F. Nesbit Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Jan 6, 1934
I last saw her alive on Jan 4, 1934; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis | Dec 28, 33 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Senility | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D A Christensen M. D.
(Address) Kendrick, Idaho

RECEIVED FEB 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87522

PLACE OF DEATH
County of Latah
City of Juliette

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No. 105

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elvina McClintic

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George McClintic

6. DATE OF BIRTH (month, day, and year) Mar 28 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 9 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clay Center Kansas

FATHER

13. NAME Sidney Hammond

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Bracey

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) George McClintic Juliette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Idaho Date Jan 11, 1934

19. UNDERTAKER John F. Pickard
(Address) Troy Idaho

20. FILED Jan 11, 1934 B. F. Neal Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933, to Jan 7, 1934

I last saw her alive on Jan 7, 1934: death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac decompensation | 3 mos ago |
| Anaemia | 3 mos ago |

Other contributory causes of importance:

| | |
|---|---|
| Asthma | 4 yrs ago. |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. A. Christensen, M. D.

(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 5 1934

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 10 11

DO NOT WRITE IN THIS SPACE

State File No. 87523

Local Registrar's No. 1

(No. Latah County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Sam R. Elliott

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1 - 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 8 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) County Home

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 1/8/, 1934

19. UNDERTAKER F. P. Short
(Address) Moscow

20. FILED 2-3, 1934 Mary Embrough
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934, to Jan 5, 1934

I last saw him alive on Jan 3, 1934 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive cardiovascular renal disease | 6 years |
| Right hemaplegia | 6 weeks |
| Cardiac decompensation | 1 week |

Other contributory causes of importance:

| | |
|---|---|
| Hypostatic pneumonia | Jan 3 1934 |

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Joseph C. Wilson, M. D.

(Address) Moscow, Ida.

RECEIVED FEB 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87524

**PLACE OF DEATH**

County of Latah

City of Moscow

Registration District No. 6.1

Primary Registration District No. 10 11

Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Taylor W. Johnston

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca Johnston

6. DATE OF BIRTH (month, day, and year) Dec. 29, 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 84 | | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Clark Co. Mo.

FATHER

13. NAME Henry Johnston

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Mrs. L. M. Steffen Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Jan. 10, 1934

19. UNDERTAKER [illegible] (Address)

20. FILED 2-3, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/7/34, 193..., to 1/7/34, 193...

I last saw him alive on 1/7/34, 193...: death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lech, M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87525

**PLACE OF DEATH**
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 6011
Local Registrar's No. 2
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Truman Ben Hadsall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha Hadsall

6. DATE OF BIRTH (month, day, and year) Mar. 24, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Gordon Hadsall

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Mrs. Halverson Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Moscow Date 1/10, 1934

19. UNDERTAKER W. R. Short (Address) Moscow Ida.

20. FILED 2-3, 1934 Harvey Embree Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Jan 7, 1934
I last saw h[illegible] alive on Jan 6, 1934; death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cheyne Stokes Syndrome (Heart Block complete) | 1 year |
| Cerebral Hemorrhage | Jan 3 1934 |
| Terminal Broncho-pneumonia | |
| Other contributory causes of importance: Hypertension Cardio-Vascular Renal Disease. | Several years. |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph G. Wilson, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 10 11

DO NOT WRITE IN THIS SPACE

State File No. 87526

Local Registrar's No. 4

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Wick

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) July 18, 1845

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 88 | 5 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) not known (State or country) " "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMENT Ragan Johnson (Address) Viola Idaho

18. BURIAL, CREMATION, REMOVAL Place Moscow Date 1/12, 1934

19. UNDERTAKER F. R. Short (Address)

20. FILED 2-3, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/9/34, 193..., to 1/10/34, 193...
I last saw h alive on 1/10/34, 193...: death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Douglas Lyons, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87527

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvester Foglesong

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Foglesong

6. DATE OF BIRTH (month, day, and year) Mar. 2, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realestate, Grocery, Hardware

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Lancaster, Mo.

FATHER

13. NAME Elias Foglesong

14. BIRTHPLACE (city or town) (State or country) Vir.

MOTHER

15. MAIDEN NAME Caroline Rhine

16. BIRTHPLACE (city or town) (State or country) Vir.

17. INFORMENT (Address) Mrs. H. D. Martin Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Jan. 16, 1934

19. UNDERTAKER (Address) [illegible]

20. FILED 2-3, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Jan 13, 1934.

I last saw h alive on ....., 193.. : death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cause Myocarditis — Date of onset

Other contributory causes of importance:

Paralysis Agitans

Name of operation None — Date of .....

What test confirmed diagnosis? None — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No — Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6.1

Primary Registration District No. 10.11

DO NOT WRITE IN THIS SPACE

State File No. 87528

Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

118 1/2

2. FULL NAME Sarah Ellen Warner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas. A. Warner

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freeport Ill.

FATHER

13. NAME John H. Fye

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT Bertha Warner
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 1/20, 1934

19. UNDERTAKER H. R. Stark
(Address) Moscow

20. FILED 2-3, 1934 D. Lamphrom
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/17/34. 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-15-, 1933, to 1-16-, 1934

I last saw her alive on 1-16, 1934; death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | |
| due to a carcinoma | |
| of the splenic flexure | |
| of the colon | |
| Hypertension | |

Other contributory causes of importance:
Terminal hypostatic pneumonia

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Keph D. Wilson, M. D.

(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87529

**PLACE OF DEATH**
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

78

2. FULL NAME Orville D. Horton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28, 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Billings
(State or country) Mont.

FATHER

13. NAME Silas A. Horton

14. BIRTHPLACE (city or town) Kirksville
(State or country) Mo.

MOTHER

15. MAIDEN NAME Lura E. Sohn

16. BIRTHPLACE (city or town) Kirksville
(State or country) Mo.

17. INFORMENT S.A. Horton
(Address) Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date 1/19, 1934

19. UNDERTAKER F.R. Short
(Address) Moscow

20. FILED 2-3, 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/18/34 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 193 0, to Jan 18, 1934

I last saw him alive on Jan 15, 1934; death is said to have occurred on the date stated above, at 6 31 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epileptic convulsion | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [signature], M. D.

(Address) Moscow, Idaho

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87530

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME John Larson Roise

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothea Roise

6. DATE OF BIRTH (month, day, and year) July 9, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Lumberyard

10. Date deceased last worked at this occupation (month and year) Sept. 1933

11. Total time (years) spent in this occupation 30yr.

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Larson Roise

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Dorothea Otness

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Joe Roise Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Jan. 22, 1934

19. UNDERTAKER F. R. Yost
(Address)

20. FILED 2-3, 1934 J. Larry Embree
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Jan 19, 1934

I last saw him alive on Jan 19, 1934: death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid. | |

Other contributory causes of importance:

Name of operation Nephrotomy Date of Oct 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Armstrong, M. D.

(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87531

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 9

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

7405

2. FULL NAME John L. Naylor

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca E. Naylor

6. DATE OF BIRTH (month, day, and year) Apr. 5, 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|
| 82 | 9 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Washington Co. Penn.

FATHER

13. NAME Aquilla Naylor

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Roy Naylor Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date Jan. 23, 1934

19. UNDERTAKER ....
(Address) ....

20. FILED 2-3, 1934 John Embree
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934, to Jan 21, 1934

I last saw him alive on Jan 21, 1934; death is said to have occurred on the date stated above, at 7:45 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage. | |
| (Apoplexy) | |

Other contributory causes of importance:

| | |
|---|---|
| None. | |

Name of operation None Date of ....

What test confirmed diagnosis? (Obvious) Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ...., 193

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) O. Esmonthorp, M. D.

(Address) Moscow Idaho

RECEIVED FEB 3 '34

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87532

Registration District No. 61

Primary Registration District No. 10 1

Local Registrar's No. 10

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Jarvis Deuel

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Estelle Deuel

6. DATE OF BIRTH (month, day, and year) Apr. 29, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1/26/34

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Adair county Iowa

FATHER

13. NAME Zebulon Deuel

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Louisa Baker

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Fred Deuel Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 1/29, 1934

19. UNDERTAKER (Address) F. R. Stark Moscow

20. FILED 2-3, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/27/34 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound in head | |
| Suicidal | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. R. Stark, M. D.

(Address) Moscow Coroner

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB [illegible] 1934

**PLACE OF DEATH**

County of **Latah**

City of **Moscow**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87533

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Elizabeth B. Frazier**

45

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **Wm. Frazier**

6. DATE OF BIRTH (month, day, and year) **June 3, 1856**

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** **Housekeeper**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** **Own home**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) **Fredricktown Mo.**

FATHER

13. NAME **Scott**

14. BIRTHPLACE (city or town) (State or country) **Not known**

MOTHER

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (city or town) (State or country) **Not known**

17. INFORMANT **Miss. Olive Frazier**
(Address)

18. BURIAL, CREMATION, REMOVAL
Place **Moscow** Date **1/31**, 1934

19. UNDERTAKER **F. P. Short Co.**
(Address) **Moscow Ida.**

20. FILED **2 3**, 1934 **Harry Ambrose** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **1-29** 1934

22. I HEREBY CERTIFY, That I attended deceased from **Sept.**, 1933, to **Jan. 29**, 1934.
I last saw her alive on **1-26**, 1934: death is said to have occurred on the date stated above, at **4:30 P.M.**
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction due to a Carcinoma of the Recto-sigmoid Junction. | |
| Other **contributory causes** of importance: Peritonitis due to perforation of distended Colon | |

Name of operation **none** Date of .....
What test confirmed diagnosis? **Clinical autopsy** Was there an autopsy? **yes**

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify .....
(Signed) **Joseph D. Wilson** M. D.
(Address) **Moscow, Ida.**

RECEIVED FEB 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87534

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Z. Cole

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Cole

6. DATE OF BIRTH (month, day, and year) Aug. 11 1857

7. AGE: Years 76 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.) 1919

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Wayne county Mich.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) //

MOTHER

15. MAIDEN NAME //

16. BIRTHPLACE (city or town) (State or country) //

17. INFORMANT Paul Cole
(Address) Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date 1/31, 1934

19. UNDERTAKER A. R. Gyde
(Address) Moscow, Ida.

20. FILED 2-3, 1934 J. Lamphrey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/29 1934

22. I HEREBY CERTIFY, That I attended deceased from 1924 —, 193.., to Jan 29, 193..4

I last saw him alive on Jan 29 193..4.: death is said to have occurred on the date stated above, at 9:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Years ago |
| Hemiplegia | 1924 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Post Hemiplegia | |
| Degeneration | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. A. Magee M. D.
(Address) Moscow

RECEIVED FEB

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87535

Registration District No. 6-1

Primary Registration District No. 10-4 Local Registrar's No. 13

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Winifred Hartley French

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Burton L. French

6. DATE OF BIRTH (month, day, and year) June 10, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) David City
(State or country) Neb.

FATHER

13. NAME Wm. T. Hartley

14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER

15. MAIDEN NAME Mary A. Woodrow

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Burton L. French
(Address) Moscow, Ida.

18. BURIAL ##########
Place Moscow, Ida. Date 2/2, 1934

19. UNDERTAKER F. R. Hyde
(Address) Moscow

20. FILED 2-3, 1934 Larry Cochran
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/31 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1933, to Jan. 31, 1934.

I last saw her alive on Jan. 30, 1934; death is said to have occurred on the date stated above, at 2:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | Fall of |
| (Sudden heart failure) | 1933 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Serious Carcinoma | |
| Cardiac Enfer | |
| of Stomach | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. Armstrong, M. D.

(Address) Moscow Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 87536

Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Clark

(a) Residence. No. Salmon Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mass
(State or country)

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMENT Wm C. Hobbs
(Address) Salmon

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date 1-28", 1934

19. UNDERTAKER Wm C Hobbs
(Address) Salmon, Idaho

20. FILED Jan 29, 1934 Chas E Bellamy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-27" 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany, 1934, to Jany 27, 1934

I last saw he alive on Jany 24, 1934: death is said to have occurred on the date stated above, at 4-30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Age & poverty | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F S Knight, M. D.

(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Madison

City of Burton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87545

Registration District No. 140
Primary Registration District No. 2178 Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary S. Dunn

(a) Residence. No. Burton St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Brigham Dunn

6. DATE OF BIRTH (month, day, and year) Aug. 13-1874--

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housework

10. Date deceased last worked at this occupation (month and year) Jan. 2701934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Utah

FATHER

13. NAME William H. Perry

14. BIRTHPLACE (city or town) ..... (State or country) Illinois

MOTHER

15. MAIDEN NAME Emma Tibitts

16. BIRTHPLACE (city or town) ..... (State or country) Not known

17. INFORMENT (Address) Brigham Dunn Burton Ida

18. BURIAL, CREMATION, OR REMOVAL Place Rigby Date Feb. 5th 1934

19. UNDERTAKER (Address) A. Keller Perkins Idaho

20. FILED Feb 4, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1934, to Feb. 2, 1934

I last saw her alive on Feb. 2, 1934; death is said to have occurred on the date stated above, at [illegible] p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Myocarditis | |
| 2. Pulmonary embolism | |
| 3. Status Lymphaticus (?) Right Lung Collapse | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Rigby, M. D.

(Address) Rigby

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2118

DO NOT WRITE IN THIS SPACE
State File No. 87546

Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keith Elden Wardle

(a) Residence. No. Heman, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 10/1923

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 10 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Heman
(State or country) Idaho.

FATHER

13. NAME Junius F. Wardle

14. BIRTHPLACE (city or town) South Jordon,
(State or country) Utah

MOTHER

15. MAIDEN NAME Edna Vawdery

16. BIRTHPLACE (city or town) Draper,
(State or country) Utah

17. INFORMENT Junius F. Wardle
(Address) St. Anthony Route # 3 Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date 1/26/34 193

19. UNDERTAKER J. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED Jan 4, 1934 J. Rymer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Jan 24, 1934

I last saw him alive on Jan 24, 1934; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | |
| Ruptured Appendicitis | |
| Pulmonary Embolism | |
| Burns | |

Other contributory causes of importance:

Name of operation Appendectomy Date of Jan 23

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. D. Tingley, M. D.

(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87547

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston,

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mrs. Belle Fenton

(a) Residence. No. 519-3rd St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of J.L.Fenton

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 1865 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Roseburg, Ore.
(State or country)

FATHER

13. NAME Not none.

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Not none.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Mr. J.L. Fenton
(Address) 519-3rd St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Lewiston, Idaho Date 1/9/34, 193

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Ida.

20. FILED Jan. 31, 1934 J. Myer Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/8/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1934, to Jan 8th, 1934
I last saw h.. alive on , 1934 death is said to have occurred on the date stated above, at 10.26 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 11/7/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cystitis | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Vassar, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED Sep 1934

PLACE OF DEATH

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87548

County of Nez Perce

City of Sweetwater, Idaho Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christopher Atkinson

(a) Residence. No. Sweetwater St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME William Atkinson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Bessie Switzer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. C. Atkinson Sweetwater Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Jan. 11, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Jan. 31, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emil Brower Coroner, L. D.

(Address) Lewiston, Idaho

1/10/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 87549

Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Barton Crawford.

(a) Residence. No. Billings Apartments. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 14th, 1845.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 88. | 11. | 18. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miller.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingston,
(State or country) Ontario, Canada.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMENT Mrs. T. Crawford.
(Address) Lewiston, Idaho.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Palouse Date Jan. 7, 1934

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Jan 4, 1934 J. M. Syle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2nd, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Jan 2, 1934

I last saw he alive on Jan 2, 1934: death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Jan. 30 |
| Other contributory causes of importance: | |
| Influenza | Dec 20-33 |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. P. Brockenbrough M. D.

(Address) Lewiston, Idaho.

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87550

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. 722 - 10th St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Anna B. Netler

(a) Residence. No. 1721 - 10th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Whitman County
(State or country)

FATHER
13. NAME Jas Logan
14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMENT W. B. Netler
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Farmington, Wash. Date Jan. 16, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Jan. 15, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193..: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun Shot Wound | |
| in Head | |
| Suicide | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E. M. Brower Coroner
(Address) Lewiston, Idaho
1/15/34

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87551

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. F Stock

(a) Residence. No. St. Grangeville, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Gold

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Dewey W. Standish
(Address)

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Grangeville Date Jan. 19, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Ida.

20. FILED Jan. 22, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to Jan 18, 1934
I last saw him alive on Jan 18, 1934; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Flu | Dec 26-33 |
| C. Lobar Pneumonia | Jan 17-34 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

Dr. Tyle.

DO NOT WRITE IN THIS SPACE

State File No. 87552

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

8857

2. FULL NAME Earnest Talley

(a) Residence. No. Lewiston, Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Negro | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50? | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Boot Black

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Jan. 17 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED Jan. 16, 1934 J. M. Tyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec - , 1933, to Jan - 13, 1934

I last saw him alive on Jan - , 193.. : death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Chronic | |

Other contributory causes of importance:

| | |
|---|---|
| Pulmonary tuberculosis - chronic | |

Name of operation none Date of

What test confirmed diagnosis? Sym. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Tyle, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87553

County of Nez Perce

City of Lewiston

Registration District No. 1609

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Ella Weber

(a) Residence. No. St. Grangeville Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Peter Weber
6. DATE OF BIRTH (month, day, and year): 6/29/1899
7. AGE: Years: 34 Months: 6 Days: 15 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iroquois South Dakota

FATHER
13. NAME: W. W. Ellis
14. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER
15. MAIDEN NAME: Evelyn Warren
16. BIRTHPLACE (city or town) (State or country): Minnesota

17. INFORMANT (Address): Dr J. E. Weber Grangeville Idaho

18. BURIAL, CREMATION OR REMOVAL: Grangeville Cemetery Date 1/16 1934

19. UNDERTAKER (Address): Brown-Thane Co Lewiston Idaho

20. FILED Jan 16 1934 J. M. Syfe Registrar. Jeyer

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934, to Jan 14 1934.
I last saw h[illegible] alive on Jan 14 1934: death is said to have occurred on the date stated above, at 9 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Stenosis | years |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Influenza | about Oct 1933 |
| | |
| | |

Name of operation: — Date of:
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) Paul W. Johnson, M. D.
(Address) Lewiston Idaho

Corrected

RECEIVED FEB 6 1934

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8755-4

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Saint Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lewis Blewett

(a) Residence. No. Culdesac, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lily May Peer

6. DATE OF BIRTH (month, day, and year)
September 8, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 4 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 9/30/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Richard W Blewett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anerca Horton

16. BIRTHPLACE (city or town) (State or country) Wsiconsin

17. INFORMANT (Address) Lily Blewett

18. BURIAL, CREMATION OR REMOVAL
Place Gifford Date 1/18, 1934.

19. UNDERTAKER (Address) H.R. Merchant Clarkston Washington

20. FILED Jan. 17, 1934 J. McLyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1934, to Jan 15, 1934.
I last saw him alive on Jan 16th, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Stenosis | 4 years |

Other **contributory causes** of importance:

| | |
|---|---|
| Nephritis | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. C. Casson, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87555

PLACE OF DEATH
County of Nez Perce
City of Lapwai
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Guy Bechtel

(a) Residence. No. St. Athena, Oregon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Guy Bechtel

6. DATE OF BIRTH (month, day, and year) 11/23/1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boula
(State or country) North Dakota

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. ~~BURIAL, CREMATION, OR REMOVAL~~
Place Walla Walla Date , 193

19. UNDERTAKER Wasson & Boundy Mortuary
(Address) Lewiston Ida

20. FILED Jan. 22, 1934 Jay M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/20 1934

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1934, to Jan. 20, 1934
I last saw her alive on Jan. 19, 1934: death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | ?? |
| | |
| | |
| | |
| Other contributory causes of importance: Bronchiectasis | ?? |
| | |
| | |

Name of operation none Date of
What test confirmed diagnosis? X-Ray&Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Ralph M. Abbey, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87556

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Jane Cloyes

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Cloyes

6. DATE OF BIRTH (month, day, and year) Oct. 20 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Nathaniel Crandell

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Mary Ann Carlin

16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMENT Geo. Cloyes
(Address) Lewiston Orchards

18. ~~BURIAL~~, CREMATION, ~~OR~~ REMOVAL
Place. Spokane Date Jan. 26 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Jan. 25, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/12/34, 193..., to 1/23, 193.4
I last saw her alive on 1/23, 193.4; death is said to have occurred on the date stated above, at 2.30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorrhage | 1/11/34 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Typ. Pneum. arterial | 4 yrs |
| | |

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Corcoran, M. D.
(Address) Lewiston, Idaho

RECEIVED FEB 5 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Nezperce

City of Gifford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87557

Registration District No. 92

Primary Registration District No. 2170

Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis E. Heitmann

(a) Residence. No. Gifford St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Brammer

6. DATE OF BIRTH (month, day, and year)
May 12, 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 35 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Shiloh, Ill

MOTHER FATHER

13. NAME William Heitmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. E. Heitmann
(Address) Gifford, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Luthern Cemetery Gifford, Ida Date 2/1/34 193..

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wash.

20. FILED 2-1, 1934 E.E. Watts
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-29 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933, to Jan. 29, 1934.
I last saw him alive on Jan 29, 1934.: death is said to have occurred on the date stated above, at 8:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial nephritis | 1928 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Anasarca | |
| cardiac insufficiency | |
| | |

Name of operation none Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) E.E. Watts, M. D.

(Address) Gifford

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87558

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston,

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Josephs Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earnest Behler

(a) Residence. No. Ferdinand Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 1863 | Feb. | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not none.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not none.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Herman Behler Ferinand, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Ferinand, Idaho. Date 1-29, 1934

19. UNDERTAKER Vassar-Shaughnessy
(Address) Lewiston, Idaho.

20. FILED Jan 30, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-26-34 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Jan 25, 1934

I last saw him alive on January 25, 1934: death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| aortic stenosis | 1 yr |

Other contributory causes of importance:

| | |
|---|---|
| Fractured vertebrae | |

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Date of injury June, 1933

Where did injury occur? in orchard
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury Fracture of vertebrae

Nature of injury above

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Crumpton M.D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87559

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cyrus J. Morgen

(a) Residence. No. De France Hotel St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 1862 | Feb, | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Not none.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not none.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mr. Surbeck De France Hotel

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 1-29, 1934

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho.

20. FILED Jan 31, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934, to Jan. 26, 1934

I last saw him alive on Jan. 25, 1934; death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Chronic. | 2 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Lyle, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1934

PLACE OF DEATH

County of Nezperce

City of Capt. John

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87560

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sam Leonard Stone

(a) Residence. No. Captain John, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Earl

6. DATE OF BIRTH (month, day, and year)
June 22, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1/27/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME Jacob Stone

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Martha Harboult

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT R.C. Stone (Brother)
(Address) Asotin, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Montgomery Ridge Date 1/29/34 193..
Wash. H.R. Merchant

19. UNDERTAKER
(Address) Clarkston, Wash.

20. FILED Jan 31, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

Signed [illegible] Coroner, M.D.

1/28/34 (Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87561

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 221-3rd St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas William Carrick

(a) Residence. No. 221-3rd St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15, 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Robert Carrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lucinda Holbrook

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mr. T. W. Carrick Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Feb. 1, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Feb. 2, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Jan 30, 1934
I last saw h[illegible] alive on Jan 30, 1934; death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of Heart | 6 hours |
| Myocarditis | unknown |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Cardiograph Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 10 9

Primary Registration District No. 96

Braddock

DO NOT WRITE IN THIS SPACE

State File No. 87562

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Cainamial Barstow Williams

(a) Residence. No. 816 9th Ave, Lewiston, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Charles Williams

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Frances

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) W. Lewis Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Feb. 2, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Feb. 2, 1934 J. McTyle Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to Jan 31, 1934

I last saw him alive on Jan 31, 1934; death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | not known |
| Arterio Sclerosis | |
| Senesce | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Earl V. Brueseke, M. D.

(Address) Lewiston, Idaho

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87563

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number.)

881

2. FULL NAME Charles Tupper Crawford

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Blanche Crawford

6. DATE OF BIRTH (month, day, and year) Aug 15, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 5 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Palouse
(State or country) Washington

FATHER
13. NAME Joseph B. Crawford
14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER
15. MAIDEN NAME Rachel A. Brown
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMENT (Address) T. B. Crawford, Long Beach, California

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 2-3, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Feb. 2, 1934 Jay McLyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from May-15, 1934, to Jan-31, 1934
I last saw living on Jan 31, 1934: death is said to have occurred on the date stated above, at 7.20 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Myocarditis | Feb-1933 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Lyle M. D.
(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Lyle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 87564

Local Registrar's No. 139

(No. 1139 Osborne St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma A. Lucas

(a) Residence. No. Lewiston (Usual place of abode) St. Lewiston, Idaho (If nonresident give city of town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Santa Clara
(State or country) California

FATHER

13. NAME Thomas Towner

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Mrs. Mabelle L. Bailey
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Jan. 25, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Jan. 31, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933, to Jan 23, 1934

I last saw h[illegible] alive on Jan 23, 1934; death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Tuberculosis | Before May 1933 |
| b Tb of the Intestines | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Inoperable Date of

What test confirmed diagnosis? Pathological Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ,193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Carlson, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87565

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. Somerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lee Hoy

(a) Residence. No. Somerville Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Chinese | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Probably China

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Somerville Home, Personal Records, Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date 1/12, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Feb. 2, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1933, to Jan-18, 1934
I last saw him alive on Jan 8, 1934: death is said to have occurred on the date stated above, at 12:15 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cath bilateral pneumonia | |
| Health for some time | |
| Pernicious anemia | |
| Histological pathology | |
| Found. | |
| Other contributory causes of importance: | |
| General debility | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87566

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Elane Falk

(a) Residence. No. South 7th St. St. Clarkston, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME John Falk

14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Annie Baucher

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT John Falk
(Address) Clarkston, Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date 1-19, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Jan. 30, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1934, to Jan 19, 1934
I last saw h alive on Jan 18, 1934; death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patent Foramen Ovale | Congenital |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Atelectasis | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) L B Doerflinger, M.D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

Dr. Lyle.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87567

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

78

2. FULL NAME Jason Frank Morlan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 10 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Brink Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME J. L. Morlan

14. BIRTHPLACE (city or town) (State or country) Indianna

MOTHER

15. MAIDEN NAME Angleine Bird

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) Charles Morlan Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date Jan. 11, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idahoo

20. FILED Feb. 2, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec —, 1933, to Jan 9, 1934
I last saw him alive on Jan 8, 1934; death is said to have occurred on the date stated above, at 6:20 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | |
| Uremia | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic myocarditis | |

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Owyhee

City of Silver City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 43

Primary Registration District No. 2120

DO NOT WRITE IN THIS SPACE

State File No. 87569

Local Registrar's No. 33

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Westlake

(a) Residence. No. Silver City, Idaho. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth 40 yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Susan J. Westlake

6. DATE OF BIRTH (month, day, and year) March 23, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 9 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1934.

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

FATHER

13. NAME George W. Westlake

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Julia Lawrence

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Susan J. Westlake Hadley, Idaho.

18. BURIAL, ~~CREMATION~~ Place Silver City, Ida. Date Jan. 23, 1934

19. UNDERTAKER John Grete, (Address) Silver City, Idaho.

20. FILED Jan. 23, 1934 R. A. Leonard, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 20, 1934

22. I HEREBY CERTIFY, That ~~deceased~~ died ~~on~~ Jan. 20, 1934, ~~at~~ : death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| No physician attending. Pictoris Angina was cause of death. (Angina Pectoris ?) | |

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Grete Coroner,

(Address) Silver City, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87570

PLACE OF DEATH
County of Owyhee
City of Homedale

Registration District No. 107
Primary Registration District No. 2185 Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Susan J Ball

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Solomon Ball

6. DATE OF BIRTH (month, day, and year) June 25 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 7 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Peter Nichols
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary E Brown
16. BIRTHPLACE (city or town) (State or country) N J

17. INFORMENT Mrs Corinneah A Stanley
(Address) Homedale Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Caldwell Ida Date Feb 1st, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED Feb. 1st, 1934 G. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29-34 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to Nov. 30, 1933
I last saw her alive on Nov. 30, 1933: death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemiplegia | |
| Other contributory causes of importance: | |
| old age | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. A. Marsh M. D.
(Address) Homedale Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Gayette

City of Gayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 87573

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. S. Patterson

47

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Manda Bell Patterson

6. DATE OF BIRTH (month, day, and year) Dec 11-1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barnum Co. Minnesota

FATHER

13. NAME Wm Patterson

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Mrs W S Patterson Gayette Idaho

18. BURIAL, CREMATION OR REMOVAL Place New Plymouth Date 1-11- 193 4

19. UNDERTAKER Gleason & Sanborn
(Address) Gayette Idaho

20. FILED Jan 13, 193 4 J. C. Woodward
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 -, 193 3, to Jan 9, 193 4

I last saw him alive on Jan 9, 193 4; death is said to have occurred on the date stated above, at 10 45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia - Heart | 1931? |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Warren T. Gleason, M. D.

(Address) Gayette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87574

**PLACE OF DEATH**
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 4

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

174

2. FULL NAME Elsie Le Roy Hurd.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fern Grant Hurd.

6. DATE OF BIRTH (month, day, and year) April 15 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 9 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho.

FATHER
13. NAME Claude A. Hurd.
14. BIRTHPLACE (city or town) Payette.
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Elsie Hensing
16. BIRTHPLACE (city or town)
(State or country) Missouri.

17. INFORMENT Claude A Hurd
(Address) Payette Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Idaho Date 1-24-1934

19. UNDERTAKER Glenn C Landon
(Address) Payette, Ida

20. FILED Jan 24 1934 J. C. Woodward
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~at~~
Jan 8 1934, to Jan 21 1934
I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 4:40 A. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide. | |
| By 22 automatic long-rifle pistol | |
| Other contributory causes of importance: | |

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1-21 1934
Where did injury occur? Payette Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home.
Manner of injury Gun shot - Head.
Nature of injury Shooting Right ear.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none

(Signed) Glenn C Landon, coroner, M.D.
(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB [illegible]

**PLACE OF DEATH**

County of Payette

City of Payette

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87575

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 3

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern I. Grant Hurd. 197

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellis Hurd.

6. DATE OF BIRTH (month, day, and year): July 3- 1910

7. AGE: Years 23. Months 6. Days 18. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Emmett. Idaho.

FATHER

13. NAME: Chas. H. Grant.

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Sarah J. Nilson.

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Nida Grant Weiser. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Weiser Ida. Date 1-25-1934

19. UNDERTAKER (Address): Glenn C. Landon Payette Idaho

20. FILED Jan 24, 1934. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 21- 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-21-, 1934, to 1-21-, 1934.

I last saw h[illegible] alive on , 193 : death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Homicide | |
| shot by husband, once below left breast, once at the left side of the back | |
| Other contributory causes of importance: | |
| left breast & once at the waist line on the left side. | |

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 1-21-1934.

Where did injury occur? Payette Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury shot by husband.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify none

(Signed) Edith Landon coroner, M. D.

(Address) Payette Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87576

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Ruth E. Newlon

(a) Residence. No. 844 N. 7th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: H. B. Newlon

6. DATE OF BIRTH (month, day, and year): May 15 - 1858

7. AGE: Years 75 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: house work

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jackson Co. Penn

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Letta Lund Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Jan 30 1934

19. UNDERTAKER (Address): Glenn E. Landon Payette Idaho

20. FILED Jan 31, 1934. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1933 to Jan 28 1934
I last saw her alive on Jan 28 1934; death is said to have occurred on the date stated above, at 2:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Myocarditis | |
| Arteriosclerosis | Don't know |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. C. Woodward M. D.
(Address) Payette Ida.

RECEIVED FEB

# PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87577

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 8

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nicla E. Fincher. 650

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James J. Fincher.

6. DATE OF BIRTH (month, day, and year): Dec 10 - 1888

7. AGE — Years: 45 Months: 1 Days: 21 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: home maker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Starr Idaho

FATHER
13. NAME: P. Lowery.
14. BIRTHPLACE (city or town) (State or country): missouri.

MOTHER
15. MAIDEN NAME: Mary Grimes.
16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMANT (Address): J. J. Fincher Payette Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Payette Idaho. Date: Feb. 1 - 1934

19. UNDERTAKER (Address): Glenn C. Landon Payette Idaho.

20. FILED Jan. 31, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 -, 1934, to Jan 31 -, 1934.
I last saw her alive on Jan 31, 1934: death is said to have occurred on the date stated above, at 10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Splenomedullary | Don't |
| Leukaemia | know. |
| A blood examination | |

~~Other contributory causes of importance:~~
was made several weeks ago by R. A. Tacke of Ontario Ore.

Name of operation: none Date of:
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) C. C. Paxton M. D.
(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

15112

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87578

County of Power
City of American Falls, Idaho
Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 2

(No. Schiltz Memoral Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Henrretta E. Crowder

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lester J. Crowder

6. DATE OF BIRTH (month, day, and year) Oct 7 1913

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 20 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 1/6/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kans
(State or country)

FATHER

13. NAME Chas Bryan

14. BIRTHPLACE (city or town) Kans
(State or country)

MOTHER

15. MAIDEN NAME Hazeldean McDowall

16. BIRTHPLACE (city or town)
(State or country) Kans

17. INFORMENT Lester J. Crowder
(Address) American Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Tremonton Utah Date 1/10/34

19. UNDERTAKER H. L. Downs
(Address) American Falls, Idaho

20. FILED Jan 8, 1934 Genevieve Martin
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/6/34

22. I HEREBY CERTIFY, That I attended deceased ..... on Jan 6th, 1934
I last saw h[illegible] alive on Jan 6, 1934; death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental | |
| Skull fracture (car) | |
| Other contributory causes of importance: | |
| None | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 6 1934
Where did injury occur? Am. Falls, Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Thrown from horse
Nature of injury Fract skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. E. Farrell, M. D.
(Address) Am. Falls, Ida

RECEIVED JAN 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87579

PLACE OF DEATH
County of Ramen
City of Am Falls
Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 2

(No. Schultz Memorial)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah Joan Peck

(a) Residence. No. ..... St. Rockland, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of L.C. Peck

6. DATE OF BIRTH (month, day, and year) Feb 13. 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 11 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Alex Henderson
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Elmyra Silcox
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) L. D. Peck Logan Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Rockland Date Jan 20, 1934
19. UNDERTAKER Am Dance (Address) Am Falls, Idaho
20. FILED Jan 20, 1934 Grover Roth Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 17 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Jan 17, 1934
I last saw h[illegible] alive on Jan 17, 1934: death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| Cardiac Hypertrophy | |

Other contributory causes of importance:

| | |
|---|---|
| Uremia | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) V. G. Logan, M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87580

County of Power
City of American Falls, Idaho
Registration District No. 25
Primary Registration District No. 172
Local Registrar's No. 4

(No. Schiltz Memoral Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Don Byington

(a) Residence. No. American Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) May 14 1929.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Ira Byington

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Grace Phillips

16. BIRTHPLACE (city or town) (State or country) Kans.

17. INFORMENT (Address) Grace Byington American Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER A.W. Davis
(Address) American Falls, Idaho.

20. FILED 1/3x , 1934 Genevieve Hatch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Jan 22, 1934
I last saw him alive on Jan 22, 1934; death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | |

Other contributory causes of importance: Peritonitis

Name of operation Appendicitis Date of Jan 20
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) V. H. Logan, M. D.
(Address) American Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87585

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

Registration District No. 12 3
Primary Registration District No. 2201 Local Registrar's No. 5

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucia Giacovella

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 93 | 8 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Antonio Calabrag
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Lucia
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Mrs Lucy Ingenthron Kellogg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida. Date Jan 10, 1934

19. UNDERTAKER (Address) H B Thornhill Kellogg Ida.

20. FILED Feb. 10, 1934 Mrs. Helen Fr Brude Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1933, to Jan 6, 1934.
I last saw her alive on Jan 6, 1934; death is said to have occurred on the date stated above, at 11:00 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1-4-34 |
| Pulmonary Edema | 1-6-34 |
| Myocardial Degeneration | Several years |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87586

County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Stark. 161b

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 26-34

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wardner Ida

FATHER
13. NAME Clyde Stark.
14. BIRTHPLACE (city or town) (State or country) Harrisonburg Ida

MOTHER
15. MAIDEN NAME Clara Trogue
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMENT (Address) Clyde Stark

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Date Jan 27, 1934

19. UNDERTAKER Kellogg Hotel
(Address) Kellogg Idaho

20. FILED Feb. 10, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1934 to Jan. 27, 1934

I last saw her alive on Jan. 27, 1934; death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Birth injury | 12 hours. |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold T. Anderson, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 12-3

Primary Registration District No. 2-2-6-1

DO NOT WRITE IN THIS SPACE

State File No. 87587

Local Registrar's No. 8

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank T. Walter

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Walter

6. DATE OF BIRTH (month, day, and year) Jul. 22-1873

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockland Mich

FATHER

13. NAME Albert Walter

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Madeline Kilker

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Mrs Frank Walter

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date 2-3, 1934

19. UNDERTAKER (Address) R. L. Slavin Kellogg Ida

20. FILED Feb. 10, 1934 Mrs. Helen M. Bride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1932, to Jan. 30, 1934

I last saw him alive on Jan 30, 1934; death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | about 1932 |

Other contributory causes of importance:

Name of operation No Date of No

What test confirmed diagnosis? X-Ray Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Anderson M. D.

(Address) Kellogg, Idaho

Dr. Anderson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87588

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

Registration District No. 12 5

Primary Registration District No. 2201

Local Registrar's No. 9

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Glosson

(a) Residence. No. Idaho ave St. Kellogg Idaho (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Glosson

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 11 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Redruth Cornwall England

FATHER

13. NAME William Blackey

14. BIRTHPLACE (city or town) (State or country) Redruth Cornwall England

MOTHER

15. MAIDEN NAME Mary Jane Blackey

16. BIRTHPLACE (city or town) (State or country) Redruth Cornwall England

17. INFORMENT (Address) Mrs. A. C. Klandt Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ohe 2 Kellogg Date Feb 2, 1934

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Idaho

20. FILED Feb. 10, 1934 Miss Helen M. McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Jan 30, 1934

I last saw her alive on Jan. 30, 1934; death is said to have occurred on the date stated above, at 9:17 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | 3 wks. |
| | |
| | |
| | |
| Other contributory causes of importance: Cholecystitis | Several years |
| | |

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold Anderson M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Ben Bean

DO NOT WRITE IN THIS SPACE
State File No. 87589

Registration District No. 7 8
Primary Registration District No. 101, Local Registrar's No. 262
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dugan Son of Mr & Mrs. Leroy C. Harris 16 hr

(a) Residence. No. West Wallace St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jany 22 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | — | — | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida

FATHER
13. NAME Leroy C. Harris
14. BIRTHPLACE (city or town) (State or country) Rush Centre Kansas

MOTHER
15. MAIDEN NAME Agusta Rumpel
16. BIRTHPLACE (city or town) (State or country) Kilbourn Kansas

17. INFORMENT Leroy C. Harris (Address) Wallace Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Id Date Jany 27 1934

19. UNDERTAKER Blue Mortuary (Address) Wallace Id

20. FILED Jan 27, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to Jan 27, 1934
I last saw h alive on Jan 16, 1934; death is said to have occurred on the date stated above, at 12:25 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dis. Month Premature | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....
Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James R Brown, M. D.
(Address) Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87590

Registration District No. 7-6

Primary Registration District No. 1011

Local Registrar's No. 26

(No. Co Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chris Christianson

(a) Residence. No. Enaville Idaho St. Enaville Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2 - 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisc.

FATHER

13. NAME John Christianson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Olive Nelson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) John Christianson Spokane Wash

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Jan 27, 1934

19. UNDERTAKER (Address) J. A. Ryan (Ward Undertaking Co) Wallace, Ida.

20. FILED Jan 31st, 1934 C. S. Blair Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.. to ..., 193..

I last saw h.. alive on Jan 23, 193.. death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart failure due to Paralysis as a result of Cerebral hemorrhage | |

Other contributory causes of importance:

Carcinoma Stomach

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87591

**PLACE OF DEATH**
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 258

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie S Bennett

(a) Residence. No. Mullan Idaho St. Mullan Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) July 12 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 6 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME W. F. Carlton

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) A. S. Bennett Mullan Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Idaho Date Jan 12, 1934

19. UNDERTAKER J. A. Brown (Ward Funeral Home) (Address) Wallace Idaho

20. FILED Jan 13th, 1934 C S Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Jan 9, 1934

I last saw her alive on Jan 9, 1934; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Influenza | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F W Ryfolm, M. D.

(Address) Mullan Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Shoshone

City of Herrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7 8

Primary Registration District No. 1 1 1

DO NOT WRITE IN THIS SPACE

State File No. 87592

Local Registrar's No. 2 5 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christopher McDonald

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth 45 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5, 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc U. S. Forest Service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario (State or country) Canada

FATHER

13. NAME John McDonald

14. BIRTHPLACE (city or town) Ontario (State or country) Canada

MOTHER

15. MAIDEN NAME Annie McDonald

16. BIRTHPLACE (city or town) Ontario (State or country) Canada

17. INFORMENT (Address) Mrs. Jennie McMillan Davenport, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Date Jan. 10, 1934

19. UNDERTAKER (Address) Mitchell & Wessa St. Maries, Idaho.

20. FILED Jun 10th, 1934 Osborne Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Howard Cosby, M.D.

(Address) Wallace, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87594

**PLACE OF DEATH**
County of Shoshone
City of Wallace
Registration District No. 76
Primary Registration District No. 1111
Local Registrar's No. 263
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William James Crane
(a) Residence. No. Osborne Idaho St. Osborne Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Bertha Crane

6. DATE OF BIRTH (month, day, and year) Sept 21 - 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 4 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining Co.
10. Date deceased last worked at this occupation (month and year) Jan 30 - 34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmington Wash.

FATHER
13. NAME Edwin S. Crane
14. BIRTHPLACE (city or town) (State or country) Ore

MOTHER
15. MAIDEN NAME Clara Jones
16. BIRTHPLACE (city or town) (State or country) Ore

17. INFORMENT (Address) Edwin S Crane E 1004 Mission Ave Spokane Wash.
18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Spokane Wash Date Feb 1, 1934
19. UNDERTAKER (Address) J. A. Boyer Ward Funeral Home Wallace Ida
20. FILED Feb. 1st, 1934 E A Swan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 30 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934, to Jan 30, 1934
I last saw him alive on Jan 30, 1934: death is said to have occurred on the date stated above, at 7:20 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung, Carcinoma | 1½ years ago |
| Other contributory causes of importance: | |
| Gangrene, Left foot | 1/16/34 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) E. Fitz Gerald, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87595

PLACE OF DEATH
County of Shoshone
City of Wallace Registration District No. 76
Primary Registration District No. 1011 Local Registrar's No. 261
(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Frank Straub

(a) Residence. No. Wallace Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead mines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13 or 14 years

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Geo Edmiston Wallace Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Date , 193

19. UNDERTAKER (Address) Bl Mortuary Wallace Ida

20. FILED Jan 31st, 193 4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 193 4, to Jan 26th, 193 4
I last saw him alive on Jan 26, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary T.B. | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H C Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87596

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 7d
Primary Registration District No. 1011
Local Registrar's No. 259
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John McDonnell

(a) Residence. No. Wallace St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 15 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida

FATHER

13. NAME Wm P. McDonnell

14. BIRTHPLACE (city or town) (State or country) S. Dak

MOTHER

15. MAIDEN NAME Margaret Brankin

16. BIRTHPLACE (city or town) (State or country) B. C.

17. INFORMENT (Address) Wm P. McDonnell Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Jan 17, 1934

19. UNDERTAKER (Address) J. A. Burns (Wallace Undertaking Co) Wallace Ida.

20. FILED Jan 15, 1934 C. A. Dixon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to Jan 15, 1934

I last saw him alive on Jan 15, 1934; death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Atelectasis | Jan 15 |

Other contributory causes of importance:

Premature 6 months

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) James R. Dixon, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

SEP 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87597

**PLACE OF DEATH**

County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 6
(No. Wardner Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

138

2. FULL NAME Gladys Mary Butler

(a) Residence. No. [illegible] 413 15 years in state St. Main Wardner
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Woman
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Denzil Butler

6. DATE OF BIRTH (month, day, and year) 6 July 1916.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 18 | 6 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carnation Alberta Canada.

FATHER
13. NAME Frank Evens.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Stella Fortner.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Denzil H Butler Kellogg Ida R R 4.
18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date Jan 13, 1934
19. UNDERTAKER (Address) M. E. Thornhill Kellogg Ida
20. FILED Feb. 10, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Jan 10th, 1934
I last saw h[illegible] alive on Jan 10th, 1934: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Peritonitis following pelvic Disease. | |
| Other contributory causes of importance: | |

Name of operation Drainage & Curettage Date of Jan 6th
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

RECEIVED FEB 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87598

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 78
Primary Registration District No. 1211 Local Registrar's No. 235
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rev. F. A. Becker

(a) Residence. No. Wallace Ida St. 119 Bank St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Catholic Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rastatt Germany

FATHER

13. NAME Wilhelm Becker

14. BIRTHPLACE (city or town) (State or country) Rastatt Germany

MOTHER

15. MAIDEN NAME Anna Gussenhoffer

16. BIRTHPLACE (city or town) (State or country) Rastatt Germany

17. INFORMENT (Address) Victoria Becker Wallace

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Date , 193

19. UNDERTAKER Bruce G Marstell
(Address) Wallace Ida

20. FILED Jan 2nd, 193 4 E & S Blom
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2 193 4

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 193 to Jan 2, 193 4

I last saw him alive on Jan 1, 193 4; death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis secondary to Arteriosclerosis | |
| Other contributory causes of importance: Arteriosclerosis General | Several yrs |

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. Thos. Worley, M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Teton

City of Victor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87599
State File No.....

Registration District No. 77

Primary Registration District No. 2176 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Fife Blanchard

(a) Residence. No. ..... Victor, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of: John J. Blanchard

6. DATE OF BIRTH (month, day, and year): Sept. 1, 1865

7. AGE — Years: 68 Months: 5 Days: 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done; as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Providence Utah

MOTHER FATHER

13. NAME: James Fife
14. BIRTHPLACE (city or town) (State or country): Scotland
15. MAIDEN NAME: Elizabeth Watts
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Mrs. Lucile Moulton Crowcrt Wyoming

18. BURIAL, CREMATION OR REMOVAL
Place: Victor, Idaho Date: Feb 3, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: Feb 5, 1934 Abie M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1934 to ~~Jan. 15~~ Feb. 1, 1934
I last saw h~~e~~r alive on Jan. 15, 1934: death is said to have occurred on the date stated above, at 9:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Jan. 13, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| General Arterio-sclerosis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) S. B. C. Adams, M. D.

(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87600

PLACE OF DEATH
County of Teton
City of Tetonia

Registration District No. 77
Primary Registration District No. 3176
Local Registrar's No. 3

(No. ) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Axel H. Munson

(a) Residence. No. Tetonia St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME A. N. Munson
14. BIRTHPLACE (city or town) (State or country) Missouri or Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Otto Munson Tetonia Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Teton City Cemetery Date Feb. 1, 1934

19. UNDERTAKER (Address) A. M. Branson Driggs Idaho

20. FILED Feb. 5, 1934 Alice M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1—27— 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart trouble | |
| Dropped dead | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joan R. Cannon, Corner, M. D.

(Address) Driggs Idaho

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87601

# CERTIFICATE OF DEATH

PLACE OF DEATH

County of Teton Registration District No. 77

City of Felt City Idaho Primary Registration District No. 2176 Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Frank Buck

(a) Residence. No. Felt, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Caucasian | Single |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 21-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 1 | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cow Boy
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) —
(State or country) Alabama or Michigan

PARENTS

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (city or town) —
(State or Country)

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (city or town) —
(State or County)

14. Informant Jim Dodd
(Address) Felt City Idaho

15. Filed Feb 5, 1934 Abie M Greene
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 21, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1934, to Jan. 21, 1934
that I last saw him alive on Jan. 21, 1934
and that death occurred, on the date stated above, at 10.40 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

12 hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) L. F. C. Palmer, M. D.
1/22, 1934 (Address) Driggs, Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Felt, Idaho. | 1/23 1934 |
| 20. Undertaker | Address |
| — | — |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87602

**PLACE OF DEATH**
County of Teton
City of Driggs Idaho
Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. -1-

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyman Harvey Floyd

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Maretta Nelson Floyd

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 2 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| June 1931 | life |

12. BIRTHPLACE (city or town) (State or country) St. Charles, Ida

FATHER
13. NAME Leonard Floyd
14. BIRTHPLACE (city or town) (State or country) Georgetown, Mass

MOTHER
15. MAIDEN NAME Caroline E. Burbank
16. BIRTHPLACE (city or town) (State or country) Groveland, Mass.

17. INFORMENT (Address) Courtney Floyd Driggs Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Driggs Idaho Date Jan 10, 1934
19. UNDERTAKER (Address) Driggs Idaho
20. FILED Feb 5, 1934 Alice M. Greene, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to Jan. 7, 1934
I last saw him alive on Dec. 29, 1933: death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | Jan. 7, 1934 |
| Other contributory causes of importance: Prostatectomy | June 1931 |

Name of operation Prostatectomy Date of June 1931
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Reese, M. D.
(Address) Driggs, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87603

Registration District No. 37
Primary Registration District No. 7085 Local Registrar's No. 7
(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Fred Grose

(a) Residence. No. Hagelton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Barbara Grose

6. DATE OF BIRTH (month, day, and year) Nov 15 - 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 48 | 1 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ditch rider
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for North Side Canal Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Park City Utah
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Mrs. Barbara Grose
(Address) Hagelton, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hazelton Date Jan. 11, 1934

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Idaho.

20. FILED Jan 10, 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Jan 8, 1934
I last saw ~~him~~ alive on Jan 7, 1934; death is said to have occurred on the date stated above, at 8:20 ~~a~~ p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pericarditis | 1-2-34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Paralytic Ileus | 1-2-34 |
| Decompensating Heart | 1-7-34 |

Name of operation Appendectomy Date of 1-2-34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. L. Barney, M. D.
(Address) Burley Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2025

DO NOT WRITE IN THIS SPACE

State File No. 87604

Local Registrar's No. 8

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Hanson

(a) Residence. No. Hansen, Idaho. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | do not know |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|
| Possibly 55 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) .... (State or country)

17. INFORMENT Mrs. Earl Glantz (Address) Hansen, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Filer Date 1-10-, 1934

19. UNDERTAKER White Mortuary, Inc., (Address) Twin Falls, Idaho.

20. FILED Jan. 10, 1934 Geo C Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1934, to ...., 193..
I last saw him alive on at 3 P.M., 193..: death is said to have occurred on the date stated above, at 3:00 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) C. D. Ware, M. D.

(Address) Twin Falls

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 87605

Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Morris Wright

(a) Residence. No. Twin Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of May Wright

6. DATE OF BIRTH (month, day, and year) Feb., 14, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 77 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Licking Co. (State or country) Ohio

FATHER

13. NAME James Wright

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Cynthia Branch

16. BIRTHPLACE (city or town) Vermont (State or country)

17. INFORMENT Mrs. May Wright (Address) Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place T. F. Cemetery Date I-12, 1934

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho

20. FILED Jan. 10, 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1933, to 1/9, 1934

I last saw him alive on 1/4, 1934; death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. D. Weaner, M. D.

(Address) Twin Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1055

DO NOT WRITE IN THIS SPACE
State File No. 87606

Local Registrar's No. 10

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Mary Pratt

(a) Residence. No. 227 - 7th Ave N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 17 - 1849

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 11 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hillsdale
(State or country) Mich

FATHER
13. NAME Daniel Lincoln Pratt
14. BIRTHPLACE (city or town) Plainfield
(State or country) Mass

MOTHER
15. MAIDEN NAME Jane Newkirk
16. BIRTHPLACE (city or town) Bloom
(State or country) Ohio

17. INFORMENT (Address) Mrs E. J. Colbert Twin Falls Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Hillsdale Mich Date , 193

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED Jan 11, 193 4 Geo C. Halley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Jan 9, 1934
I last saw her alive on Jan 9, 1934; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nephritis | |
| Other contributory causes of importance: | |
| Influenza | Dec - 1933 |

Name of operation Date of
What test confirmed diagnosis? Urinalysis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. R. Scott, M. D.
(Address) Twin Falls - Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87607

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 208 5
Local Registrar's No. 12

(No. Twin Falls Idaho R F D)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mary Atkin

(a) Residence. No. Twin Falls Idaho St. R F D #2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|
| 55 | 9 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Bud Buck Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Ida Date Jan, 15 1934

19. UNDERTAKER S C Phillips (Address) Twin Falls Idaho

20. FILED Jan. 13, 1934 Geo C Halley M D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1933, to Jan 7, 1934
I last saw her alive on Dec 15, 1933: death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Failure | |
| Myocardium degeneration | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify
(Signed) John R Morgan, M. D.
(Address) Twin Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls,
City of Twin Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87608

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 13

(No. Twin Falls County General Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Ann Weddle,

(a) Residence. No. Twin Falls, R.F.D.#1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Waldemar Weddle.

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 51 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ackerland, Kan.

FATHER

13. NAME Marel Sullivan

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Gillie Ann Sullivan

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Thelma Eckrem, Twin Falls, Idaho. R.F.D.#1.

18. BURIAL, CREMATION, OR REMOVAL Place T. F. Cemetery Date Jan 15, 1934

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED Jan. 14, 1934 Geo. C. Kelley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1933 to Jan., 12, 1934
I last saw her alive on Jan. 12, 1934: death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| Influenza | |

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls.

City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 87609

Local Registrar's No. 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

Wilson 1937

2. FULL NAME Ida Isabelle Miller

(a) Residence. No. 150 Washington N. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George H. Miller

6. DATE OF BIRTH (month, day, and year) Oct., 15, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Ill

FATHER

13. NAME C. T. Grim

14. BIRTHPLACE (city or town) (State or country) Allentown, Pa.

MOTHER

15. MAIDEN NAME Barbara Howewater,

16. BIRTHPLACE (city or town) (State or country) Allentown, Pa.

17. INFORMENT (Address) George H. Miller, 150 Washington N.

18. BURIAL, CREMATION, OR REMOVAL Place T. F. Cemetery Date , 193

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho

20. FILED Jan 15, 1937 Geo C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933, to Jan. 13, 1934

I last saw her alive on Jan. 13, 1934; death is said to have occurred on the date stated above, at 10:20 m. A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Suppurative Invasitis | Dec 1-33 |
| 2. Endocarditis | Dec 23-33 |
| 3. Phlebitis - Left leg - | Jan 1 34 |
| 4. Myocarditis | " 5 " 37 |

Other contributory causes of importance:

Name of operation O Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wilson, M. D.

(Address) Twin Falls, Idaho

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87610

**PLACE OF DEATH**

County of Twin Falls,
City of Twin Falls,

Registration District No. 37
Primary Registration District No. 2085
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 15

162

2. **FULL NAME** Baby Bronson

(a) Residence. No. Hospital St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day and year) January 17, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | -- | -- | -- | 23 hrs. or ____ min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

PARENTS

10. NAME OF FATHER Lewis Bronson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Fairview, Idaho

12. MAIDEN NAME OF MOTHER Ida Layne

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Lewiston, Utah.

14. Informant Mrs. Lewis Bronson
(Address) Murtaugh, Idaho.

15. Filed Jan. 18, 1934 Geo. C. Halley Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 18 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 17, 1934, to January 18, 1934
that I last saw her alive on January 18, 1934
and that death occurred, on the date stated above, at 7:45 A.m.

The CAUSE OF DEATH* was as follows:
Constricted umbilical cord and
partial intra uterine asphyxia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. C. Halley, M. D.
Jan. 18, 1934 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Fairview, Idaho. | 19 |
| 20. Undertaker | Address |
| S. C. Phillips. | Twin Falls, Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87611

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 16

(No. Ken Pital) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Noble

(a) Residence. No. Twin Falls St. 5-15 1892

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): May 23

7. AGE: Years 49 | Months 5 | Days 22 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Wife

(b) General nature of industry, business, or establishment in which employed (or employer): of O C Noble

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Iowa

PARENTS

10. NAME OF FATHER: Edward Thompson

11. BIRTHPLACE OF FATHER (city or town) (State or Country): England

12. MAIDEN NAME OF MOTHER: Sarah Budge

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ohio

14. Informant: O C Noble

(Address) Twin Falls

15. Filed Jan. 15, 1934 Geo C Halley MD Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 12 (Month) (Day) 19 34

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 19 34, to Jan. 12, 19 34

that I last saw her alive on Jan. 12, 19 34

and that death occurred, on the date stated above, at 5.15 p.m.

The CAUSE OF DEATH* was as follows:

Fractures of right & left tibia & fibula

" " " left humerus

crushed chest & shock

due to auto striking her (duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 1/2 mile E. of Twin Falls

Did an operation precede death? No Date of —

Was there an autopsy? No clinical history, X Ray & What test confirmed diagnosis? coroner's investigation

(Signed) George C Halley M. D.

Jan. 13, 1934 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Sunset Date of Burial: Jan 15 1934

20. Undertaker: O L Drake Address: Jan 15

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87612

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 17

(No. 1406 Sixth ave East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Henscheid

(a) Residence. No. 1406 Sixth Ave East St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 18 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | Day | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida.

FATHER

13. NAME Herman Henscheid

14. BIRTHPLACE (city or town) (State or country) Munsterr Texas

MOTHER

15. MAIDEN NAME Teresa Wagner

16. BIRTHPLACE (city or town) (State or country) Berlas Grigo Slavia

17. INFORMENT (Address) Herman Henscheid

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Ida Date Jan 18, 1934
Twin Falls.

19. UNDERTAKER (Address) Fathered

20. FILED Jan. 18, 1934 Geo C Talley Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1934, to Jan 18, 1934
I last saw h/ alive on Jan 18, 1934 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Cause unknown. | |
| Other contributory causes of importance: | |

Name of operation None Date of
What test confirmed diagnosis? History & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John W Laughlin M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87613

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 18
(No.) County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Munro

(a) Residence. No. County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ?

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, and year): ?

7. AGE: Years: 75? Months: Days: If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): County Hospital Records Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Sater Cem Date 1-20, 193X

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho

20. FILED Jan 20, 1934 Geo C Talley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to Jan 17, 1934

I last saw him alive on Jan 17, 1934; death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 87614

**PLACE OF DEATH**
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 7085
Local Registrar's No. 19
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lucy Etta Hart

(a) Residence. No. Filer Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds 14 How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Jan 6 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 14 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Filer Ida

PARENTS

10. NAME OF FATHER Leonard E. Hart
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ashton Neb
12. MAIDEN NAME OF MOTHER Angelita Villegas
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bryonsville Tex

14. Informant L E Hart
(Address)

15. Filed Jan 22 1934 George C. Halley M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 22 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1934 to Jan 22 1934 that I last saw her alive on Jan 22 1934 and that death occurred, on the date stated above, at 11:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

C. S. Meningitis

(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Abscess of Frontal Sinus
(duration) yrs. mos. 14 ds.

18. Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) D. C. Parkinson M. D.
Jan 22 1934 (Address) Filer Ida

19. Place of Burial, Cremation, or Removal: Filer — Date of Burial 19

20. Undertaker White Mort. Inc. — Address Twin Falls

RECEIVED 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87615

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 20
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Nellie R. Kelley
(a) Residence. No. 325-3rd West St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charles Kelley
6. DATE OF BIRTH (month, day, and year): April 26, 1887
7. AGE: Years 47 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marengo Indiana

FATHER
13. NAME: Isaac Sutton
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Mariah Ellis
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): E. Sutton Twin Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date Jan. 22 1934
19. UNDERTAKER (Address): Evans & Johnson Twin Falls, Ida
20. FILED Jan. 23, 1934. Mac C. Kelley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 26 1934
22. I HEREBY CERTIFY, That I attended deceased from 1/12/32, 193..., to 1/20, 1934
I last saw her alive on 1/20, 1934.: death is said to have occurred on the date stated above, at 5:20 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetis Mel. | about 2 years. |
| Nephritis, interstitial chronic. | |
| | |
| Other **contributory causes** of importance: | |
| Apoplexy - | 2 months. |
| Embolism - ileac vessels left. | 24 hours. |

Name of operation none Date of
What test confirmed diagnosis? blood chemistry. Was there an autopsy?
23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no. Date of injury ..., 193.
Where did injury occur? none (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. no injury.
Manner of injury none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) ..... M. D.
(Address) Twin Falls Idaho

RECEIVED 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 21

DO NOT WRITE IN THIS SPACE
State File No. 87616

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John B. Rutherford

(a) Residence. No. Twin Falls, Idaho St. Route # 3
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) Feb 29-1849

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 85 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME John W. Rutherford

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) A. C. Rutherford Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cemetery Date 1-23, 1934

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Ida

20. FILED Jan. 23, 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1934, to Jan 21, 1934
I last saw ~~him~~ alive on Jan 21, 1934; death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Cystitis | 1929 |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Wilson, M. D.
(Address) Twin Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87617

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 23
(No. Alley at Shoshone St. at 2nd East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dore Elze De Vall

(a) Residence. No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hazel

6. DATE OF BIRTH (month, day, and year) Aug 4-1900

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 33 | 5 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Effingham Co. Ill

FATHER
13. NAME John A. De Vall
14. BIRTHPLACE (city or town) (State or country) Effingham Co. Ill

MOTHER
15. MAIDEN NAME Stella Bruker
16. BIRTHPLACE (city or town) (State or country) Effingham Co. Ill.

17. INFORMENT (Address) John A. De Vall Filer, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Filer, Ida. Date 1-28, 1934

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls. Idaho.

20. FILED Jan. 29, 1934 Geo. C. Talley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~1937~~, to, 1934
I last saw ~~him alive~~ on Jan. 24, 1934: death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intracranial Hemorrhage | |

Other contributory causes of importance:

| | |
|---|---|
| Homicidal Blows | |

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or homicide? Homicide Date of injury 1-24, 1934
Where did injury occur? Twin Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Alley-Shoshone St at 2nd East
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) Frank A. Dewey M. D. and Coroner
(Address) Filer Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87618

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2081 Local Registrar's No. 25
(No.) Twin Falls County General Hosp
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlene James
(a) Residence. No. St. Murtaugh Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | S. |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 29 34

| 7. AGE Years | Months | Days | If LESS than 1 day, 4 hrs. or min. |
|---|---|---|---|
| 0 | 0 | 0 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho

FATHER
13. NAME Harold C. James
14. BIRTHPLACE (city or town) Bevier (State or country) Mo.

MOTHER
15. MAIDEN NAME Rhea Callen
16. BIRTHPLACE (city or town) Nyssa (State or country) Oregon

17. INFORMENT (Address) H. C. James Murtaugh
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date Jan 30 1934
19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho
20. FILED Feb 6, 1934 Geo C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-29 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1934, to 1-29, 1934
I last saw her alive on Jan 29, 1934; death is said to have occurred on the date stated above, at 5-15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature (Two. Jestation) | 1/29/34 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Davis, M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1934

Feb 9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87619

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 7085 Local Registrar's No. 22

(No. T. F. C. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Rose Shaffer

(a) Residence. No. Shoshone, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 5 1884

7. AGE — Years: 49 | Months: 5 | Days: 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Draper (State or country) Utah

FATHER

13. NAME W M Terry

14. BIRTHPLACE (city or town) Draper (State or country) Utah

MOTHER

15. MAIDEN NAME Clara Brown

16. BIRTHPLACE (city or town) Draper (State or country) Utah

17. INFORMENT Frank Shaffer (Address)

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Shoshone, Ida. Date Jan 23 1934

19. UNDERTAKER C. E. Pickrell (Address) Shoshone Ida

20. FILED Jan 27, 1934 Geo. C. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 23, 1934.

I last saw her alive on Jan 23, 1934; death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | ? |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of Jan 23 1934

What test confirmed diagnosis? Autopsy Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. E. Barrett, M. D.

(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87620

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 11
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert A. Graham

(a) Residence. No. 730 - 3rd Ave. W. St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 2 - 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 11 | 7 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Court bailiff
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelbyville Ind.
(State or country)

FATHER
13. NAME Wm. Graham
14. BIRTHPLACE (city or town) Dublin Ireland
(State or country)

MOTHER
15. MAIDEN NAME Mary M. Croskey
16. BIRTHPLACE (city or town) Columbus Ohio
(State or country)

17. INFORMENT Mrs. G. G. Wood Spokane, Wash.
(Address)

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place T. F. Cemetery Date Jan 13, 1934

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED Jan. 11, 1934 Geo. C. Kelley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1933, to Jan 9, 1934
I last saw him alive on Jan 9, 1934: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 12-1-33 |
| Chronic nephritis | 12-1-32 |
| | |
| | |
| Other contributory causes of importance: | |
| Hypertrophy of prostate & cystitis | 12-1-32 |

Name of operation O Date of O
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) John L. Coughlen, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87621

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 1

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Edward Williamson

(a) Residence. No. Twin Falls, Idaho Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-7-1930

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 3 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER

13. NAME Tom Williamson

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Carrie Frances Cypher

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Tom Williamson Twin Falls, Ida. route #1.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED June 4, 193 4 Geo. C. Talley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Jan. 5, 1934

I last saw him alive on Dec. 30, 1934: death is said to have occurred on the date stated above, at 12:45 m. A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General septicemia, | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Throat infection | |
| | |
| | |

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 193

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. A. Ames, M.D.

(Address) Twin Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87622

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 2
(No. T. F. Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret M Johnson

(a) Residence. No. Rupert, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

FATHER

13. NAME Ruet Johnson

14. BIRTHPLACE (city or town) Springville
(State or country) Utah

MOTHER

15. MAIDEN NAME Martha Cook

16. BIRTHPLACE (city or town) Springville
(State or country) Utah

17. INFORMENT Ruet Johnson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Richfield Date Jan 5, 1933

19. UNDERTAKER C. W. Hickok
(Address) Shoshone Idaho

20. FILED Jan. 4, 1934 Geo. Walley Reg. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934, to Jan 2, 1934
I last saw h alive on Jan 2, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Bacteria Mucosis | Jan 1-34 |

Other contributory causes of importance:

| | |
|---|---|
| Acute Otitis Media | Dec 30 |

Name of operation Spinal Puncture Date of Jan 2
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) T. E. Burnett, M. D.
(Address) Shoshone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls.

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 87624

Local Registrar's No. 4

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Ginzkey

(a) Residence. No. Fairfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ray Ginzkey

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Minnesota

FATHER

13. NAME Henry Zimmerman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Louise Huntley,

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Ray Ginzkey Fairfield, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place T. F. Cemetery Date 1-5- 1934

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho

20. FILED Jan. 5, 1934 Neal P. Kelly M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/22/33, 193..., to Jan. 3, 1934

I last saw her alive on 1/3/34, 1934: death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious anemia 4 plus | about 2 yrs. |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute blood crisis | 3 days |
| aplastic condition bone marrow. | |

Name of operation 3 transfusions Date of

What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 193.

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Duncan L. Alexander, M. D.

(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 87625

Local Registrar's No. 6

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Harr

(a) Residence. No. 260 - 6th. Ave., N. City. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~Stillborn~~ Jan. 7/34

| 7. AGE | Years | Months | Days | If LESS than 1 day 5 hrs. or min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER

13. NAME Ed Harr

14. BIRTHPLACE (city or town) (State or country) Cleveland, N. D.

MOTHER

15. MAIDEN NAME Tillie Bender

16. BIRTHPLACE (city or town) (State or country) Windsor, N. D.

17. INFORMENT (Address) Ed Harr, Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place T. F. Cemetery Date 1-8-, 1934

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho.

20. FILED Jan. 8, 1934 Geo. E. Hallen M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1934, to 1-7, 1934

I last saw h~~e~~ alive on 1-7, 1934; death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |

Other contributory causes of importance:

Name of operation none Date of ....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) A. Russell Kinney, M. D.

(Address) Twin Falls Ida.

RECEIVED FEB 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87626

Registration District No. 39
Primary Registration District No. 7081
Local Registrar's No.

(No. ) 884
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Harkins

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Harkins

6. DATE OF BIRTH (month, day, and year) March 11 — 1884

7. AGE: Years 49 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clarkson
(State or country) Nebraska

MOTHER'S FATHER
13. NAME Joseph Gibeilka
14. BIRTHPLACE (city or town)
(State or country) Checko-Slovakia

MOTHER
15. MAIDEN NAME Helen Hruska
16. BIRTHPLACE (city or town)
(State or country) Checko-Slovakia

17. INFORMANT Edward Harkins
(Address) BUHL, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl, Ida. Date ....., 193..

19. UNDERTAKER EVANS & JOHNSON
(Address) BUHL, Ida

20. FILED Feb 4, 1934 T. A. Murphy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1933, to Jan. 30th, 1934.
I last saw her alive on Jan 30, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Jan 30 1934 |
| Cardio nephritis | |
| renal disease | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bronchitis | yrs |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Evans M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87627

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
D. (No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Ann McDermott

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John McDermott

6. DATE OF BIRTH (month, day, and year): May 4 — 1861

7. AGE: Years 72 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cattonsville Maryland

FATHER
13. NAME: Henry Kelly
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Dena Kraw
16. BIRTHPLACE (city or town) (State or country): Dena Kraw

17. INFORMANT (Address): John McDermott Burley

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Date: Jan 15 1934

19. UNDERTAKER (Address): Rogers Johnson Burley Idaho

20. FILED: Jan 19 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1932, to Sept., 1933.
I last saw her alive on Sept., 1933.: death is said to have occurred on the date stated above, at 9 A. :m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis, syphilis | |
| hypertrophied heart | |
| Cerebral hemorrhage | |
| general arthritis | |
| Other **contributory causes** of importance: | |

Name of operation: 0 Date of:
What test confirmed diagnosis? 0. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. W. MacMagnus, M. D.
(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87628

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. 5
(No. 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Blucel Shaw. 1614

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 15 1934

7. AGE — Years: 1 | Months: 1 | Days: 1 | If LESS than 1 day, hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Buhl

FATHER

13. NAME: Eugene Shaw
14. BIRTHPLACE (city or town) (State or country): Buhl

MOTHER

15. MAIDEN NAME: Emmanette Hughes
16. BIRTHPLACE (city or town) (State or country): Evansville

17. INFORMANT (Address): Eugene Shaw Deceased Buhl

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: Jan 16, 1934

19. UNDERTAKER (Address): Langley & Johnson Buhl

20. FILED Jan. 19, 1934 J. T. Hippely Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 15-Jan-....., 1934, to 16-Jan-....., 1934.
I last saw h[illegible] alive on 15-Jan-....., 1934.: death is said to have occurred on the date stated above, at 1.20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably a brain injury at birth—a difficult delivery | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. W. MacMannus, M. D.
(Address) Buhl, Idaho

RECEIVED FEB 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87629

**PLACE OF DEATH**

County of Valley

City of Cascade Idaho

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs, Rena Harp

(a) Residence. No. ..... Cascade Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Widow of Hardy Harp

6. DATE OF BIRTH (month, day, and year) July 26, 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank** etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Barry County Missouri

FATHER

13. NAME Jerry Burkes

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Cess Harp Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date Jan, 7th, 1934

19. UNDERTAKER A.D. Robb (Address) Cascade Idaho

20. FILED Jan 5, 1934 H. Luther Reedy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan, 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1933, to January 4, 1934
I last saw her alive on Jan 1st, 1934: death is said to have occurred on the date stated above, at 12:20 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | Jan 1-34 |

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lorena Ward, M.D.
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87630

**PLACE OF DEATH**
County of Cascade Idaho
City of Valley County

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fanny Rollin McDonald

(a) Residence. No. McCall St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Thomas McDonald

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 7 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill,

FATHER
13. NAME Thompson
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Charles McDonald McCall Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Crown Point Date Jan. 30, 1934

19. UNDERTAKER A.D. Robb (Address) Cascade Idaho

20. FILED Jan 29, 1934 H. K. Gardner Recdy. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to Jan 27, 1934
I last saw h alive on Jan 26, 1934; death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Stomach | |
| with general Metastasis | |
| in Abdomen. | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Boyce L Ward, M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of McCall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87631

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 2.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Jarvie

(a) Residence. No. ..... Mc Call St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Widower

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Dr. U.S. Craft

18. BURIAL, CREMATION, OR REMOVAL. Place Pioneer Cemetery Date Jan 14, 1933

19. UNDERTAKER (Address): A. D. Robb McCall, Idaho.

20. FILED Jan 15, 1934 Andrew Neely. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1933, to Jan. 11, 1934

I last saw him alive on Jan. 11, 1934: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic interstitial nephritis | Chronic |
| Cardiac insufficienty | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? Mine
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Dr. U.S. Craft, M. D.

(Address) McCall, Idaho

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87632

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2070
Local Registrar's No. 1

(No. ; If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Martin

(a) Residence. No. County Road St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Dora Martin

6. DATE OF BIRTH (month, day, and year) Oct 20-1869

7. AGE: Years 64 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER
13. NAME Martin Nelson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Alma Nelson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Dora Martin Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date Jan. 20 1934

19. UNDERTAKER C. C. Northam (Address) Weiser Idaho

20. FILED Jan 24, 1934 W. R. Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to , 193..
I last saw him alive on Jan 15, 1934: death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hardening Coronary Arteries | Unknown |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. R. Hamilton, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87633

County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augie Lawrence Murphy.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John M. Murphy.
6. DATE OF BIRTH (month, day, and year): June 10 - 1870.
7. AGE: Years 64. Months —. Days 22. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: home maker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Flemingsburg Co. Kentucky.

MOTHER FATHER
13. NAME: O. J. Doyle.
14. BIRTHPLACE (city or town) (State or country): Kentucky
15. MAIDEN NAME: Levina Walker.
16. BIRTHPLACE (city or town) (State or country): Kentucky.

17. INFORMANT (Address): C. H. Murphy Payette Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Weiser Ida. Date: Feb 4, 1934

19. UNDERTAKER (Address): Glenn C. Lawson Payette Idaho

20. FILED Feb 6, 1934 O. L. A. Hamilton Registrar.
C.K.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-1-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Feb 1, 1934.
I last saw h.a alive on Jan 1, 1934; death is said to have occurred on the date stated above, at 4 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Apoplexy | July 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F. A. Schmuck, M. D.
(Address) Weiser Idaho

RECEIVED FEB 6 1934

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87634

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 5

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew McAnderson

(a) Residence. No. 775 E Court. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Emma Anderson

6. DATE OF BIRTH (month, day, and year) May 12, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Landscape Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME James Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Phebe Weston Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida. Date Jan 27, 1934

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Feb 2, 1934 A. P. Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934 to Jan 24, 1934

Last saw him alive on Jan 24, 1934; death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Jan 23 1934 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Arthosis of Liver | ? |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Coats, M. D.

(Address) Weiser Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87635

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 4

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ole Christen Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wht | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dinetha Nelson

6. DATE OF BIRTH (month, day, and year): May 18

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 5 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: Ole C Nelson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Christine Nelson
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Dinetha Nelson, Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Weiser Idaho Date: 1-29, 1934

19. UNDERTAKER (Address): L. C. Northam, Weiser Idaho

20. FILED: Feb 2, 1934 H. R. Hamilton, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934, to Jan 27, 1934
I last saw him alive on Jan 26, 1934; death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia, Traumatic, Spinal cord Cervical Lacerations | Jan 11, 1934 |

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: Jan 11, 1934
Where did injury occur? Weiser Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fell off block on neck
Nature of injury: Lacerations of spinal cord

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Watts, M. D.
(Address) Weiser Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87636

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 3

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vedia Grimmett

91 h

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Grimmett

6. DATE OF BIRTH (month, day, and year) Apr. 1-1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 9 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Dan McPhee

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dant Conard

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) Mrs Dora Moore Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mount Crest Date 1-14, 1934

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED Jan 24, 1934 A. R. Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1934, to Jan 8, 1934
I last saw h alive on Jan 8, 1934: death is said to have occurred on the date stated above, at 1200 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary sclerosis | July 1933 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. F. Johnson, M. D.
(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87637

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John P Bloomer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mollie Bloomer

6. DATE OF BIRTH (month, day, and year) Feb 15-1870

7. AGE: Years 3 | Months 11 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va. Scotts Co.

FATHER
13. NAME Nathenal Bloomer
14. BIRTHPLACE (city or town) (State or country) Va. Scott Co

MOTHER
15. MAIDEN NAME Mary Torrey
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMENT (Address) Mollie Bloomer Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Id Date 1-25, 1934

19. UNDERTAKER (Address) L C Mann & Son Weiser Idaho

20. FILED Jan 24, 1934 A P Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22 193 4

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 193 4, to Jan 21, 193 4
I last saw h alive on Jan 21, 193 4: death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Struck in abdomen by horse Cutting bowel in two | Jan 20. |
| Other contributory causes of importance: | |
| Fecal Peritonitis | |

Name of operation Sewed bowel Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury struck by horse
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W W Marshall, M. D.
(Address) Weiser

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED 1934

87642 V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87642

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 22

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME VAIL, Delbert H.

(a) Residence. No. 281 - 13th St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Jessie VAIL

6. DATE OF BIRTH (month, day, and year) December 1, 1895

7. AGE: Years 38 | Months 2 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony, (State or country) Idaho

FATHER
13. NAME Davis Vail
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Florence Nelson
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Shipped
Place Idaho Falls, Ida Date 2/15/34 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 2-14 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-14- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 193.3, to Feb. 14, 193.4.
I last saw him alive on Feb. 14, 193.4. death is said to have occurred on the date stated above, at 1:40. a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic nephritis | |
| Absence acquired, left kidney | |
| | |

Name of operation ..... Date of .....
Clinical findings
What test confirmed diagnosis? .. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Allen H. Walker, M. D.
(Address) V.A., Boise, Idaho

RECEIVED FEB 17 1934

87644

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87644

PLACE OF DEATH
County of Caribou
City of Soda Springs
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 2

(No. ) 207
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Augustus King

(a) Residence. No. Cleveland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Papas

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| Do not know | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9/12/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado ??

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Ella Rowe

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMENT Birrett Russel (Address) Soda Springs, Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Clevelandn, Idaho Date Do not know

19. UNDERTAKER E.D. Whitman (Address) Soda Springs, Idaho

20. FILED Jan. 12, 1934 Dr. Russell Tingey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/9/34 193

22. I HEREBY CERTIFY, That I attended deceased from 9/12/33, 193, to 1/9/34, 193

I last saw h im alive on 1/9/34, 193: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Trauma of head, result of being struck by a Johnson Bar. | |

Other contributory causes of importance:

| | |
|---|---|
| None | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/12/33, 193

Where did injury occur? Cleveland, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Working on public road

Manner of injury Hit by Johnson Bar

Nature of injury Trauma

24. Was disease or injury in any way related to occupation of deceased? If so, specify No.

(Signed) Ellis Kyle, M. D.

(Address) Soda Springs Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87645

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 23

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ALLEN, Socrates

(a) Residence. No. 1418 Willow St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 26, 1835

7. AGE — Years: 98 | Months: 9 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Rome
(State or country): Ohio

FATHER

13. NAME: Gustavus ALLEN

14. BIRTHPLACE (city or town):
(State or country): Ohio

MOTHER

15. MAIDEN NAME: Esther (?)

16. BIRTHPLACE (city or town):
(State or country):

17. INFORMANT: Doris M. Crawforth
(Address): V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cem. Date: 2/17/34

19. UNDERTAKER: McBratney Funeral Home
(Address): Boise, Idaho

20. FILED: 2-16-1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1934, to February 15, 1934.
I last saw him alive on Feb. 15, 1934: death is said to have occurred on the date stated above, at 8:40 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease, severe | |
| Aortic stenosis, severe | |
| Broncho-pneumonia, severe | |
| | |
| | |

Other **contributory causes** of importance:
Cirrhosis liver, sev; Emphysema, sev. Bronchiectasis, severe; Chr. bronchitis, sev; Chr. pulmonary T.B. with cavitation and caseation, mod.

Name of operation: Autopsy Date of:
What test confirmed diagnosis?: / Was there an autopsy?: yes

23. If death was due to exter'l causes **(violence)** fill in also *the following:*
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Allen H. Walker, M. D.
(Address) V.A., Boise, Idaho

ARCHIVE

8 [illegible] 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87646

PLACE OF DEATH

County of Lemhi

City of Salmon

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Avare

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Alice Avare

6. DATE OF BIRTH (month, day, and year): 1864

7. AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Sawmill

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Montreal Canada

FATHER

13. NAME: Avary Avare

14. BIRTHPLACE (city or town) (State or country): Kankakee Ill

MOTHER

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Montreal Canada

17. INFORMENT (Address): Mary Alice Avare Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Salmon Cemetery Date: 2/10 1934

19. UNDERTAKER (Address): Williams Doolittle Salmon, Idaho

20. FILED: Feb 16, 1934 Alice E. Bell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934 to Feb 4, 1934

Last saw h[illegible] alive on Feb 4, 1934.: death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset: Sept 1933

Other contributory causes of importance:

Nephritis

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) J. S. Wright, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 20 1934

87648

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87648

**PLACE OF DEATH**
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2707
Local Registrar's No. 10

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Williams

(a) Residence. No. ....St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Williams

6. DATE OF BIRTH (month, day, and year) Dec 23 1842

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 91 | I | I4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None of late

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Wm. Williams

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Elizabeth Donahue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mary A. Williams Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Feb II 193[illegible]

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Feb 7, 193[illegible] G. W. Stokes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 193[illegible], to Feb 7, 193[illegible]
I last saw him alive on Feb 7, 193[illegible]; death is said to have occurred on the date stated above, at 4/30 m. P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocardial Degeneration | 1920 |
| Enteritis Pulmonary Chronic Nephritis | 1920 |

Other contributory causes of importance:

Name of operation —— Date of ——
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Thos L. Davies, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 27 1934

87-79 ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87649

# CERTIFICATE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 24

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George WAHL

(a) Residence. No. 1503 Main Street, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 1, 1858

7. AGE — Years: 76 | Months: 1 | Days: 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mason

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Gothard Wahl

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL: Shipped
Place Odgen, Utah Date 2-20, 1934

19. UNDERTAKER: McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 2-19, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1932, to February 17, 1934.
I last saw him alive on February 17, 1934. death is said to have occurred on the date stated above, at 4:12 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, bronchial, severe; | |
| Pulmonary abscesses, multiple | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis, general; | |
| Hypertension, arterial, severe; | |
| Nephritis, parenchymatous, severe | |

Name of operation: Autopsy Date of:

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ALLEN H. WALKER, M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

87650 ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87650

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 50

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Clarke.

(a) Residence. No. 239, Fllume St.
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 83. | | | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown

14. Informant Mrs Hilda Hutchcraft
(Address) 239 Fllume St. Boise

15. Filed 2-16, 1934 W. F. Rhodes
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 14 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1934, to Feb. 14th, 1934
that I last saw him alive on Feb 14th, 1934
and that death occurred, on the date stated above, at 7:15 P m.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis -
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Old age, Auto accident
Fractured Shoulder on Feb. 8-34 (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Feb 8-34
Was there an autopsy? yes
What test confirmed diagnosis? only clinical

(Signed) J. M. Taylor M. D.
Feb. 15th 1934 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Morris Hill | Feb-18 1934 |
| 20. Undertaker | Address |
| Summers & Treb | Boise Ida |

RECEIVED FEB 20 1934

8 76 51

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87651

County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 3

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Chas. K. Brown

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 15, 1903

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 30 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation three

12. BIRTHPLACE (city or town) (State or country) Harrison Arkansas

FATHER

13. NAME Jesse Brown

14. BIRTHPLACE (city or town) (State or country) Carroll Arkansas

MOTHER

15. MAIDEN NAME Mary J. Gilliland

16. BIRTHPLACE (city or town) (State or country) Harrison Arkansas

17. INFORMANT Mary J. Brown
(Address) Meridian Ada

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Meridian Ida Date Feb. 11, 1934

19. UNDERTAKER B. W. Robison
(Address) Meridian, Ida

20. FILED 2/10, 1934 W. H. Derr
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1934, to Feb. 8, 1934.
I last saw him alive on Feb. 7, 1934: death is said to have occurred on the date stated above, at 1.0:4 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypernephroma | |
| Metastases To Lungs | |
| Metastases To Skull | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Nephrectomy Date of May 33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. D.
(Address) Meridian Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

8 7652

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87652

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 26

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George M. Batty

(a) Residence. No. Route 2, Meridian Idaho St. (14 years in vicinity)
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | M |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vilate A. Batty

6. DATE OF BIRTH (month, day, and year) Jan. 5th. 1876

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tokerville, Utah

FATHER

13. NAME Mathew S. Batty

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha E. Willis

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Vilate A Batty

18. BURIAL, CREMATION OR REMOVAL
Place... Morris Hill ..... Date.. 3/4-34 193..

19. UNDERTAKER (Address) W. McBratney Boise

20. FILED 3-2.., 1934. W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2-34 193

22. I HEREBY CERTIFY, That I attended deceased from ...Feb. 24..., 193.4., to March 2nd.., 193.4.
I last saw h...alive on im March 1st. death is said to have occurred on the date stated above, at 7:40 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway, M. D.

(Address) Boise

876527

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 26

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George M. Beatty

(a) Residence. No. Route 2, Meridian, Idaho St. 14 years in vicinity
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | M |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Vilate A. Beatty

6. DATE OF BIRTH (month, day, and year)
Jan. 5, 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tokerville, Utah

MOTHER FATHER

13. NAME Mathew S. Beatty

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Martha E. Willis

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Vilate A. Beatty Meridian, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Date 3/4, 1934
Masonic Rites

19. UNDERTAKER (Address) W. McBratney

20. FILED 3-2, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1934, to Mar. 2, 1934.
I last saw him alive on Mar. 1, 1934: death is said to have occurred on the date stated above, at 7:40 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Sinus Mycocandeta | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) M. Cameron, M. D.
(Address) Boise, Idaho

Last Known

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 - 19[illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87653

County of Washington
City of Cambridge Registration District No. 88
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Raymond

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of — (or) WIFE of Isabel Raymond

6. DATE OF BIRTH (month, day, and year) Oct 29 - 1842

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 91 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John H Raymond

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) X Ralph L. Raymond

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date 2-13-34

19. UNDERTAKER (Address) J. A. Hudelson

20. FILED 2-5-34, 193... E. R. T. WHITEMAN Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1-34, 193..., to 2-10-34, 193...
I last saw him alive on 2-10-34, 193...; death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Chronic Nephritis. | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Senility | |
| Arterio-sclerosis. | |

Name of operation None Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Whiteman M. D.
(Address) Cambridge Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. [illegible]

Registration District No. 88

Primary Registration District No. ____ Local Registrar's No. 1

**PLACE OF DEATH**

County of Washington.

City of Cambridge.

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Raymond.

(a) Residence. No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Isabel Raymond.

6. DATE OF BIRTH (month, day, and year) Apr. 29-1843.

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 91 | 9 | 11. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines.

10. Date deceased last worked at this occupation (month and year) Retired.

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME John. H. Raymond.

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMENT Ralph H. Raymond. (Address) ____

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cambridge Cem. Date 2-13-, 193 4

19. UNDERTAKER J. A. Hudelson (Address) ____

20. FILED 3-3-34 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-[illegible]-34, 193..., to 2-[illegible]-34, 193...

I last saw him alive on 2-10-34, 193...; death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis. | |
| Chronic Nephritis. | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Senility. | |
| Probable-Senile Psychosis. | |

Name of operation None Date of 0.

What test confirmed diagnosis Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) [illegible] M. D.

(Address) Cambridge. Ida.

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MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87654

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 14

(No. St. Alphonsus Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eddie Cameron

(a) Residence. No. ..... St. Mayfield, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22, 1895

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 38 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stockman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Alex Cameron

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Leeper

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) A. J. Cameron Mayfield, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/6/34

19. UNDERTAKER (Address) W. McBratney Boise, Idaho

20. FILED 3-5-, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/3/34

22. I HEREBY CERTIFY, That I attended deceased from 1/27, 1934, to 3/3/34, 1934.
I last saw h alive on 3/3, 1934 death is said to have occurred on the date stated above, at 4P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Gastric Ulcer | 1/27/34 |
| Acute Pneumonia | |
| Contributory causes of importance: | |
| Exhaustion | |
| Name of operation: Opium & Rectal Feeding Date of | |
| What test confirmed diagnosis: Was there an autopsy? No | |

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) W. B. Smith M. D.
(Address) Edna Bldg

Letter open

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87655

**PLACE OF DEATH**
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 17

(No. 3 mi. no. W. Nampa.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph F. Pechanec

(a) Residence. No. 3 mi. no. W. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Anna Pechanec

6. DATE OF BIRTH (month, day, and year) April 3th 1867

7. AGE: Years 66 | Months 10 | Days 2 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER
13. NAME: John Pechanec
14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER
15. MAIDEN NAME: Anna
16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMENT (Address): Mrs. Wm Pechanec

18. BURIAL, CREMATION, OR REMOVAL: Kohlerlawn
Place Nampa, Ida. Date 2-20, 1934

19. UNDERTAKER: Wm. D. Talley
(Address) Nampa, Idaho.

20. FILED Mar 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15th 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at about 10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wounds caused by charges from a double barrel guage shot gun in hands of J.F. Pechanec"- Coroners' Jury findings | I2 |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 1934
Where did injury occur? 3 mi. west Nampa.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm D Talley Coroner Canyon Co. Coroner M. D.
(Address) Nampa, Idaho.

87656

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87656

**PLACE OF DEATH**

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 16

(No. 3 mi. No. West Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna (Annie) Pechanec

(a) Residence. No. 3 mi. No. W. Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jos. F. Pechanec

6. DATE OF BIRTH (month, day, and year) Oct. 4th 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 4 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wahoo
(State or country) Nebr.

FATHER

13. NAME John C. Cheboun

14. BIRTHPLACE (city or town)
(State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna Placek

16. BIRTHPLACE (city or town)
(State or country) Bohemia

17. INFORMENT Mrs. W^m E. Pechanec
(Address) Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Rohrerlawn
Place Nampa, Ida. Date 2-20-, 1934

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Ida.

20. FILED Mar 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at about ...m. IOAM. The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coroner's jury findings*- Gunshot wounds caused by charges from a double barrel 12 guage shot gun in hands of J.F. Pechanec. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Murder Date of injury ....., 1934

Where did injury occur? 3 mi. West Nampa
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W^m D. Talley Coroner, M. D.

(Address) Nampa, Idaho.

RECEIVED MAR 5 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

8 7657

DO NOT WRITE IN THIS SPACE
State File No. 87657

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 16
(No. Eagle Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick I Mc Carty

(a) Residence. No. Eagle Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Mc Carty

6. DATE OF BIRTH (month, day, and year) Feb 23, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 11 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Henry Mc Carty
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Sarah Zeller
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMENT (Address) Mrs Jessie Mc Carty Eagle Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 2/18, 1934

19. UNDERTAKER Turnbull Co (Address) Sandpoint Ida

20. FILED Feb 17, 1934 Viola Allen Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1933, to Feby 15, 1934
I last saw h alive on Feby 13, 1934: death is said to have occurred on the date stated above, at 9:15 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Melano Epithelioma | 1933 |
| mth. Lungs metastasis | |

Other contributory causes of importance:

Name of operation no Date of —
What test confirmed diagnosis? micros copical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 10 M. L. 29.

RECEIVED

8765

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 7658
Registered No. 2

1. PLACE OF DEATH

County Idaho.
City of Cottonwood.
(No. Our Lady of Consolation Hospital)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. L. H. Brown

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: November 5 1882 (Month) (Day) (Year)

7. AGE: 53 Yrs. 3 Mos. 12 ds.
IF LESS than 1 day how many..... hrs. or..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Norwich, Con.

10. NAME OF FATHER William Brown

11. BIRTHPLACE OF FATHER (State or Country) Not Known

12. MAIDEN NAME OF MOTHER Lucy Minor

13. BIRTHPLACE OF MOTHER (State or Country) Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. L. H. Brown
(Address) Cottonwood, Idaho

15.
Filed Feb. 19 1934 W. J. Orr Jr. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 17 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1934, to Feb. 17 1934, that I last saw h[illegible] alive on Feb. 17 1934, and that death occurred on the date stated above, at 7:00 P. M.

The CAUSE OF DEATH* was as follows:
Acute Intestinal Obstruction
Diffuse Peritonitis due to
Acute Perforated Appendicitis
(Duration) Yrs. mos. 4 ds.
Contributory (Secondary) Laparotomy
(Duration) yrs. mos. ds.

(Signed) Wesley F. Orr M. D.
2/18 1934 (Address) Cottonwood, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grangeville Idaho — DATE OF BURIAL: 2/19 1934

20. UNDERTAKER: Floy Nelson — ADDRESS: Grangeville Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

87660

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87660
State File No.

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 21
Primary Registration District No. 216 Local Registrar's No. 52
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Patrick John Duffey

(a) Residence. No. 308 S. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Antonia

6. DATE OF BIRTH (month, day, and year) Feb. 26, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Traffic Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) Youngstown
(State or country) Ohio

FATHER
13. NAME Patrick Duffey
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Devlish
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT (Address) Mrs. P. J. Duffey 308 S. Garfield

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Mar. 10 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 3-10, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to March 7, 1934
I last saw him alive on March 7, 1934; death is said to have occurred on the date stated above, at 2:10 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris due to Coronary sclerosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. J. Rast, M. D.
(Address) J. Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

87661

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87661

**PLACE OF DEATH**

County of Bannock

City or Town Inkom

Registration District No. 29

Primary Registration District No. 2161

Local Registrar's No. 36

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

121

2. FULL NAME Fanny Hints

(a) Residence. No. (Home of T. H. Hints.) Inkom, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of (Deceased) William Hints

6. DATE OF BIRTH (month, day, and year) April 7th, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shropshire
(State or country) England

FATHER

13. NAME John Francis

14. BIRTHPLACE (city or town) Unknown
(State or country) England

MOTHER

15. MAIDEN NAME Mary Francis

16. BIRTHPLACE (city or town) Unknown
(State or country) England

17. INFORMENT (Address) T. H. Hints Inkom, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Feb. 16 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 2-13, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934 to Feb 13, 1934

I last saw h— alive on Feb. 12, 1934; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. D. Miller, M. D.

(Address) Pocatello Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 12 1934

87662

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87662

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 9

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christopher Colbjornson

(a) Residence. No. 204 St. Maries St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 0 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oslo
(State or country) Norway

FATHER

13. NAME Colbjorn Colbjornson

14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Vang

16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMENT (Address) O. C. Colbjornson St. Maries

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb. 22, 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Ida.

20. FILED Mar. 8, 1934 F. W. Soberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to Feb 19, 1934

I last saw alive on Feb 19, 1934: death is said to have occurred on the date stated above, at 550 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| + Arteriosclerosis. | |

Other contributory causes of importance:

| | |
|---|---|
| age | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Owen D. Platt, M. D.

(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87663

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James B. Hunter 31

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Loretta Hunter

6. DATE OF BIRTH (month, day, and year): Oct 14 1858

7. AGE: Years 75 | Months 4 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Green County Tennessee

FATHER

13. NAME: Harrison Hunter

14. BIRTHPLACE (city or town) (State or country): Green County Tenn.

MOTHER

15. MAIDEN NAME: — Wilson

16. BIRTHPLACE (city or town) (State or country): Green County Tenn

17. INFORMANT (Address): Mrs. Loretta Hunter Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Colfax Wash. Date: ..., 193..

19. UNDERTAKER (Address): B. W. Robison

20. FILED 2/23.., 1934 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 1934., to 2/21..., 193.4.

I last saw h/m alive on 2/21., 193.4.: death is said to have occurred on the date stated above, at 9.50 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1927 |
| Bronchial pneumonia | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ... If so, specify .....

(Signed) M. Maxwell ..... M. D.

(Address) Meridian Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87664

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Margaret E Cornish

(a) Residence. No. Meridian Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B Cornish

6. DATE OF BIRTH (month, day, and year) Aug 21 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 5 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc**..... Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)... St. Anstal ..... (State or country) England

FATHER

13. NAME Hugh Stanaway

14. BIRTHPLACE (city or town)..... (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)..... Unknown ..... (State or country)

17. INFORMANT Mrs. Carrie Wood ..... (Address) Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cemetery Date Feb 22 1934

19. UNDERTAKER ...W-S-Mateer..... (Address) Meridian

20. FILED 2/19..., 1934. ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to Feb 18, 1934.

I last saw her alive on Feb 14, 1934.: death is said to have occurred on the date stated above, at 8.45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia of the Stomach | |
| Metastasis to left clavicle | |
| " " " supraclavicular region | |
| " " " rt shoulder girdle | |
| " " " mediastinum hyperglandular | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..no. If so, specify.....

(Signed) M. D.

(Address) Meridian Idaho

RECEIVED [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Meridian Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87665

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Effie Wolfe

(a) Residence. No. Meridian Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 45 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

129

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A-P-Wolfe

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Devertown (State or country) Ohio

FATHER

13. NAME Judson Bagley

14. BIRTHPLACE (city or town) Devertown (State or country) Ohio

MOTHER

15. MAIDEN NAME Rebecca Martin

16. BIRTHPLACE (city or town) Devertown (State or country) Ohio

17. INFORMANT A-P-Wolfe A.P. Wolfe (Address) Meridian Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Meridian Cemetery Date Feb. 13 1934.

19. UNDERTAKER M-S-Mateer M.S. Mateer (Address) Meridian Idaho

20. FILED 2/12, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1934, to Feb 11, 1934.
I last saw her alive on Feb. 11, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| Edema into tissue of legs | |
| Arteriosclerosis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) M. Culver M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87666

**PLACE OF DEATH**

County of Ada

City of Boise.

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 20

(No. On Boise Ave. near Joplen Corner
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Greenawalt.

(a) Residence. No. 3 miles S.E. of Boise on Mt. Home highway.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Cora Emma Greenawalt.

6. DATE OF BIRTH (month, day, and year): June. 30. 1877.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 7 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Steinsville, Pennsylvania

FATHER

13. NAME: Solomon Greenawalt.

14. BIRTHPLACE (city or town) (State or country): Pennsylvania.

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Cora Emma Greenawalt. R.F.D.# 5 Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Date: Feb 12, 1934

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED: Feb 10, 1934 W. F. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from family Phys. 193..., to ..., 193...
I last saw h... alive on dead Feb. 8 1934: death is said to have occurred on the date stated above, at 3.20 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary embolism Pneumonia occlusion due to sclerosis of right coronary artery | 10 minutes |

Other contributory causes of importance:
Cerebritis at intervals past 15 years.

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) Tom B. Swanson, M. D.
(Address) Boise Ida.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87667

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 35

(No. 200 South Walnut Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mable Ann Cralow

(a) Residence. No. 200 South Walnut St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William F. Cralow

6. DATE OF BIRTH (month, day, and year): April 24, 1883

7. AGE — Years: 50 | Months: 9 | Days: 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Florist.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bloomfield, Wis.

MOTHER FATHER

13. NAME: Jerimiah Barr

14. BIRTHPLACE (city or town) (State or country): Unknown.

15. MAIDEN NAME: Charlotta

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): William F. Cralow, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cem. Date: 2/1/34 193..

19. UNDERTAKER (Address): Wm. McBratney, Boise, Idaho

20. FILED 2-1, 1934. W. H. Rhodes Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/28/34 193

22. I HEREBY CERTIFY, That I attended deceased ~~or from~~ Jan. 28, 1934., only, 193..
I last saw h. alive on 1/28., 1934.; death is said to have occurred on the date stated above, at 10:20 P.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis — acute dilatation of heart | unknown |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Diabetis Mellitus | |
| | |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. G. Dekman, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR [illegible] 1934

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87668

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 36

(No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Jean Dunnagan

(a) Residence. No. ..... St. Caldwell Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15th. 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Caldwell, Ida.

FATHER

13. NAME Roger Dunnagan

14. BIRTHPLACE (city or town) (State or country) Genesee, Ida.

MOTHER

15. MAIDEN NAME Lova Stemper

16. BIRTHPLACE (city or town) (State or country) Roswell, Ida.

17. INFORMENT (Address) E. Lamb C. Brady Boise Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Caldwell, Ida Date 2-2- , 1934

19. UNDERTAKER (Address) Peckham Furn. & Undertaking Co, Caldwell, Idaho.

20. FILED Feb 2, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feby 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 1st 1934, to Feby 2 1934

I last saw h..... alive on Feby 2 1934: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolism Pulmonary | |
| Damage Heart Rheumatic | Feby 2-1934 |
| Empyema | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Empyema | about Jany 1 1934 |
| | |

Name of operation Thoracotomy Date of 1/31/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, (specify) .....

(Signed) Joseph Stewart, M. D.

(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87669

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 37

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel M. Fletcher.

(a) Residence. No. 27th & Railroad St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Evelyn Fletcher.

6. DATE OF BIRTH (month, day, and year) February 17-1886

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 47 | 11 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER

13. NAME Emroy Fletcher.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Abbie Ball

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT Mrs. Evelyn Fletcher
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 2/2/34 193..

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 2-2, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/31/34 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 193[illegible] to 1-31, 193[illegible]

I last saw him alive on 1-31, 1934; death is said to have occurred on the date stated above, at 10:21 A M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | |
| followed Influenza | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. Calloway, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

Horney

DO NOT WRITE IN THIS SPACE

State File No. 87670

Local Registrar's No. 38

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Venable.

(a) Residence. No. 1304. Denver Street. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of May

6. DATE OF BIRTH (month, day, and year) ~~March~~ May 26. 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79. | 7 | 5. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi.

FATHER

13. NAME Rev. E.M. Richardson.

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Sarah Webb Hutchings.

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMENT (Address) Mrs. H.G. Shelton. 1304. Denver Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Feb. 3, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-3, 1934 W.H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/2 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch. 28, 1933, to Feb. 10, 1934

I last saw h alive on Feb 1, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility, | ? |
| Arteriosclerosis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E.M. Tomey, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Swindell

RECEIVED

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87671

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 39

(No. St Alphonsus) 31

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Jackson Neill

(a) Residence. No. ..... St. Riggins Ida

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 30-1921

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 13 | 0 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser Ida
(State or country)

FATHER

13. NAME William G. Neill

14. BIRTHPLACE (city or town) Wallace Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ella May Brundage

16. BIRTHPLACE (city or town) Payette Ida.
(State or country)

17. INFORMENT Ella May Neill
(Address) Riggins Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Ida Date 2-6, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-5, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb - 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Feb 5, 1934

I last saw h.. alive on Feb 4, 1934; death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | June 1933 |
| Other contributory causes of importance: | |
| Tuberculosis of Larynx | June 1933 |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Swindell, M. D.

(Address) Boise Idaho

Collister,

RECEIVED

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87672

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 58

(No. St. Alphonsus hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Francis Cahalan.

(a) Residence. No. 918 N. 28th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Cahalan.

6. DATE OF BIRTH (month, day, and year) March 13, 1879.

7. AGE — Years: 54 — Months: 11 — Days: 3 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

MOTHER FATHER

13. NAME: Edwin E. Johns.

14. BIRTHPLACE (city or town) (State or country): Galena, Ill.

15. MAIDEN NAME: Martha J. Taylor.

16. BIRTHPLACE (city or town) (State or country): California.

17. INFORMANT: James W. Cahalan.
(Address) 918 N. 28th. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Pioneer cemetery..... Date Feb. 18 1934.

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho

20. FILED 2-19-1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1933, to 2-16, 1934.
I last saw him alive on 2-16, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pachymeningitis externa | |
| Ulcerus | |
| Poliomyelitis anterior | |
| chronic | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Leo Collister, M. D.

(Address) .....

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 5 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87673

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 2094
(No. St. Lukes)
Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Dr. Alexander Warren Cate

(a) Residence. No. Boise, Idaho Route #2 St.
(Usual place of abode)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena M. Cate

6. DATE OF BIRTH (month, day and year) June 6, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 7 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dentist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Clayton, Tenn.

PARENTS

10. NAME OF FATHER Robert E. Cate
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn.
12. MAIDEN NAME OF MOTHER Aminda Stevenson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Tenn

14. Informant Mrs. Lena M. Cate
(Address) Boise, Idaho

15. Filed 2-5, 1934 W. H. Rhodes Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
February 2, 1934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from
1-9-34, 19, to 2-2-34, 19
that I last saw him alive on 2-2-34, 19
and that death occurred, on the date stated above, at 2 p.m. m.
The CAUSE OF DEATH* was as follows:
Cerebral Embolism
Myocarditis

(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Bronchial abscess - 2 mo
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) James A. Stewart, M. D.
2-5, 1934 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Morris Hill Cemetery | 2-4-34 19 |
| 20. Undertaker: Wm McBratney | Address: Boise, Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 5 - 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87674

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 41

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Mrs. Blanche S. Baxter.

(a) Residence. No. 622 E. 9th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Baxter

6. DATE OF BIRTH (month, day, and year) January 18-1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 0 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stenographer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** & Bookkeeper

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Lloyd V Corson.

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Urilla A.-------

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) W. W. Gartin. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Roswell Cemetery Date 2/6/34 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 2-5 ..., 1934 E. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/3/34 193

22. I HEREBY CERTIFY, That I attended deceased from May 14 ..., 193 1.., to Feby 3 ..., 193 4

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 7:35 PM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Sarcoma | 1931 |
| Rt Chest | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Metastasis in abdomen | |
| rchest | |
| | |

Name of operation Excision Tumor Date of 2/04/31

What test confirmed diagnosis? Lab Chem. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. E. Beach M. D.

(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 42

DO NOT WRITE IN THIS SPACE
State File No. 87675

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar David Peterson.

(a) Residence. No. ~~2~~ miles 1 west of Eagle, Idado. St.
(Usual place of ~~abode~~ north) (If nonresident give city or town and state)
Length of residence in city of town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married. |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Tekla, Peterson.

6. DATE OF BIRTH (month, day, and year) Dec.30.1866.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME unknown,

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Mrs Tekla Peterson. R.F.D.No.3.Boise,Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date Feb.5., 1934

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 2-5, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb.3. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to Feb 3, 1934

I last saw him alive on Feb 3, 1934; death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows: Obstruction of bowels due to paralytic adhesions - caused by a history of long standing. — Date of onset

Other contributory causes of importance:

Complete Inguinal hernia Manual reduction Nov 15 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo Baird, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Stewart

DO NOT WRITE IN THIS SPACE

State File No. 87676

Local Registrar's No. 43

1 PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

(No. St. Luke's Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Nord Fox. 179

(a) Residence. No. Pioneerville, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph A. Fox.

6. DATE OF BIRTH (month, day, and year) July 23, 1888.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 44 | 5 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deerlodge, Mont.

FATHER

13. NAME Benjamin F. Harrison.

14. BIRTHPLACE (city or town) (State or country) Alabama.

MOTHER

15. MAIDEN NAME Katherine Nelson.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT Joseph A. Fox.
(Address) Pioneerville, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Feb. 6, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-6, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-3 1934

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1934, to Feb 3, 1934

I last saw h.. alive on February 3, 1934; death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally Burns of body, face, hands. | 1/29/34 |
| Other contributory causes of importance: | |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home.

Manner of injury Clothing Ignited by Gasoline.

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) James L. Stewart, M. D.

(Address) Boise Idaho

RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87677

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 44

(No. 1158 River St)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Hehe

(a) Residence. No. (Usual place of abode) Emmett Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Hehe

6. DATE OF BIRTH (month, day, and year): Apr 29 - 1878

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penn

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): not Known

MOTHER

15. MAIDEN NAME: Campbell

16. BIRTHPLACE (city or town) (State or country): not Known

17. INFORMANT: Frank Hehe (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 2/6, 1934

19. UNDERTAKER C. D. Buckmaster (Address) Emmett Idaho

20. FILED 2-9, 1934 O. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30th, 1934, to Feb. 4th, 1934.

I last saw her alive on Feb. 4th, 1934; death is said to have occurred on the date stated above, at 3:30 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |

Other **contributory causes** of importance:

Had pneumonia twice before. Was suffering with Bronchitis & colds for several years. very delicate

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) John Bonar M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTRAR'S PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87678

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 45

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Catherine Kinney.

(a) Residence. No. 412. S. 3rd Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Braddie. A. Kinney.

6. DATE OF BIRTH (month, day, and year) Jan. 19. 1901

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 33 | 0 | 20. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amboy, Washington.

FATHER

13. NAME George. W. Jenkins.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Sarah. E. Houston.

16. BIRTHPLACE (city or town) (State or country) Arkansas.

17. INFORMENT (Address) Braddie. A. Kinney. 412. S. 3rd Street.

18. BURIAL, CREMATION, OR REMOVAL Place Star Cemetery. Date Feb. 11. 1934

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-10, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934, to Feb 9, 1934

I last saw h[illegible] alive on 2/9/34, 1934: death is said to have occurred on the date stated above, at 1307 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung Abscess | 1/13/34 |
| Bronchopneumonia | 2/2/34 |
| | |
| | |
| Other contributory causes of importance: | |
| Osteomyelitis of Jaw | 1/7/34 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify .....

(Signed) [illegible] M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87680

**PLACE OF DEATH**
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 47

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Farley Winters.

(a) Residence. No. 1511. N. 6 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Felame. | White. | Widow. |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 18. 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 11 | 22. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmington, Ill.

FATHER
13. NAME William. C. Farley.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Nancy Mc Keighan.
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Mrs. Esther Edmundson. 1511. N. 6 th Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Feb. 12. 1934

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-14, 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to Feb 9, 1934
I last saw her alive on Feb 9, 1934: death is said to have occurred on the date stated above, at 730 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute indigestion | Feb 10-34 |
| Toxic Dilatation of Heart. | |

Other contributory causes of importance:

| | |
|---|---|
| Grippe | Feb 5-34 |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. W. Beach, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87681

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 4
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Antone Gorecszky

(a) Residence. No. 1601 N. 7th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Gorecszky

6. DATE OF BIRTH (month, day, and year) 6-8-1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 72 | 1861 | June | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Planing Mill

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation 35 Yrs

12. BIRTHPLACE (city or town) Austria
(State or country)

FATHER

13. NAME John Gorecszky

14. BIRTHPLACE (city or town) Podolin
(State or country) Austria

MOTHER

15. MAIDEN NAME Johanna Gorecszky

16. BIRTHPLACE (city or town) Podolin
(State or country) Austria

17. INFORMENT Mrs. Mary Gorecszky
(Address) 1601 N. 7th St. Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ft. Boise Date 2-16, 1934

19. UNDERTAKER Schreiber & McCann
(Address) 611 Bannock St. Boise

20. FILED 2-16, 1934 W. F. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934, to Feb 13, 1934
I last saw h[illegible] alive on Feb 12, 1934; death is said to have occurred on the date stated above, at 12:20 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |

Other contributory causes of importance:
Arteriosclerosis
Senile Dementia

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Wakefield, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 5 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87682

PLACE OF DEATH
County of Ada.
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 51
(No. St. Luke's Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mattie F. Keefer.

(a) Residence. No. 209 [illegible] 19th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 22. 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 3 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER
13. NAME Tom Watson.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Norman W. Keefer 207 N. 19th.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2-16 1934
19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.
20. FILED 2-16, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1934, to 2-14, 1934
I last saw her alive on 2-14, 1934: death is said to have occurred on the date stated above, at 11½ P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, toxic, about | 1-13-34 |
| Carcinoma of GB. about | 7-1-33 |
| Metastasis to liver | " |
| Other contributory causes of importance: Obstructive Jaundice | |
| Chr. inf. cholecystitis with chole lithiasis. | 1925 |

Name of operation Exploratory Lap Date of 2-10-34
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Richard D Simonton, M. D.
(Address) Boise Ida

Budge. ✓

RECEIVED MAR 3 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87683

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 52
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel Doris Roden.

(a) Residence. No. 824. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwrad Roden.

6. DATE OF BIRTH (month, day, and year) August.25.1885.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Council (State or country) Idaho.

FATHER

13. NAME Frank T. Mathias.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Clista Green.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT Edward Roden. (Address) 824. State St. Boise, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Feb.18 193.4

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-19-1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

Feb-15-1934

21. DATE OF DEATH (month, day and year) Feb. 15.3

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 193.3 to Feb. 15, 193.4

I last saw h. alive on Feb. 15, 193.4; death is said to have occurred on the date stated above, at 6 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Thyroid | Nov. 1933 Oct |
| | |
| | |
| | |

Other **contributory causes** of importance:

none

Name of operation Thyroidectomy Date of Dec 33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bruce L. Budge M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87684

**PLACE OF DEATH**
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 2004 Local Registrar's No. 54
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Henry Shafer

(a) Residence. No. 1409 N 12 St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 7 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Iva V. Shafer

6. DATE OF BIRTH (month, day, and year) March 13 1859

| 7. AGE 74 Years | 11 Months | 2 Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Thrashing machine
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elborn, Iowa

FATHER
13. NAME Fredrick Shafer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Meisner
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Agnes Weldon Boise Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2-19, 1934
19. UNDERTAKER Schreiber & Mc Cann (Address) Boise, Idaho
20. FILED 2-19, 1934 W H Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13th, 1934, to Feb 15th, 1934
I last saw him alive on Feb 14th, 1934: death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis — Probably with fatty infiltration — | |

Other contributory causes of importance:
Arteriosclerosis — Acute Lobar Pneumonia 2 days 2 days
Faulty diet-Malnutrition

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Taylor, M. D.
(Address) Boise Idaho

Stone

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87685

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 55

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John August Pearson.

(a) Residence. No. R.D. # 5. Boise, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January. 7. 1888.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 0 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Moulder in

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Boise Iron Wks.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME John August Pearson.

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Ida Carlson.

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT Carl William Pearson.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date. Feb. 18 193.4

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-19 1934 W. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/17 1934

22. I HEREBY CERTIFY, That I attended deceased from February 11, 193.4. to February 17 193.4.

I last saw h alive on Feb. 16, 193.4: death is said to have occurred on the date stated above, at 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia, left | 2/14/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Delirium (Toxic) | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Harold W. Stone M. D.

(Address) 317 Eastman Bldg. Boise, Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

RECEIVED

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87686

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 56

(No. 2006 N. 17th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Georgianna Milks.

(a) Residence. No. 2006 N. 17th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10th 1843

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 90 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England
(State or country)

FATHER

13. NAME Charles Poole

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT R. C. Milks.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 2/20/34

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 2-20, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/17/34

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934, to Feb 17, 1934
I last saw h. alive on Feb 16, 1934; death is said to have occurred on the date stated above, at 7:40 P.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Feb 12 34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Grippe | Feb 8-34 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. J. Brock, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87687

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 57

(No. 1119 Garfield)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas D. Poston

(a) Residence. No. 1119 Garfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elidabeth Poston

6. DATE OF BIRTH (month, day, and year) April 18th 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | 10 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rockbridge, Co. Va.
(State or country)

FATHER

13. NAME Joseph Poston

14. BIRTHPLACE (city or town)
(State or country) Va.

MOTHER

15. MAIDEN NAME Sally Moore.

16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMANT Mrs. Elizabeth Poston
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 2/22/34, 193..

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 2-21, 1934. W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/18/34

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 193.., to 2-18, 193..
I last saw h. im alive on 2-18, 193..: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Coronae Sclerosis | 2/17/34 |
| Hypertension Heart Disease | |
| Senility | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Lee D. Judge M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR - 1934

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87688

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 58

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. St. Alphonsus Hospital.)

2. FULL NAME Mrs. Mary Jane Troyer

(a) Residence. No. 1414 E. Bannock Street. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert E. Troyer
6. DATE OF BIRTH (month, day, and year): April 27th 1870
7. AGE — Years: 63 — Months: 9 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Edwardsburg, Mich

MOTHER
13. NAME: James Gibson
14. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
15. MAIDEN NAME: Catherine Bowers
16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT (Address): Mrs. Vida Troyer Smith, Boise, Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill Cem Date: 2/21/34
19. UNDERTAKER (Address): Wm. McBratney, Boise, Idaho
20. FILED 2-21-1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/18/34 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 193.4., to 2/18/34, 193.... I last saw her alive on 2/18/34 193...: death is said to have occurred on the date stated above, at 4:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Myocarditis | |
| b Arrythmia, Hypertension and Chronic Nephritis | |
| c | |
| d | |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? By Findings

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Alfred Bundy Jr. M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1934

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87689

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 59

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adison Julius Wall.

(a) Residence. No. 4 Miles West of Boise on Valley St. road.
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Elizabeth Ann Wall.

6. DATE OF BIRTH (month, day, and year): February. 7.1861.

7. AGE — Years: 73. Months: 1 Days: 14. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknow.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Mrs. Elizabeth A. Wall. R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Morris hill cemetery. Feb. 23. 1934

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 2-23, 1934 W. T. Rhodes Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-21 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934, to Feb 21, 1934.
I last saw him alive on Feb 21, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Peritonitis | Feb 14. 34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Appendicitis | |
| | |
| | |

Name of operation. Appendectomy Date of. 2-15

What test confirmed diagnosis?—. Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [redacted] O.H. Parker, M. D.
(Address) Boise, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

# PLACE OF DEATH

County of Ada

City of Boise

STATE O AHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87690

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 60

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Kessler

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emily Kessler

6. DATE OF BIRTH (month, day, and year) July 31st 1871

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER FATHER

13. NAME David Kessler

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Nancy Landes.

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT (Address) Dorothy Kessler Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 2/23/34

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 2-24 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/21/34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1934, to Feb. 21, 1934.
I last saw him alive on Feb. 21, 1934, death is said to have occurred on the date stated above, at 12:50 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Prostatectomy | |
| | |

Name of operation Prostatectomy Date of 2-17-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Callaway, M. D.
(Address) Boise, Idaho.

RECEIVED MAR 5 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87691

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 61
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Bloomstrand

(a) Residence. No. Barber, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Bloomstrand

6. DATE OF BIRTH (month, day, and year) February 24th 1866

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Night Watchman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Barber, Ida.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME ---------Pearson.

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Ulreka--------

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. Anna Bloomstrand Barber, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 2/24/34

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 2-26 1934 C. A. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/21/34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1934, to Feb. 21, 1934
I last saw him alive on Feb. 21, 1934: death is said to have occurred on the date stated above, at 4:30 P.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 2/12/34 |
| Influenza | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Myocarditis | |
| Asthma | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) W. A. Forbush M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87692

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 62

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Homer Milton Reynolds

(a) Residence. No. 3621 Broadway St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Reynolds

6. DATE OF BIRTH (month, day, and year) Feb. 1st 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 81 | 0 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Milton Reynolds
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Mary F. Green
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2/26, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-26, 1934 W. W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/22 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 1934, to ..., 1934.
I last saw him alive on 2-22, 1934; death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown But Natural. | |
| Died before Medical | |
| Assistance Could Be Summoned | |
| | |
| No Indication Of Foul Play | |

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1934
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. F. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87693

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 68

(No. St. Alphonsus Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorena May Koops

(a) Residence. No. Route 2, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arden Revilo Koops

6. DATE OF BIRTH (month, day, and year) April 20th. 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 24 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelly, Ida.

MOTHER FATHER

13. NAME William W. Packer

14. BIRTHPLACE (city or town) (State or country) San Barnandino Cal.

15. MAIDEN NAME Arminta Sharp

16. BIRTHPLACE (city or town) (State or country) Preston Ida.

17. INFORMANT (Address) Wm. W. Packer Route 2, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Preston Ida. Date Mar. 2 1934

19. UNDERTAKER (Address) W. McBratney Boise, Idaho

20. FILED 2-27 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2nd, 1934, to Feb. 27th, 1934.

I last saw her alive on Feb 26th 1934; death is said to have occurred on the date stated above, at 7.20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I. Lymphatic Tuberculosis | |
| Following | |
| Influenza | |
| Other **contributory causes** of importance: Undernourished and Anaemic for Several years | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D.

(Address) Boise Ida

3-15-N-8 M St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 87694

64

Local Registrar's No.

(No. Salvation Rescue & Mat. Home

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ashton Wilkins

(a) Residence. No. 1005 Michigan St. Boise Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | newborn |

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 20. 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 0 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Boise Idaho
(State or country)

FATHER

13. NAME L. A. Dunmire

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Clara E. Allen

16. BIRTHPLACE (city or town) Peoche Neb.
(State or country)

17. INFORMENT Mother
(Address) Ada Co Plat

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 2-27 1934

19. UNDERTAKER Schreiber & Mc Cause
(Address) Boise Idaho

20. FILED 2-27, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1934 to Feb. 24, 1934

I last saw him alive on Feb 24th, 1934: death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Immaturity — | |
| Undevelopment | |

Other contributory causes of importance:

Prematurity —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Taylor, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87695

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 65

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Watson Goodding

(a) Residence. No. 2018 N. 16th. St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan Frances Goodding

6. DATE OF BIRTH (month, day, and year)
March 2nd, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 11 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mail Carrier

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Atlanta Mo.
(State or country) Macon County

FATHER

13. NAME George Goodding

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Eliza Davis

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Orville D. Goodding
(Address) 2018 N. 16th. St.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Feb 28 1934

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 2-27 1934 W. H. Rhodes
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/26 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to Feb 26, 1934.
I last saw h[illegible] alive on Feb 26 1934: death is said to have occurred on the date stated above, at 11.50 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction & Prostatic Hypertrophy with Hydronephrosis | Feb 14 |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerotic Heart Disease & Chronic Myocarditis | |

Name of operation Exploratory By Dr J K Stewart Date of 2/25/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. H. Bugbee, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87696

**PLACE OF DEATH**
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 66

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Patrick Cavanah. 39

(a) Residence. No. 1302. Warmsprings Ave. St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August. 20. 1867.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 6 | 6 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mining Engineer.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensburo (State or country) North Carolina

**MOTHER/FATHER**

13. NAME Frank P. Cavanah
14. BIRTHPLACE (city or town) (State or country) Canada
15. MAIDEN NAME Ruth Cheathum
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles C. Cavanah (Address) 1302-Warmsprings Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Feb. 28 1934

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-28 1934 W. W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13-33, 193..., to 2/26/, 1934.
I last saw h alive on 2/26/34, 193...: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Syphilis of Lung | 11/31/ |

Other **contributory causes** of importance: Cardio-Aortic Syphilis-Aug. 1933

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray & Sputum. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Ernest E. Lankford, M. D.
(Address) Boise, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 3 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Heydemann

DO NOT WRITE IN THIS SPACE
State File No. 87697

PLACE OF DEATH
County of Ada
City of
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 16

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan Johnson.

(a) Residence. No. 5 Miles west of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Divorced. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 14. 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73. | 5 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. Missouri.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Wallace.

14. BIRTHPLACE (city or town) Calif. (State or country)

MOTHER

15. MAIDEN NAME Jane Coleman.

16. BIRTHPLACE (city or town) Missouri. (State or country)

17. INFORMENT (Address) Mrs. A. H. Smith. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Feb. 2 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-1, 1934 W. F. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 1. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1934, to Jan. 22, 1934
I last saw h[illegible] alive on Jan. 22, 1934: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | Unknown - about 2 yrs ago. |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Heidemann M. D.
(Address) Boise, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87698

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 17

(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louie Hong

(a) Residence. No. 610 Front St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Chinese
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) 1884
7. AGE: Years: about 50; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country): Canton China

FATHER
13. NAME: Louie Hong
14. BIRTHPLACE (city or town) (State or country): Canton China

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): China

17. INFORMENT (Address): J. Yuen Boise Ida
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2-4, 1934
19. UNDERTAKER: Schreiber & McCann (Address) Boise Ida
20. FILED 2-5, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 1 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1934 to Feb 1, 1934
I last saw h alive on Jan 31, 1934: death is said to have occurred on the date stated above, at 2.45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (Bronchial) | |
| Influenza Influenza | |

Other contributory causes of importance:

| | |
|---|---|
| Starvation and exposure and cold. | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Cannaway, M.D.
(Address) Boise Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87699

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 18
(No. Boise, Idaho. Route #5.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Johnson

(a) Residence. No. Idaho Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfreda Johnson

6. DATE OF BIRTH (month, day, and year) May 29th 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 8 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smoland, Sweden

MOTHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Walfred E. Johnson. Idaho Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls, Ida. Date 2/6/34 193.. Shipped

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho

20. FILED 2-5-, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/5/34 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1934, to Feb 5th, 1934

I last saw him alive on Feb 4th, 1934; death is said to have occurred on the date stated above, at 9:56 AM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| following Loss of | |
| Consciousness - loss | |
| of speech | |
| Other **contributory causes** of importance: | |
| Had a severe injury about | |
| 2 months before death | |
| was arteriosclerotic | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Stine Booth M. D.
(Address) Boise, Idaho.

RECEIVED MAR 193[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87700

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 21

(No. Boise, Idaho. Route #4.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Ina Eva Roberts. 36

(a) Residence. No. Boise, Idaho, Route #4. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Finley Roberts.

6. DATE OF BIRTH (month, day, and year)
August 8th 1882

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51 | 6 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clinton, Mich.

FATHER

13. NAME Slade Lazelle

14. BIRTHPLACE (city or town) (State or country) Clinton, Mich.

MOTHER

15. MAIDEN NAME Henrietta Folmes.

16. BIRTHPLACE (city or town) (State or country) Manchester, Mich.

17. INFORMANT (Address) Finley Roberts. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 2/14/34

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 2-14, 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13/34

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1934, to 2-13, 1934.

I last saw h. alive on 2-12, 1934; death is said to have occurred on the date stated above, at 1:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Fibroid Phthisis Progressive | about 8 yrs |
| Acute Exacerbation | Feb 1st 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Renal Extraction | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Stewart M. D.
(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE DEPARTMENT OF WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87701

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 25

(No. Boise, Idaho. Davis Estate)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Lim Hop

(a) Residence. No. Boise, Idaho. Davis Estate St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | Chinese. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) August 8th 1923

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 10 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** In school.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Lim Hop

14. BIRTHPLACE (city or town) (State or country) California.

MOTHER

15. MAIDEN NAME Lee See.

16. BIRTHPLACE (city or town) (State or country) China.

17. INFORMANT Lim Hop.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 2/22/34 193..

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 2-21..., 1934 440 N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/19/34

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 to 2-19, 1934.

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 7:30 P.M

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. J. Coats, M. D.
(Address) Boise, Idaho.

RECEIVED MAR 13 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87703

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Camp

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 27 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett Ida
(State or country)

FATHER

13. NAME Barney Dwight Camp

14. BIRTHPLACE (city or town) Bear Lake
(State or country)

MOTHER

15. MAIDEN NAME Florence Mabel McFadden

16. BIRTHPLACE (city or town) Weiser
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ridgelawn Cemetery Date 3/4/34 193..

19. UNDERTAKER Family
(Address)

20. FILED 3/10/34 193.. Glenn S. Thurston M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to Mar 2, 1934
I last saw him alive on Mar, 193.2: death is said to have occurred on the date stated above, at 5:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic Poisoning | Intra uterine |
| Mother had 4+ alb + Blood Pressure 170-80 Pre-eclamptic | |
| Other **contributory causes** of importance: Anemia | |

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Glenn S. Thurston M. D.
(Address) Emmett Ida

CEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87704

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Van Morrison

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Dora Morrison

6. DATE OF BIRTH (month, day, and year) Aug 8, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 63 | 5 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** General

10. Date deceased last worked at this occupation (mo. and yr.) Jan 24

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER/FATHER

13. NAME Casper Morrison

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Margaret Lofton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Dora D Morrison
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Council Date Feb 2, 1934

19. UNDERTAKER J. Quinby
(Address)

20. FILED 3/10/34, 193.. Alvin S. Thurston M D
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 193.4, to Jan 30, 193.4.

I last saw him alive on Jan 30, 1934: death is said to have occurred on the date stated above, at 6:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock + infection caused from extensive injury to R scrotum + right inguinal region - puncture wound, caused by being gored by a bull - attempting both | Jan 24, 1934 |
| Other **contributory causes** of importance: while tending him in barn | |
| Bowel + testicle evulsed | |

Name of operation Repair of injury Date of 1/29/34

What test confirmed diagnosis? ~~Was~~ Was there an autopsy? ~~no~~.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? Accid. Date of injury 1/29/1934
Where did injury occur? Council Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Barnyard
Manner of injury Gored by bull
Nature of injury Scrotal - puncture + abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Animal husbandry

(Signed) Alvin S. Thurston, M. D.
(Address) Council Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Adams

City of Pollock (Post Office) lived in Adams County.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 87705

Local Registrar's No. 66

(No. Pollock Ida)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Walter Rice

(a) Residence. No. Pollock Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Dasy Rose Rice

6. DATE OF BIRTH (month, day, and year) Feb 4th 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mantanice Man

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. On Hy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakland Ore

FATHER

13. NAME James Ellis Rice

14. BIRTHPLACE (city or town) (State or country) Cannada

MOTHER

15. MAIDEN NAME Nancy Bear

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Dasy Rose Rice

18. BURIAL, CREMATION, OR REMOVAL Place Riggins Date Feb 23, 1934

19. UNDERTAKER Johnson Funeral Service
(Address) New Meadows Ida

20. FILED 3/10/34, 193 Alvin D. Thurston M D
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch. 10, 193 3, to Feb. 15, 193 4

I last saw h alive on Feb 15, 193 4; death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirhosis of Liver. | |
| Uremic Coma. | |

Other contributory causes of importance:

| | |
|---|---|
| C.V.D. | |

Name of operation None Date of

What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin D. Thurston, M. D.

(Address) McCall Ida

RECEIVED MAR 15 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87706

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Robert Brown.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Pearl Brown.

6. DATE OF BIRTH (month, day, and year): July 17, 1869.

7. AGE: Years: 64 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Yarn Keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Ernest Camp
10. Date deceased last worked at this occupation (mo. and yr.): Feb. 18, 1934
11. Total time (years) spent in this occupation: 5 yrs

12. BIRTHPLACE (city or town) (State or country): Brownsville Ind.

MOTHER FATHER

13. NAME: James Brown.
14. BIRTHPLACE (city or town) (State or country): Brownsville Ind

MOTHER

15. MAIDEN NAME: Elizabeth Connell.
16. BIRTHPLACE (city or town) (State or country): Brownsville Ind

17. INFORMANT (Address): Pearl Brown.

18. BURIAL, CREMATION OR REMOVAL
Place: Weiser Cemetery Date: Feb 20 1934.

19. UNDERTAKER (Address): Floyd Nutting Weiser Ida

20. FILED 3/10/34 193... Alan S Thurston M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw him alive on ....., 1934.: death is said to have occurred on the date stated above, at 4:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Feb 18th 1934 |
| Sudden death | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | 2 yrs study |
| | |
| | |

Name of operation: 0 Date of: 0

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased 0 If so, specify .....

(Signed) Alan S Thurston, M. D.

(Address) Council

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87707

**PLACE OF DEATH**

County of Adams

City of Indian Valley Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allison Davis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, and year) Unknown.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Juniata Co Michigan

FATHER

13. NAME Alfred Davis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) S A Wilcox Cambridge Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Indian Valley Date Mar 1, 1934

19. UNDERTAKER (Address) [illegible] Cambridge Idaho

20. FILED 3/10/, 1934 A S Thurston MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/27 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on dead 2/27, 193 4: death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis. | 1 yr ago |
| Acute Dilatation of heart | sudden |

Other contributory causes of importance:

Name of operation 0 Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury ....., 193..

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A S Thurston, M. D.

(Address) Cambridge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87708

**PLACE OF DEATH**

County of Adams

City of New Meadows

Registration District No. 71

Primary Registration District No. .....

Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Nichols

(a) Residence. No. ..... ew Meadows Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delphia Olive Nichols

6. DATE OF BIRTH (month, day, and year) Aug 29 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Lane County
(State or country) Kansas

FATHER

13. NAME William Nichols

14. BIRTHPLACE (city or town) .....
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Hester Prettymann

16. BIRTHPLACE (city or town) .....
(State or country) Ohio

17. INFORMENT (Address) William Nichols

18. BURIAL, CREMATION, OR REMOVAL
Place New Meadows Date Jan 15, 1934

19. UNDERTAKER Community Funeral Service
(Address) New Meadows

20. FILED FEB 15 1934, 193... DR. ALVIN S. THURSTON, Registrar.
COUNCIL, IDAHO

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1934, to Jan 13 1934

I last saw him alive on Jan 8, 193...: death is said to have occurred on the date stated above, at 7 A.M. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis. | |
| Acute Mitral regurgitation. | 6 mos ago. |

Other contributory causes of importance:

Senility

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? •

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alvin S Thurston, M. D.

(Address) Council Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87711

Registration District No. 21

Primary Registration District No. 2161 Local Registrar's No. 27

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Henry Ames

(a) Residence. No. 270 Taft St. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Febuary 5, 1934.

7. AGE — Years: ~~Still-born~~ 0 — Months: 0 — Days: 0 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho

FATHER

13. NAME: ~~Daniel W. Ames~~ Wm C. Ames (Wm)
14. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

MOTHER

15. MAIDEN NAME: Florence Minshew
16. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho

17. INFORMANT: ~~Daniel W. Ames~~ Wm C. Ames (Wm)
(Address) 270 Taft Ave. Poca., Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Feb. 6, 1934.

19. UNDERTAKER: Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Feb. 6, 1934. D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 5, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934, to Feb. 5, 1934.
I last saw ~~him~~ alive on Feb. 5, 1934.; death is said to have occurred on the date stated above, at 4P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity 7 mo. | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Brotherton M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87713

Registration District No. 29

Primary Registration District No. 2161 Local Registrar's No. 32

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adrian Russell Ruger

(a) Residence. No. Bancroft, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 17, 1916.

7. AGE — Years: 17 | Months: 6 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chesterfield, Idaho.

FATHER

13. NAME: Eugene Ruger
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Elnora Grant
16. BIRTHPLACE (city or town) (State or country): Chesterfield, Idaho.

17. INFORMANT: Eugene Ruger
(Address): Bancroft, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bancroft, Idaho. Date Feb. 16, 1934.

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED Feb. 14, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 13, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934, to Feb. 13, 1934.
I last saw h[illegible] alive on Feb. 13, 1934.: death is said to have occurred on the date stated above, at 5 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | Feb 3 1934 |
| Other **contributory causes** of importance: | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Not
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Gerstung, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87714

Registration District No. 28

Primary Registration District No. 3161 Local Registrar's No. 31

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Niels Jr. Christensen

(a) Residence. No. 326 North Buchanan St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 15, 1925.

7. AGE — Years: 8 — Months: 6 — Days: 28 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

13. NAME: Niels J. Christensen

14. BIRTHPLACE (city or town) (State or country): Levan, Utah.

15. MAIDEN NAME: Lucile Houtz

16. BIRTHPLACE (city or town) (State or country): Rockland, Idaho.

17. INFORMANT (Address): Niels J. Christensen, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Feb. 15, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Feb. 14, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 12, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934 to Feb. 12, 1934.

I last saw h[illegible] alive on Feb. 12, 1934.; death is said to have occurred on the date stated above, at 7:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | Feb 5 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Measles | Feb 1, 1934 |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87715

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 28

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thelma W. Wheeldon

(a) Residence. No. 755 East Benton St.
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

107

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wife of Ralph Wheeldon

6. DATE OF BIRTH (month, day, and year): September 3, 1910.

7. AGE: Years 23 | Months 5 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Menan, Idaho.
13. NAME: Wm. H. Christensen
14. BIRTHPLACE (city or town) (State or country): Hyrum, Utah.
15. MAIDEN NAME: Elsie Richardson
16. BIRTHPLACE (city or town) (State or country): Beaver, Utah.

17. INFORMANT (Address): Ralph Wheeldon, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Feb. 22, 1934

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Feb. 21, 1934. D. C. Ray, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 20, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 2/9/34, to 2/20/34
I last saw h[illegible] alive on 2/20/34; death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Agranulocytic Angina | 2/9/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Mitral regurgitation | 2/9/34 |
| Abs. Abscess | |

Name of operation: Laboratory Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. E. Call, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87716

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 37

(No. ) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME George L Whittle

(a) Residence. No. Fairview Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Callie Yeats

6. DATE OF BIRTH (month, day, and year) April 13-1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 10 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Utah

FATHER

13. NAME Sarah Whittle

14. BIRTHPLACE (city or town) (State or country) Jackson County Missouri

MOTHER

15. MAIDEN NAME Cassanda Pope

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) W. W. Hendricks Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston, Idaho. Date Feb. 13, 1934

19. UNDERTAKER (Address) M. Hendricks Preston Idaho

20. FILED Feb. 13, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1934, to 2-13, 1934
I last saw him alive on 2-13, 1934 death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of left Kidney | 2-13-34 |
| Other contributory causes of importance: Shock | 2-13-34 |

Name of operation P. Hendricks Date of 2-13-34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-13, 1934
Where did injury occur? Inborn Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto Accident collision
Nature of injury Rupture of left Kidney

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. W. Hendricks, M.D.
(Address) Preston Idaho

RECEIVED MAR 14

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87717

Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 43

(No. New Deal Cafe)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augustus Erickson ( Harry Beck )

(a) Residence. No. Rear 619 North Arthur Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 55 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Mar. 1, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Feb. 28, 1934. O. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 24, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation of the Heart | |
| died suddenly while eating at the New Deal Cafe | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH MAR 13 1934

County of Latah

City of Harvard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6-5

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 87719

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizebeth Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George Smith

6. DATE OF BIRTH (month, day, and year) June 25, 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Jan. 1933

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Jacksonville Illinois

FATHER

13. NAME William Needham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Allroid

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Alice Hornby Harvard Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Woodfell Ida. Date Mar. 5, 1934

19. UNDERTAKER D. D. Kimball (Address) Palouse Wash.

20. FILED March 4th, 1934 Dr. Jno. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to March, 1934

I last saw her alive on Feb 17th, 1934: death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1932. |

Other contributory causes of importance:

Senility

Name of operation ∪ Date of

What test confirmed diagnosis? ∪ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jno. Thompson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87721

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 33

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

94°

2. FULL NAME Lucy M. Goddard

(a) Residence. No. 329 South Eighth Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Wm. H. Goddard

6. DATE OF BIRTH (month, day, and year): October 6, 1876.

7. AGE: Years 57 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Plain City, Utah.

FATHER

13. NAME: Janus F. Lund

14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER

15. MAIDEN NAME: Christina Beckstrom

16. BIRTHPLACE (city or town) (State or country): Denmark.

17. INFORMANT (Address): Wm. H. Goddard, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Ida. Date: Feb. 17, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Feb. 15, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 14, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1934 to 2-14, 1934

I last saw her alive on 2-13, 1934 death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorhage | |

Other **contributory causes** of importance:

| | |
|---|---|
| Malnutrition | |
| Softening of Brain | |

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193.

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. None

Manner of injury: None

Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify None

(Signed) J. W. Lyman, M. D.

(Address) Pocatello, Idaho.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87721

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 44

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Edith M. East

(a) Residence. No. (Usual place of abode) St. Inkom, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | married |

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank

6. DATE OF BIRTH (month, day, and year) Jan. 12 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 1 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buffalo (State or country) N. Y.

FATHER
13. NAME F. F. Barrow
14. BIRTHPLACE (city or town) N. Y. (State or country)

MOTHER
15. MAIDEN NAME Henrietta Barkuff
16. BIRTHPLACE (city or town) N. Y. (State or country)

17. INFORMENT (Address) Frank East Inkom, Idaho

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place Wenger Mem Date Feb 4, 1934

19. UNDERTAKER Dossard's Funeral Home (Address) Pocatello Idaho

20. FILED 2-3, 1934 D. C. Ray Reg strar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Feb 27, 1934
I last saw her alive on Feb 13, 1934; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficency | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Fatty Degeneration of Heart | |
| | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 1934
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Sickness
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. W. Ingram, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87722

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 41
(No. 630 South 7th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph H. Peterson
(a) Residence. No. 630 South 7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eva T. Peterson

6. DATE OF BIRTH (month, day, and year) May 9th, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 9 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Attorney At
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plain City Utah

FATHER
13. NAME Augustus Peterson
14. BIRTHPLACE (city or town) (State or country) Unknown Denmark

MOTHER
15. MAIDEN NAME Agnes Geddes
16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMENT (Address) Mrs. Eva T. Peterson 630 South 7th
18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem. Date Mar 2, 1934
19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho
20. FILED 2-28, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1934, to 2/28, 1934
I last saw him alive on 2/28, 1934: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | |

Other contributory causes of importance:
High blood pressure

Name of operation NO Date of —
What test confirmed diagnosis? Clinical Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify
(Signed) J. Hamer, M.D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87723

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 21
Primary Registration District No. 216/1
Local Registrar's No. 40

(No. 152 Hawthorne)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Caroline Wilson

(a) Residence. No. 152 Hawthorne St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Augustus C. Wilson

6. DATE OF BIRTH (month, day, and year) Dec. 27th, 1849

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 1 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Indiana

FATHER
13. NAME ? Robinson
14. BIRTHPLACE (city or town) (State or country) Unknown England

MOTHER
15. MAIDEN NAME Nancy Robinson
16. BIRTHPLACE (city or town) (State or country) Unknown England

17. INFORMENT (Address) Mrs G. A. Parsons 152 Hawthorne

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem Date Feb. 28 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 2-26, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1934, to 2/25/34, 1934
I last saw her alive on 2/25/34, 1934: death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Uremia | |
| | |
| | |

Name of operation — Date of
What test confirmed diagnosis? ? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W C Falk, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87724

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 39

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh A. Daley

(a) Residence. No. 404 S. Third St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ethel

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 58 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Conductor O.S.L.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Lakes Minn.

FATHER

13. NAME John Daley

14. BIRTHPLACE (city or town) (State or country) Ogdensburg N. Y.

MOTHER

15. MAIDEN NAME Mary Catherine McDonald

16. BIRTHPLACE (city or town) (State or country) Montreal Canada

17. INFORMENT (Address) Hugh F. Daley Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Feb 25, 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 2-23, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1934, to 2-21, 1934

I last saw h~~im~~ alive on 2-21, 1934; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Caecum. | |
| Other contributory causes of importance: Uroscelitis and Asthma | |

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. E. Powers, M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87725

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 35

(No. St. Anthony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mike Angelos

(a) Residence. No. 546 N. 4th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1592

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: infant

6. DATE OF BIRTH (month, day, and year): Feb 16 - 34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER

13. NAME: Wm. Angelos

14. BIRTHPLACE (city or town) (State or country): Greece

MOTHER

15. MAIDEN NAME: Annie Contzos

16. BIRTHPLACE (city or town) (State or country): Chicago Ill

17. INFORMENT (Address): Wm. Angelos 546 N. 4th St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mountainview Date: Feb. 17, 1934

19. UNDERTAKER (Address): Davenport-Jones Funeral Home Pocatello, Idaho

20. FILED: 2-18, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1934 to Feb. 17, 1934
I last saw him alive on Feb. 17, 1934 death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows: Patent Foramen Ovale Congenital — Date of onset

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:

(Signed) William F. Howard, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87726

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 34

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Almira Elizabeth Meyers.

(a) Residence. No. 804 S. 2nd St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 7, 1848

7. AGE: Years 85 | Months 6 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chatham Canada

FATHER

13. NAME: John W. Duff
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Ophelana Osborne
16. BIRTHPLACE (city or town) (State or country): Otsego New York

17. INFORMENT (Address): Mrs Natalia Munger Pocatello, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello Date: Feb. 18 1934
19. UNDERTAKER (Address): H. E. McVan Pocatello
20. FILED Feb 15, 1934 L. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1934, to Feb. 15, 1934

I last saw her alive on Feb. 14, 1934; death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-pneumonia | Feb 8, |

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William F. Howard, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 87727

Local Registrar's No. 30

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Albert Lemming

(a) Residence. No. 954 N. Arthur St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lemming

6. DATE OF BIRTH (month, day, and year) Oct 10 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baker Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) War Eagle Ark Kansas

FATHER

13. NAME Joel Lemming

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Lucinda Ingram

16. BIRTHPLACE (city or town) (State or country) War Eagle Ark Kansas

17. INFORMENT (Address) Mrs Mary

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Feb , 1934

19. UNDERTAKER (Address) [illegible] Pocatello Idaho

20. FILED 2-12, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1934, to Feb 12, 1934

I last saw h alive on Feb 8 1934, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Probably Heart | |

Other contributory causes of importance:

| | |
|---|---|
| Probable Heart | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Lewis, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 216/

DO NOT WRITE IN THIS SPACE
State File No. 87728

Local Registrar's No. 39

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Allen

(a) Residence. No. 328 So. Johnson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1902

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 1 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Victor Idaho

FATHER

13. NAME Harley Penfold

14. BIRTHPLACE (city or town) (State or country) Park City Utah

MOTHER

15. MAIDEN NAME Phoebe Nelson

16. BIRTHPLACE (city or town) (State or country) Helen City Utah

17. INFORMANT (Address) Claude C. Allen Pocatello, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Hoge-Inman Date Feb 9, 1934

19. UNDERTAKER (Address) J. L. McKeon Pocatello Idaho

20. FILED Feb 8, 1934 D Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933, to Feb 7, 1934

I last saw her alive on Feb 6, 1934; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Tuberculosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Probably to Eat - Poisoned from meat not tract due to Stasis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred M. Kay, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87729

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 28
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Aline Jackson

(a) Residence. No. 270 S. 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 26, 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Utah

FATHER

13. NAME Chas. Oakden

14. BIRTHPLACE (city or town) (State or country) Oakden

MOTHER

15. MAIDEN NAME May Allred

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Kenneth Oakden 270 S. 2nd

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Feb. 8, 1934

19. UNDERTAKER (Address) Downard's Fun. Home Pocatello, Idaho

20. FILED 2-8, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Feb 5, 1934
I last saw h[illegible] alive on Feb 5, 1934; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| Pneumonia | |
| Flu | |

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. C. Spence, M. D.
(Address) Pocatello Idaho

RECEIVED AR

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 87730

Local Registrar's No. 25

(No. 1010 ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Dewayne Coleman

(a) Residence No. 240 N. 13th St. St. Mackay, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 23, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME John Coleman

14. BIRTHPLACE (city or town) (State or country) Marysville Idaho

MOTHER

15. MAIDEN NAME Beulah Rosenkrance

16. BIRTHPLACE (city or town) (State or country) Houston Idaho

17. INFORMENT (Address) John Coleman Mackay Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mackay Idaho Date Feb. 6, 1934

19. UNDERTAKER Edwards Funeral Home
(Address) Pocatello Idaho

20. FILED 2-9, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/2, 1934, to 2/5, 1934

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Physical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. E. Call, M. D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87731

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 24

(No. 9 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Frances Whittinghill

(a) Residence. No. 935 West Lewis St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. | min. |
|---|---|---|---|---|
| 68 | Mos | unknown | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rockport (State or country) Ind.

FATHER
13. NAME Joseph Armstrong
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Mandy Hunsaker
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Lewis B. Whittinghill Pocatello Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Ida Date Feb 6, 1934
19. UNDERTAKER (Address) J. M. McFann Pocatello Ida
20. FILED Feb 6 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 3 1934
22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1934, to 2-3, 1934
I last saw her alive on 2-1, 1934; death is said to have occurred on the date stated above, at 3.45 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral embolism | |
| Other contributory causes of importance: Hypertension | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address) Pocatello Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87732

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 23
(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159C

2. FULL NAME Joseph Shilts

(a) Residence. No. Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho RFD

FATHER
13. NAME Lawerence Shilts
14. BIRTHPLACE (city or town) Whitman
(State or country) Washington

MOTHER
15. MAIDEN NAME Bessie Hudson
16. BIRTHPLACE (city or town) Idabelle
(State or country) Oklahoma

17. INFORMENT Lawerence Shilts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem. Date Feb. 3, 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 2-3, 1934 W. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1934, to 2-2, 1934
I last saw h alive on 2-2, 1934: death is said to have occurred on the date stated above, at 1/2 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Contributory | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. R. Lemmon, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87733

PLACE OF DEATH
County of Bear Lake.
City of Paris.
Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 4

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Mecham Budge.

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs 4 mos. ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Taft Vassey Budge
6. DATE OF BIRTH (month, day, and year): December 27, 1909
7. AGE: Years 24 | Months 1 | Days 22 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: House Wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (month and year): December 1933
11. Total time (years) spent in this occupation: 1 Yr. 5 Mo.

12. BIRTHPLACE (city or town) (State or country): Provo Utah.

FATHER
13. NAME: Anna. Mecham.
14. BIRTHPLACE (city or town) (State or country): York (Grace Co.) Utah.

MOTHER
15. MAIDEN NAME: Mary Alice Cook.
16. BIRTHPLACE (city or town) (State or country): Wallsburg Utah

17. INFORMENT (Address): Taft V. Budge Paris Idaho.
18. BURIAL, CREMATION, OR REMOVAL. Place: Paris Idaho. Date: Feb. 20, 1934
19. UNDERTAKER (Address): Day Proctor Paris Idaho
20. FILED Feb 28, 1934 Mrs. Beulah Hess. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 18 1934
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Feb. 18, 1934.
I last saw her alive on Feb. 18, 1934: death is said to have occurred on the date stated above, at 6:10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia (R. lower lobe) 3 weeks duration | |

Other contributory causes of importance: Acute Rheumatic Fever 4 weeks duration.

Name of operation: None. Date of operation: ____
What test confirmed diagnosis? Symptoms, Pneumonia, Hemorrhages, Bulbar breathing, Low effected area. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193.
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) Spencer H. Proctor, M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87734

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No.
Primary Registration District No.
Local Registrar's No. 8

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Mary Scott

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Scott

6. DATE OF BIRTH (month, day, and year) Mar. 26 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 10 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hillsdale (State or country) Mich.

FATHER
13. NAME John D. Throop
14. BIRTHPLACE (city or town) Ogdenburg (State or country) N. Y.

MOTHER
15. MAIDEN NAME Olive Palmer
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) W. H. Scott St. Maries, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb. 17, 1934

19. UNDERTAKER Mitchell & Wessa (Address) St. Maries Ida

20. FILED Mar. 8, 1934 A. W. Boberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at about 3 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |

Other contributory causes of importance:

| | |
|---|---|
| Old age | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87735

**PLACE OF DEATH**

County of Benewah
City of St. Maries
Registration District No. 22
Primary Registration District No. 2079
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sallie Louise White

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 30, 1934
7. AGE: Years | Months | Days: / | If LESS than 1 day 17 hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Maries Ida

FATHER
13. NAME: W. B. White
14. BIRTHPLACE (city or town) (State or country): Jackson Ky.

MOTHER
15. MAIDEN NAME: Ada B. Utter
16. BIRTHPLACE (city or town) (State or country): Marinette Co. Wis.

17. INFORMENT (Address): W. B. White St. Maries, Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Woodlawn Date: Feb. 2, 1934
19. UNDERTAKER (Address): Mitchell & Wessa St. Maries, Ida
20. FILED: Mar 8, 1934 W. Doberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 1 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Feb 1st, 1934
I last saw her alive on Feb 1st, 1934; death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrage from bowels of Bowel. | |

Other contributory causes of importance:
In some manner bowel pulled down and not coming enough to open at back

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 1st, 1934
Where did injury occur? Bathroom home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home.
Manner of injury bowel must have slipped
Nature of injury bowels out of cavity

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....
(Signed) Owen D. Platt, M. D.
(Address) St. Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries R. 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87736

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 1 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Stanton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Stanton

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 1 | 9 | 14 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodville
(State or country) Ontario Co., Canada

FATHER

13. NAME Daniel Stanton

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Mary C. Stanton
(Address) St. Maries, Ida

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Spokane, Wash. Date Feb. 28, 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Ida

20. FILED Mar. 8, 1934 W Poberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to Feb 26, 1934

I last saw him alive on Jan 2, 1934; death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Sclerosis | Feb 22-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | ? |
| Hypertensive disease | ? |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) DeArmond, M. D.

(Address) St Maries Ida

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87738

**PLACE OF DEATH**

County of Ft. Hall Reservation.

City of

Registration District No. 12I-R

Primary Registration District No. 2194-R

Local Registrar's No. 22

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Mobe

(a) Residence. No. Ft. Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone Ind. 4/4 | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nancy Mobe

6. DATE OF BIRTH (month, day, and year) 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | - - | - - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own farm

10. Date deceased last worked at this occupation (month and year) 1831

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

FATHER

13. NAME James Stern

14. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

17. INFORMENT (Address) Frank Yellowjohn, Ft. Hall, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Butte, Cem. Date Feb. 9, 1934

19. UNDERTAKER (Address) Agency Carpenter, Ft. Hall, Idaho

20. FILED Feb. 20, 1934 Wm. Nahus E. Deuce Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 11:P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 1 wk. |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. [illegible], M. D.

(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 87739

Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

94a

2. FULL NAME Rev. John Toevs

(a) Residence. No. Aberdeen, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agatha Toevs

6. DATE OF BIRTH (month, day, and year) July 30, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc and minister

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Danzig
(State or country) Germany

FATHER

13. NAME Jacob Toevs

14. BIRTHPLACE (city or town) Wotslaf
(State or country) Germany

MOTHER

15. MAIDEN NAME Maria Wiebe

16. BIRTHPLACE (city or town) Neuenberg
(State or country) Germany

17. INFORMENT John L Toevs
(Address) Aberdeen, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place burial Date 2-20-34 193

19. UNDERTAKER A V Davis
(Address) American Falls, Idaho

20. FILED 2-20-34, 193 M. C. MacKinnon
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-16-34 193

22. I HEREBY CERTIFY, That I attended deceased from May, 1929, to Feb 16, 1934

I last saw him alive on Feb 13, 1934: death is said to have occurred on the date stated above, at 8:20P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Feb 12, 1934 |
| Other contributory causes of importance: Coronary Thrombosis | 1929 |

Name of operation ..... Date of .....

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. C. MacKinnon, M. D.

(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87740

**PLACE OF DEATH**
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1207
Local Registrar's No. 28
(No. County Court House)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Clifford Gough 66

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Gough

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | 4 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER
13. NAME Henry V. Gough
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Ellen Hudson
16. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

17. INFORMENT (Address) Mrs Edna Gough 555 West Pacific

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date Feb. 13, 1934

19. UNDERTAKER E J Peck
(Address) Blackfoot, Idaho

20. FILED Feb. 2 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10 — 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2:00 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Alcoholism | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Ray McClellan Coroner M. D.
(Address) Blackfoot Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 2-194

DO NOT WRITE IN THIS SPACE

State File No. 87741

Local Registrar's No. 35

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME NOAH BUNCE

(a) Residence. No. ..... St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Ada Bunce

6. DATE OF BIRTH (month, day, and year) Jan. 11 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 47 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Rexburg
(State or country) Idaho

FATHER

13. NAME Wm. B. Bunce

14. BIRTHPLACE (city or town) ~~England~~
(State or country) England

MOTHER

15. MAIDEN NAME Catherine C. Edlefsen

16. BIRTHPLACE (city or town) ---
(State or country) Denmark

17. INFORMENT (Address) Records of State Hospital So Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Cemetery Date Feb 24, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Feb 24, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25th 1931, to February 21 1934

I last saw him alive on February 21 1934; death is said to have occurred on the date stated above, at 5:50P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| GENERAL PARALYSIS OF THE INSANE | At least since May 1931 |
| Other contributory causes of importance: | |

Name of operation None Date of

What test confirmed diagnosis? Wasserman test and clinical symptoms

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ..., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. A. Lowe, M. D.

(Address) Supt. State Hospital So. Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 127

Primary Registration District No. 1617

Local Registrar's No. 32

DO NOT WRITE IN THIS SPACE

State File No. 87742

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lehonis Mitchell Patrick

(a) Residence. No. 484 S.E. Main St. Blackfoot, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-10-34

7. AGE — Years | Months | Days: 3 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

FATHER

13. NAME: Sam Patrick

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Louise Ada Kidd

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Sam Patrick Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place: Blackfoot Cem. Date: Feb 15 1934

19. UNDERTAKER: E. T. Peak (Address): Blackfoot

20. FILED Feb 15, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-14-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 14, 1934

I last saw h[illegible] alive on Feb 13, 1934; death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia | 2-14-34 |
| Other contributory causes of importance: Mucous in Larynx | 2-14-34 |

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Peak, M. D.

(Address) Blackfoot, Ida.

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87743

**PLACE OF DEATH**

County of Bingham
City of Blackfoot
Registration District No. 127
Primary Registration District No. 2194
Local Registrar's No. 31

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albern J Cook

(a) Residence. No. Thornton St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 28 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thornton Idaho

FATHER

13. NAME R H Cook

14. BIRTHPLACE (city or town) Salt Lake (State or country) Utah

MOTHER

15. MAIDEN NAME Mildred Hafula

16. BIRTHPLACE (city or town) Lund (State or country) Idaho

17. INFORMENT (Address) R H Cook Thornton

18. BURIAL, CREMATION, OR REMOVAL Place Thornton Date 2 - 14 1934

19. UNDERTAKER E J Peck (Address) Blackfoot Idaho

20. FILED Feb. 14, 1934 Mrs Wilcox Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2 - 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 - 13, 1934, to 2 - 14, 1934
I last saw h alive on 2 - 14, 1934; death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute intestinal obstruction | 2-13-34 |

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) J. D. Hunsaker, M. D.
(Address) Blackfoot Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87744

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

Registration District No. 21
Primary Registration District No. 3194
Local Registrar's No. 30
(No. STATE HOSPITAL SOUTH) 78
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JENNIE B. FOSTER

(a) Residence. No. ..... St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ~~WHITE~~ Female | ~~FEMALE~~ White | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W.H.FOSTER

6. DATE OF BIRTH (month, day, and year) 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Whitley
(State or country) Indiana

FATHER

13. NAME NOAH COMBS

14. BIRTHPLACE (city or town) ---
(State or country) Ohio

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) ---
(State or country) New York

17. INFORMENT Records of State Hosp. South
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cem. Date Feb. 15, 1934

19. UNDERTAKER Eps Funk
(Address) Blackfoot Idaho

20. FILED Feb. 15, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, to February 13, 1934
I last saw her alive on February 13, 1934: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| EPILEPSY | at least since 1910 |
| Other contributory causes of importance: | |

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas. A. Lowe, M. D.
(Address) State Hospital South
Blackfoot, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REC

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87745

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 21

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME E. R. CONVERSE

(a) Residence. No. ..... St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | WIDOWED |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) June 20, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 75 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep Shearer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) --- spent in this occupation

12. BIRTHPLACE (city or town) --- (State or country) Idaho

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) --- (State or country) ---

MOTHER

15. MAIDEN NAME Bell Rutheford

16. BIRTHPLACE (city or town) --- (State or country)

17. INFORMENT (Address) RECORDS OF STATE HOSPITAL SO. Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place [illegible] Date Feb 14, 1934

19. UNDERTAKER Warren Clark
(Address) Blackfoot

20. FILED Feb 4, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from January 11th, 1934, to February 11, 1934

I last saw him alive on February 11 1934: death is said to have occurred on the date stated above, at 7:24 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| INTESTINAL PARALYSIS with marked gas distension of abdomen; unknown cause. | Feb. 11 1934 |
| Other contributory causes of importance: | |
| SENILITY | |

Name of operation None Date of ---

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? ---

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify ---

(Signed) Chas. R. Lowe, M. D.
Supt. State Hospital South
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87746

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 27 / 164

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME D. D. BOLLINGER

(a) Residence. No. ..... St. Fruitland, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. D. D. Bollinger

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 2 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stark County Ohio

FATHER

13. NAME Gideon Bollinger

14. BIRTHPLACE (city or town) (State or country) Stark County Ohio

MOTHER

15. MAIDEN NAME Lydia Bowser

16. BIRTHPLACE (city or town) (State or country) Stark County Ohio

17. INFORMENT (Address) Records of State Hospital So. Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Fruitland Cem. Date ....., 193

19. UNDERTAKER (Address) E. J. Penk Blackfoot

20. FILED Feb 5, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from January 9th, 1933, to Feb. 5th, 1934

I last saw him alive on Feb. 4th, 1934: death is said to have occurred on the date stated above, at 4:45 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILITY | Jan 5th 1933 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify .....

(Signed) Chas. R. Lowe, M. D.

(Address) Supt. State Hosp So. Blackfoot, Idaho.

REC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87747
State File No.....

**PLACE OF DEATH**

County of Bingham
City of Firth

Registration District No. 1-21
Primary Registration District No. 2194 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME James Nielsen

(a) Residence. No. Firth Rt #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Nielsen

6. DATE OF BIRTH (month, day, and year): Jan 10, 1855

7. AGE: Years 79 | Months | Days 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER

13. NAME: Soren Nielsen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Margaret Anderson
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Anson Nielsen Firth Rt #1

18. BURIAL, CREMATION OR REMOVAL
Place: Basalt, Idaho Date: Jan 29 1934

19. UNDERTAKER (Address): J. G. Ford Idaho Falls, Idaho

20. FILED Jan 27 1934 W. W. Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1934, to Jan. 26, 1934.
I last saw him alive on Jan. 25, 1934; death is said to have occurred on the date stated above, at 2:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Jan 25-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

High Blood Pressure

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so specify.....

(Signed) W. P. Clark M. D.
(Address) Shelley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87748

**PLACE OF DEATH**

County of Bingham

City of Taylorville

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 25

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

161

2. FULL NAME Ronald Walter Christensen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. Age should be given—should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day and year)

7. AGE — Years | Months | Days | If LESS than 1 day, 2½ hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Firth Ida

PARENTS

10. NAME OF FATHER: Walter Christensen

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Grafton Wort

12. MAIDEN NAME OF MOTHER: Melba Priest

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Taylorville Ida

14. Informant: Walter Christensen
(Address): Shelley Ida RFD #1

15. Filed Jan. 20, 1934 Wm Walton E Palmer Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 19 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Jan 19, 1934, that I last saw him alive on Jan 19th, 1934 and that death occurred, on the date stated above, at 9:30 AM

The CAUSE OF DEATH* was as follows:

Prematire (6 mo)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) F W Peterson, M. D.
Jan 14th, 1934 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or Removal: Taylor Cemetery — Date of Burial: Jan 19, 1934

20. Undertaker — Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87750

**PLACE OF DEATH**
County of Ft. Hall Reservation.
City of

Registration District No. 12 I-R
Primary Registration District No. 2194-R
Local Registrar's No. 23

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Ramsey.

(a) Residence. No. Ft. Hall, Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone Ind. 4/4 | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Nov. 20. 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

FATHER

13. NAME Frank Ramsey,

14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER

15. MAIDEN NAME Bertha Tom

16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

17. INFORMENT (Address) Jack Ramsey Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bannock Cem. Date Feb. 6, 1934

19. UNDERTAKER Agency Carpenter (Address)

20. FILED Feb. 20, 1934 Wm Walter Taylor Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at - - m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Measles | 1 wk. |
| Bronch Pneumonia | 6 da. |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. A. Heidemann, M. D.

(Address) Ft. Hall, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87751

**PLACE OF DEATH**

County of Ft. Hall
City of Reservation
Ft. Hall, Idaho

Registration District No. 12 I-R
Primary Registration District No. 2194-R
Local Registrar's No. 21

(No. Agency Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

880

2. FULL NAME Ramona TsowO

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Shoshone Ind. 4/4 | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) - - - - - -

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Ralph Dixie Gibson, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Gibson Mission Date Feb. 6, 1934

19. UNDERTAKER Brown-Eldredge (Address) Blackfoot, Idaho.

20. FILED Feb. 20, 1934 Mrs Walter Potter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1934, to Feb. 4, 1934, 193..
I last saw her alive on Feb. 4, 1934, 193..; death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Fever | 4 WK. |
| Acute Endocarditis, | I Wk |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. J. Matthewson, M. D.
(Address) Ft. Hall, Idaho.

RECEIVED

1934 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87752

**PLACE OF DEATH**

County of Ft. Hall
City of Reservation.
Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1022

2. FULL NAME Leon Wildcat.

(a) Residence. No. Ft. Hall Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone Ind. 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) March 11, 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | I | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) — — —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER

13. NAME Sparks Wildcat

14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER

15. MAIDEN NAME Mary Pooengerah

16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

17. INFORMENT (Address) Sparks Wildcat. Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Bannock Cr. Cem Date Feb. 6, 1934

19. UNDERTAKER Agency Carpenter
(Address) Ft. Hall, Idaho

20. FILED Feb. 20, 1934 Mrs. Nellie E. Tatum
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ....., 193...

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia. | I Wk. |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. J. Mattleman, M. D.

(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87753

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry A. Warfield

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Irene Stone

6. DATE OF BIRTH (month, day, and year): Oct 31-1890

7. AGE — Years: 43 | Months: 3 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Galena Kansas

FATHER

13. NAME: James L. Robertson

14. BIRTHPLACE (city or town) (State or country): X

MOTHER

15. MAIDEN NAME: X

16. BIRTHPLACE (city or town) (State or country): X

17. INFORMANT (Address): Maude L. Warfield P.O. Box 346 Twin Falls

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Ketchum Date ....., 1934

19. UNDERTAKER: A. Hamm
(Address) Hailey Idaho

20. FILED 2-28, 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 193.4., to 2-27, 193.4

I last saw him alive on 2-27 193.4: death is said to have occurred on the date stated above, at 5 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of Liver | 1 year |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Pulmonary adenoma | 1 mo. |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert H. Wright M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87754

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 7

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank J. King

(a) Residence. No. .... St. ....
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year)

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| about 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Pool Hall keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): New York City N. Y.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lama

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address): Alta May Schweitzer Salt Lake City

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. F. O. E. Plot Date Feb. 24, 1934

19. UNDERTAKER (Address): L. A. Harris Hailey - Idaho.

20. FILED 2-28, 1934 Robert H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1934, to 2-22, 1934

I last saw him alive on 2-22, 1934: death is said to have occurred on the date stated above, at 4 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Stomaine Poisoning | 2 days |
| Other contributory causes of importance: Chronic Hypertension | 2 years |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Robert H. Wright, M. D.

(Address) Hailey, Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement or unusu-
PATION is very important. See instruction on back of certificate.

RECEIVED MAR 5 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87755

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2025

Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Zenous Wayne Dodge

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Dodge

6. DATE OF BIRTH (month, day, and year) April 23-

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation always

12. BIRTHPLACE (city or town) Dixie
(State or country) Utah

FATHER

13. NAME X

14. BIRTHPLACE (city or town) X
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Zeritha Hadden
(State or country) Missouri

17. INFORMENT Oscar J Dodge
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Cary Idaho Date Jan 6 1934

19. UNDERTAKER L. P. Harris
(Address) Hailey Idaho

20. FILED 2-28, 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1933 to 1-3, 1934

I last saw h— alive on 1-3, 1934; death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of Liver | 1 yr |
| Non alcoholic | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Anasarca | 1 mo |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. W. H, M. D.

(Address) Hailey, Idaho

RECEIVED [illegible] 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Boise

City CCC Camp F-66, Near Grimes Pass, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87756

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

Civilian Conservation Camp F-66, Gallagher, Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy A. Hagard, CCC-54587

(a) Residence. No. 1502 Broadway, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) June 17 1913.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 20 | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gainesville, (State or country) Mo.

FATHER

13. NAME Dewey C. Hagard

14. BIRTHPLACE (city or town) Gainesville (State or country) Mo

MOTHER

15. MAIDEN NAME Eva M. Hagard

16. BIRTHPLACE (city or town) Gainesville, (State or country) Mo.

17. INFORMANT Miss Helen Hagard,
(Address) 1502 Broadway, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date 3/4, 1934

19. UNDERTAKER M. S. Bratney
(Address)

20. FILED March 5th 1934 Miss E. S. Robison
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dead when first seen, 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2.20 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture, skull | Mar 1, 1934 |
| (Accident) | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cerebral, hemorrhage | Mar 1, 1934 |
| | |

Name of operation — Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury March 1, 1934
Where did injury occur? (Specify c[illegible]r t[illegible] Gallagher, Idaho.
Specify whether injury occurred in **industry, in home,** or in **public place.** Civilian Conservation Corps
Manner of injury Struck on head by falling rock
Nature of injury Fracture, skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify... CCC

(Signed) [illegible] M. D.
(Address) W. Brew, Major, Med. Corps, U. S. Asst. Surgeon, Boise District CCC Area

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87757

**PLACE OF DEATH**

County of Bonner
City of Sandpoint
Registration District No. 76
Primary Registration District No. 2 15 5 Local Registrar's No. 18
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Joseph Lynch 179

(a) Residence. No. Nordman Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Lynch

6. DATE OF BIRTH (month, day, and year) Apr 2 2 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 10 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME John Lynch

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Ryan

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Beatrice Lynch Nordman Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 2/22, 1934

19. UNDERTAKER Turnbull Co (Address) Sandpoint

20. FILED Feb. 22, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 14, 1934, to Feby 20, 1934
I last saw him alive on Feby 19, 1934; death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1933 |
| Other contributory causes of importance: Hypertension | 1933 |

Name of operation None Date of -
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. F. Tyler, M. D.
(Address) Sandpoint, Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. 2152

DO NOT WRITE IN THIS SPACE
State File No. 87758

Local Registrar's No. 19

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Etta A Taylor

(a) Residence. No. Sagle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Taylor

6. DATE OF BIRTH (month, day, and year) Sept 8 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME John T Paul

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Sarah Jane Wagner

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMENT (Address) Amos Taylor Sagle Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 2/25, 1934

19. UNDERTAKER Turnbull Co.
(Address) Sandpoint

20. FILED Feb. 25, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 16, 1934, to Feby 23, 1934

I last saw h[illegible] alive on Feby 22, 1934; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Feby 15 1934 |
| Other contributory causes of importance: Arthritis Deformans | 1919 |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm F. Taylor, M. D.

(Address) Sandpoint, Idaho

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87759

**PLACE OF DEATH**
County of Bonner
City of Kootenai

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Knute Swensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Anna Swensen

6. DATE OF BIRTH (month, day, and year): November 15, 1845

7. AGE — Years: 88 — Months: 3 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Bergan, Norway

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Lud Swensen
(Address): Kootenai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Cameron, Wis. Date: 2/26, 1934

19. UNDERTAKER: L. L. Moon
(Address): Sandpoint, Idaho.

20. FILED: Feb. 24, 1934 Viola Allen Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 23, 1934.
I last saw him alive on Feb 23, 1934; death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Feb 1st '34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) L. L. Moon, M. D.
(Address) Sandpoint, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87760

**PLACE OF DEATH**

County of Boundary
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 12
(No. Coolin Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Walters

(a) Residence. No. Coolin Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 11 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Walter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unobtainable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mildred Seiler Spokane Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date Feb 7, 1934

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED Feb 6, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| Chronic Myocarditis | |
| Other contributory causes of importance: | |
| arteriosclerosis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) Sandpoint Idaho

RECEIVED MAR 5 - [illegible]

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87761

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME RICHARD JOSEPH WHITE 78

(a) Residence. No. West Main Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10, 1918

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 15 | 6 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Eureka (State or country) Montana

FATHER

13. NAME Richard Newton White

14. BIRTHPLACE (city or town) Wilmington (State or country) Deleware

MOTHER

15. MAIDEN NAME Cynthia Blossom Webb

16. BIRTHPLACE (city or town) Louisa (State or country) Kentucky

17. INFORMANT R. N. White
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place. Eureka, Montana Date Feb. 9, 1934

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED Feb. 6, 1934. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 5 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Many years ~~192~~..., to Feb. 7....., 1934.
I last saw him alive on Feb. 2, 1934; death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy | Childhood |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) C. P. Strachouse M. D.
(Address) Sandpoint, Idaho.

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87762
State File No.....

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 14

(No. 308 N. First Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Van Curler

(a) Residence. No..... St. Salem, Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Van Curler

6. DATE OF BIRTH (month, day, and year) March 24, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 76 | 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Masonary

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Pontiac
(State or country) Michigan

FATHER

13. NAME Delevan Van Curler

14. BIRTHPLACE (city or town) Brownsville
(State or country) N.Y.

MOTHER

15. MAIDEN NAME Louisa Giles

16. BIRTHPLACE (city or town) Brownsville
(State or country) N.Y.

17. INFORMANT Frank Van Curler
(Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint Idaho Date Feb. 17, 1934

19. UNDERTAKER L. & Moon.
(Address) Sandpoint Idaho.

20. FILED Feb. 12, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1934, to Feby. 10, 1934.
I last saw him alive on Feby 10 1934. death is said to have occurred on the date stated above, at 5:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nep. Nritis | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Nritis S. Chronic with Hypertension | 1932 |
| | |

Name of operation No. Date of.....
What test confirmed diagnosis? clinical & clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Wm. F. Tyler M. D.
(Address) Sandpoint, Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boone

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87763

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 15

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs Abiah Hutchinson

(a) Residence. No. Granite St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mitchell Hutchinson

6. DATE OF BIRTH (month, day, and year): Nov 4 1845

7. AGE — Years: 88 — Months: 3 — Days: 9 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER

13. NAME: Hancock

14. BIRTHPLACE (city or town) (State or country): Ky

MOTHER

15. MAIDEN NAME: Millhoyt

16. BIRTHPLACE (city or town) (State or country): Ky

17. INFORMENT (Address): Fred Hutchinson granite

18. BURIAL, CREMATION, OR REMOVAL Place: Lakeview Date: Feb 15, 1934

19. UNDERTAKER: Turnbull Co (Address): Sandpoint Idaho

20. FILED: Feb 15, 1934 Viola Allen (Registrar.)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933, to Feb 13, 1934

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 5.15 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Arteriosclerosis heart disease | many years |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Strickland, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Bonner
City of Bay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87764

Local Registrar's No. 164

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Waggoner

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt N. Waggoner

6. DATE OF BIRTH (month, day, and year) March 10-1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Elizabeth Cox

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) R. A. Waggoner Bay, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bay Ida Date 1-25-1934

19. UNDERTAKER Cassedy Funeral Home (Address) Kellogg Idaho

20. FILED 1-26, 1934 E. L. Spohn MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 23. 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1933, to Jan 23, 1934

I last saw h alive on Jan 17, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic | Several yrs - |
| Other contributory causes of importance: | |
| Cerebral arteriosclerosis | 1 yr - no first symptoms |

Name of operation none Date of

What test confirmed diagnosis? Ex — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold J Sluys, M. D.

(Address) Bay Idaho

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87765

Registration District No. 2155

Primary Registration District No. 18 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter E. Williams

(a) Residence. No. ..... St. Hope Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 75 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Special Agent

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** for the N. P. Railroad

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Missouri

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) ..... (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) "

17. INFORMANT Mrs. Lena LaPlant (Address) Hope Idaho

18. BURIAL, CREMATION OR REMOVAL Inchcliff Cem. Place Sandpoint Ida Date Feb 17 1934

19. UNDERTAKER L. L. Moon (Address) Sandpoint Ida

20. FILED 2-17-, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| C & E | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Edwards Coroner, M. D.

(Address) Sandpoint Idaho

MAR 9, 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87766

PLACE OF DEATH
County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 1
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Carlberg.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 12, 1877

7. AGE: Years 56 | Months 4 | Days 16 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Logging
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Bland Sweden

PARENTS

10. NAME OF FATHER: Unk.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Unk.
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Sweden

14. Informant (Address): Olof Carlson, Priest River, Idaho

15. Filed Mar 3, 1934 Bertha Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 28 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceas d ~~from~~ during December - 1933, 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at ...m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis —
sudden death in bed
without medical attention
several years
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) none
(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? yes brain only (normal)
What test confirmed diagnosis? none
(Signed) Leslie J. Stauffer, M. D.
March 3, 1934 (Address) Priest River Ida

19. Place of Burial, Cremation, or Removal: Priest River, Idaho — Date of Burial: Mar. 3, 1934
20. Undertaker: L. G. Moon — Address: Sandpoint, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87767

Registration District No. 73

Primary Registration District No. 21V-D

Local Registrar's No. 42

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thelma Davis Van Sickle

(a) Residence. No. Ashton Idaho St. Ashton Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ned Van Sickle

6. DATE OF BIRTH (month, day, and year) February 15 — 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | — | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello (State or country) Idaho

MOTHER/FATHER

13. NAME Owen Davis

14. BIRTHPLACE (city or town) Wales (State or country)

MOTHER

15. MAIDEN NAME Hattie Gaunt

16. BIRTHPLACE (city or town) ..... (State or country) Missouri

17. INFORMANT Ned Van Sickle (Address) Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL Place Mountain View Cemetery Pocatello Date Mar 13 1934

19. UNDERTAKER Anthony W. Hall (Address) Pocatello

20. FILED Mar 16, 1934 C. Jeffreys Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 10 — 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934, to March 10, 1934

I last saw her alive on March 9, 1934. death is said to have occurred on the date stated above, at 4. A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Toxic Pneumonia | March 1-34 |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87768

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2147

Local Registrar's No. 41

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorcas Ophelia Curd

(a) Residence. No. 176 So Capitol Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

205 15

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. W. Curd.

6. DATE OF BIRTH (month, day, and year) Feb 2 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 1 | 3. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weber Utah.

FATHER

13. NAME David Bybee.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Adelia Hughy.

16. BIRTHPLACE (city or town) (State or country) New York State.

17. INFORMENT (Address) Glenn Curd Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 3-8, 1934

19. UNDERTAKER (Address) V. F. McNaughton Idaho Falls Ida.

20. FILED Mar 7, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause unknown | |
| no medical attendance | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred Parker Coroner

(Address) Idaho Falls Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87769
State File No.

Registration District No. 23

Primary Registration District No. 2-4-70

Local Registrar's No. 40

(No. 167)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beverly Jean Harker

(a) Residence. No. 189 South Water St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ~~Single~~

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 16, 1933

7. AGE: Years | Months: 7 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida.

MOTHER FATHER

13. NAME: Preston D. Harker

14. BIRTHPLACE (city or town) (State or country): Shelley Idaho

15. MAIDEN NAME: Blanche Nelson

16. BIRTHPLACE (city or town) (State or country): Shelton, Idaho

17. INFORMANT (Address): Mrs. Preston D. Harker 189 So. Water, Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: March 7, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Ida.

20. FILED: M. 7. 6., 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 3., 1934., to Mch 4., 1934.

I last saw h. alive on Mch 4, 1934; death is said to have occurred on the date stated above, at 10:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Hem Colitis | Mch 4 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: — Date of: —

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87770

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
I.D.S. Hospital
Registration District No. 73
Primary Registration District No. 2 IN-0
Local Registrar's No. #39

(No. 1 mi. n. of hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1610

2. FULL NAME Baby Nelson

(a) Residence. No. Woodville - (R.F.D. Shelley) Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-22-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 7 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Babe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodville Ida.

FATHER

13. NAME Harold Nelson

14. BIRTHPLACE (city or town) (State or country) Twin, Brigham Co. Utah

MOTHER

15. MAIDEN NAME Delilah Huntsman

16. BIRTHPLACE (city or town) (State or country) Woodville, Brigham Co.

17. INFORMENT (Address) Harold Nelson Shelley Ida. R.1.

18. BURIAL, CREMATION, OR REMOVAL Place Shelley Date 2-23, 1934

19. UNDERTAKER (Address)

20. FILED Mar 1, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Birth 2-22, 1934, to Death, 1934
I last saw him alive on 2-22-, 1934; death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| about 7½ months | |
| gestation | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Edgar Carter, M. D.
(Address) Box 66 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 8777

State File No.

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 98

(No. Ironsides Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald George Shively

(a) Residence. No. Idaho Falls RFD #7 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 21/1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida.

MOTHER FATHER

13. NAME Wm. O. Shively

14. BIRTHPLACE (city or town) (State or country) Decatur, Ill.

15. MAIDEN NAME Eva Carlson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Wm. O. Shively Ida Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Ida Date 2/21/34, 193..

19. UNDERTAKER None
(Address)

20. FILED 2/27/34, 193. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) F 26 34 193 4

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1934, to Feb 26 34, 1934
I last saw h. alive on Feb 26 34, 1934: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematur Infant | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Mothers Eclampsia | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] M. D.
(Address) Idaho Falls Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87772

Registration District No. 73

Primary Registration District No. 214-D

Local Registrar's No. ~~39~~ 37

(No. ) 119

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Smyth

(a) Residence. No. 1275 - 5th East St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: B. C. Smith

6. DATE OF BIRTH (month, day, and year): September 6, 1848

7. AGE: Years 85 | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Aymerville

MOTHER FATHER

13. NAME: John W. Robinson

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT (Address): Mrs. W. L. Shattuck Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Idaho Falls Date: Mar 4 1934

19. UNDERTAKER (Address): Jackson & Taylor Idaho Falls Idaho

20. FILED: Mar 5, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, to Mar. 2, 1934.

I last saw her alive on Mar 2, 1934; death is said to have occurred on the date stated above, at 10-30 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Stasis | 12 yr ago |
| Progressive intestinal paralysis | |
| Dilatation of Cecum & Construction of Descending colon. | |
| Other **contributory causes** of importance: | |
| Senility | |
| Chronic Colitis | |

Name of operation: None Date of:

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew M. Cauley, M. D.

(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87773

Registration District No. 73
Primary Registration District No. 8-470 Local Registrar's No. 80

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie Wesley Galloway

(a) Residence. No. Shelley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): December 28, 1933

7. AGE — Years: — Months: 2 — Days: 4 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Shelley Idaho

FATHER

13. NAME: Leki Galloway
14. BIRTHPLACE (city or town) (State or country): Woodville Idaho

MOTHER

15. MAIDEN NAME: Annie Vera Goulsen
16. BIRTHPLACE (city or town) (State or country): Milo Idaho

17. INFORMANT (Address): Mrs. Annie V. Goulsen Shelley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Shelley Idaho Date: Mar 5, 193 4

19. UNDERTAKER (Address): Jack O. Ward Idaho Falls, Idaho

20. FILED Mar. 3, 193 4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 2 193 4

I HEREBY CERTIFY, That I attended deceased from [redacted] 28 193 4, to 3-2, 193 4
I last saw him alive on 3-1, 193 4; death is said to have occurred on the date stated above, at 9-20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 2-27-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Gastro-enteritis | 2-25-34 |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

22. If death was due to exter'l causes **(violence)** fill in also *the following:*
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....

(Signed) Roy Carter, M. D.
(Address) Box 66 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87774

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls
Registration District No. 22
Primary Registration District No. 22-4-D Local Registrar's No. 36
(No. ) 50
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orland V Perry
(a) Residence. No. 110 7 St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Oct. 22, 1932
7. AGE: Years 1; Months 4; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho.

FATHER
13. NAME: Vernon V. Perry
14. BIRTHPLACE (city or town) (State or country): Logan Utah

MOTHER
15. MAIDEN NAME: Marguerit Lauder
16. BIRTHPLACE (city or town) (State or country): St. Anthony Idaho.

17. INFORMENT (Address): Vernon V. Perry Idaho Falls. Idaho.
18. BURIAL, ~~CREMATION~~, OR REMOVAL. Place Idaho Falls. Date 3-4, 1934
19. UNDERTAKER (Address): V. F. McHaze. Idaho Falls Ida
20. FILED Mar 1, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 28 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to Feb 27, 1934
I last saw him alive on Feb 27, 1934; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of bladder | Nov? 1933 |
| Other contributory causes of importance: | |
| Uremia | 3 weeks |

Name of operation Cystotomy by O. A. Spencer M.D. Date of 2/23/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) F. W. Call M.D.
(Address) Idaho Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

**PLACE OF DEATH**

County of Bonn.

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 21-D

DO NOT WRITE IN THIS SPACE

State File No. 87775

Local Registrar's No. 34

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harrison Franklin Rushton

(a) Residence. No. 276-W-18th St. Idaho Falls (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Feb. 22 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

FATHER

13. NAME De Forest Menard Rushton

14. BIRTHPLACE (city or town) Idaho Falls (State or country)

MOTHER

15. MAIDEN NAME Wilma Dela Rehfuss

16. BIRTHPLACE (city or town) Mackay (State or country) Idaho

17. INFORMENT De M. Rushton (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemetery Date Feb. 23, 1934

19. UNDERTAKER V. F. McClain (Address) Idaho Falls

20. FILED 2-23, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1934, to Feb 22, 1934

I last saw h[illegible] alive on Feb 22, 1934: death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart Disease | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Abbott, M. D.

(Address) Ida Falls Ida.

RECEIVED APR 13 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87,776
State File No.

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 33

(No. )
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Samuel Chadburn

(a) Residence. No. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Emily Anna Chadburn

6. DATE OF BIRTH (month, day, and year): February 16, 1858

7. AGE: Years 76 | Months | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: John Henry Chadburn

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Morley

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Frank Whitegard, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Grant, Idaho Date: Feb 21, 1934

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED Apr 13, 1934 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1934, to Feb 18th, 1934.
I last saw him alive on Feb 18, 1934; death is said to have occurred on the date stated above, at 7 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1932 |
| Chronic Myocarditis | 1933 |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. B. Smith, M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87777

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 3
Primary Registration District No. 2-1-0 Local Registrar's No. 37
(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1180

2. FULL NAME Mary Frankie Cover

(a) Residence. No. Driggs Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Chalmers M Cover.
6. DATE OF BIRTH (month, day, and year): Sept 5 1883
7. AGE: Years 50; Months 5; Days 18; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Caldwell Co. Missouri

FATHER
13. NAME: Berry Brown.
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Mitchell
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): C M Cover Victor Idaho.
18. BURIAL, CREMATION, OR REMOVAL. Place: Victor Idaho Date 2-22, 1934
19. UNDERTAKER (Address): V. F. M. Co. Idaho Falls Ida.
20. FILED 2/21, 1934 Jennie Tinsman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 19 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1934, to Feb 19th, 1934
I last saw her alive on Feb 19th, 1934; death is said to have occurred on the date stated above, at 3:20 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated Ventral Hernia. | |
| Other contributory causes of importance: | |
| Diabetes Mellitus | |

Name of operation Herniotomy Date of 2/19/34
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify
(Signed) A. R. Dougan M. D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87778

Registration District No. 73

Primary Registration District No. 2102

Local Registrar's No. 31

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Layton

(a) Residence. No. 175 S - So Emerson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: George W. Layton

6. DATE OF BIRTH (month, day and year): April 24, 1851

7. AGE: Years 82 | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hawley Penn.

MOTHER FATHER

13. NAME: Walsh Simpson

14. BIRTHPLACE (city or town) (State or country): Penn

15. MAIDEN NAME: Rachel Mccoy

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): George Layton Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Feb 20 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED 2/20, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933, to Feb 16, 1934.

I last saw her alive on Feb 15 1934; death is said to have occurred on the date stated above, at 3-30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch Toxic Thyroid | 5 to 10 yrs |
| Carcinoma of Cervix | 2 mo |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocarditis Ch. | 2 yrs |

Name of operation: None Date of: clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87779

**PLACE OF DEATH**

County of Bonneville. City of Idaho Falls.

Registration District No. 73
Primary Registration District No. 2, 1-0
Local Registrar's No. 30

(No. L. D. S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Kaneko.

(a) Residence. No. Shelley Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Japanese | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 13 1919

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 14 | 2 | 3. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Parker. Idaho.

FATHER

13. NAME Sueyuchi Kaneko.

14. BIRTHPLACE (city or town) (State or country) Japan.

MOTHER

15. MAIDEN NAME Tomino Wakamatsu.

16. BIRTHPLACE (city or town) (State or country) Japan.

17. INFORMENT (Address) Seiki Kaneko. Shelley Idaho.

18. BURIAL, CREMATION, REMOVAL Place Idaho Falls. Date 2-18, 1934

19. UNDERTAKER (Address) T. F. M. Hyer Idaho Falls. Idaho.

20. FILED Feb 17, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to Feb. 16, 1934

I last saw h alive on Feb. 16, 1934; death is said to have occurred on the date stated above, at 9:35 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Intestinal Hemorrhage | 2/14 |

Name of operation None Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Dutton, M. D.

(Address) Box 86. Shelley

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87780

County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2170 Local Registrar's No. 29

(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gene Harkless

(a) Residence. No. Ammon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 3 | 0 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) West Virginia
(State or country)

FATHER

13. NAME Jess Harkless

14. BIRTHPLACE (city or town) West Virginia
(State or country)

MOTHER

15. MAIDEN NAME Cora Campbell

16. BIRTHPLACE (city or town)
(State or country) Tennessee

17. INFORMENT Jess Harkless
(Address) Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ammon Idaho Date 2-17, 1934

19. UNDERTAKER W. F. McHan
(Address) Idaho Falls Ida.

20. FILED 2-17, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Feb 15, 1934

I last saw him alive on Feb 15, 1934: death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Burns | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Feb 14, 1934

Where did injury occur? Ammon Bonneville Co, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in Home

Manner of injury Fell in basin boiling water

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Ida

RECEIVED MAR 13 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87781

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 21-0

Local Registrar's No. 2R

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Leonidas Clark

(a) Residence. No. 1575 Idaho Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Malinda Clark

6. DATE OF BIRTH (month, day, and year): Sept. 21, 1874

7. AGE — Years: 59 — Months: 4 — Days: 20 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hooper, Utah

MOTHER FATHER

13. NAME: Leonidas Clark

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Elizabeth Higley

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Malinda Clark, Idaho Falls

18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls Date: 2/15, 193 4

19. UNDERTAKER (Address): Jack C. Woods, Idaho Falls, Idaho

20. FILED Feb 17, 193 4 — Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental - Struck by automobile. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?.... Date of injury..., 193.

Where did injury occur?.. Idaho Falls

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. 14th Boulevard

Manner of injury. Driving Automobile

Nature of injury. Broken Rib - Broken Neck

24. Was disease or injury in any way related to occupation of deceased? No, specify.....

(Signed) Frank Bailey (Coroner), M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87784

PLACE OF DEATH

County of Bonneville

City or Idaho Falls. Registration District No. 13

Primary Registration District No. 21-0 Local Registrar's No. 21

(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Truman Edward Gilchrist

(a) Residence. No. Shelley. Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If maried, widowed or divorced HUSBAND of (or) WIFE of Cora Gilchrist.

6. DATE OF BIRTH (month, day, and year) June 27 1904

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | 7 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. clerk & bookeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank.

10. Date deceased last worked at this occupation (month and year) Jan 27-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburgh Virginia

FATHER

13. NAME alex Gilchrist

14. BIRTHPLACE (city or town) (State or country) Colville Utah

MOTHER

15. MAIDEN NAME Mattie Grushy.

16. BIRTHPLACE (city or town) (State or country) Melbourough Virginia

17. INFORMENT (Address) Cora Gilchrist Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley Ida. Date 2-11, 1934

19. UNDERTAKER (Address) O. F. McHan Idaho Falls Ida.

20. FILED 2-11, 1934 C. E. Hunsaker Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1934, to Feb 7, 1934

I last saw h.. alive on Feb 7, 1934; death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Glomerular Nephritis | Jan. 1924 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic Nephrosis | 1924 |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

26. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Jewett, M. D.

(Address) Idaho Falls

RECEIVED MAR 14 1934

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87785

**PLACE OF DEATH**

County of Butte
City of Bernice

Registration District No. 59
Primary Registration District No. 2129

Local Registrar's No. #2

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Melinda Laswell

(a) Residence. No. Bernice, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 14, 1849

| 7. AGE Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|
| 85 | 1 | 13 | hrs. or min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER David Laswell

11. BIRTHPLACE OF FATHER (city or town) Mo. (State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth McClain

13. BIRTHPLACE OF MOTHER (city or town) Mo. (State or Country)

14. Informant Mrs. J. M. Strope
(Address) Howe, Idaho

15. Filed Mar 2, 1934 Ruth E Nichols
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb., 27, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to Feb 27, 1934
that I last saw her alive on Feb. 26, 1934
and that death occurred, on the date stated above, at 5:55A.M.
The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) V. C. Gilbert, M. D.

Mar 2, 1934 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| Arco, Idaho | Mar. 1 |
| **20. Undertaker** | **Address** |
| G. Garnier | Arco, Ida. |

RECEIVED APR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87786

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 8815
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Bain Gill

(a) Residence. No. 1" + Dearborn St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Dorothy B Gill

6. DATE OF BIRTH (month, day, and year) Dec 14 - 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 28 | 1 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Jeweler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenborough Scotland

FATHER
13. NAME Charles Wm Gill
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Elizabeth Ferguson
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Dorothy B. Gill 1" + Dearborn

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Feb. 9", 1934

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho.

20. FILED 4/10, 1934 W. Monty Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to Feb 7, 1934
I last saw him alive on Feb 5, 1934 death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows: Myocarditis

| Date of onset |
|---|
| |

Other contributory causes of importance Myocardial attacks for several years followed by flue

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. M. Kelly M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 87787

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Charlie Miller

(a) Residence. No. Caldwell, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | ? |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 90 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not known
(State or country)

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT J. Kingsbury Caldwell Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Co Ida Date 2-10, 1934

19. UNDERTAKER C. C. Peckham Caldwell Ida
(Address)

20. FILED 2/12, 1934 M. Montgomery
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934 to Feb 9, 1934

I last saw h alive on Feb 6, 1934: death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Bright's disease | |
| | |
| | |
| | |

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Newberry M. D.

(Address) Caldwell Ida

RECEIVED MAR 0 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87788

**PLACE OF DEATH**

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 18

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Robert Trumbo Kloepfer

(a) Residence. No. R. F. D. # 1 St. Kuna, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4 1931

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 2 | 8 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kuna Idaho

FATHER

13. NAME Moroni H. Kloepfer

14. BIRTHPLACE (city or town) (State or country) Provedence Utah

MOTHER

15. MAIDEN NAME Ethel Trumbo

16. BIRTHPLACE (city or town) (State or country) Donnelsville Ohio

17. INFORMENT (Address) Mr. M. H. Kloepfer, Kuna, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date Feb. 25, 1934

19. UNDERTAKER (Address) Mrs. Minnie M. Talley, Nampa, Idaho

20. FILED Mar 3, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1934 to Feb. 23 1934

I last saw him alive on Feb 23, 1934: death is said to have occurred on the date stated above, at 12:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suppurative Appendicitis. | |

Other contributory causes of importance:

| | |
|---|---|
| Edema of lungs. | |

Drainage of appendiceal abscess

Name of operation Date of 2-7-34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Swanson, M. D.

(Address) Nampa, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87789

**PLACE OF DEATH**
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No.

(No. ) 89
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank M. Conroy

(a) Residence. No. R F D Houston St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Bessie Conroy

6. DATE OF BIRTH (month, day, and year) Sept 30 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 72 | 4 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Thomas Conroy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Delia Higgins
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Clarence Conroy R F D Huston Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Feb 17-34

19. UNDERTAKER Paul L. Case
(Address) Caldwell Ida

20. FILED 2/20, 193 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 13-34

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1934, to Feb 13, 1934
I last saw h[illegible] alive on Feb 12, 1934; death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 2-13-34 |

Other contributory causes of importance:
Prostatitis

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87790

**PLACE OF DEATH**
County of Canyon
City of Greenleaf

Registration District No.
Primary Registration District No. 2005
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phoebe Fanning

(a) Residence. No. Greenleaf St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married widow |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 24-85

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 - | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Joseph Roberts
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Rachel Keston
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) John Fanning Greenleaf

18. BURIAL, CREMATION, OR REMOVAL Place Allen, Nelson Date Mch, 1934

19. UNDERTAKER C. L. Feckham (Address) Caldwell, Idaho

20. FILED 3/6/34, 193 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933, to Mar 3, 1934

I last saw her alive on Feb 27, 1934: death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Hall M.D., M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 1 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87791

County of Canyon
City of Wilder
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hermina Miller

(a) Residence. No. Wilder St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 18-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Fred Miller Wilder Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Feb 9, 1934

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED Feb 8, 1934 W. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1934, to Feb 6, 1934

I last saw her alive on Feb 6, 1934; death is said to have occurred on the date stated above, at 5:55 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: acute Inf. Nephritis | 1932 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert E. Talbot, M. D.

(Address) Wilder

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87792

Registration District No. 1
Primary Registration District No. 205
Local Registrar's No.

(No. ) 74
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Edna Fares

(a) Residence. No. Wilder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 6 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bladensville Indiana
(State or country)

FATHER

13. NAME Benjamin R. Fares

14. BIRTHPLACE (city or town) Marion Co
(State or country) Indiana

MOTHER

15. MAIDEN NAME Katrin Freyhour

16. BIRTHPLACE (city or town) Ft Wayne
(State or country) Indiana

17. INFORMENT Fares
(Address) Wilder Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date Feb 4, 1934

19. UNDERTAKER Voshburn
(Address) Caldwell Ida

20. FILED Feb 5, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Feb 1, 1934
I last saw her alive on Feb 1, 1934; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorrhage | Jan 15-34 |
| | |
| | |
| | |
| Other contributory causes of importance: Chr Nut Nephritis | 1929 |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert E Talbot, M. D.
(Address) Wilder

RECEIVED MAR 0 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87793

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Monday

(a) Residence. No. ..... St. Fort Hall Indian Reservation
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 21 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owyhee Nev.

MOTHER FATHER

13. NAME Charley Monday

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Mc Kinnon

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Dr. Boyd Nampa Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Owyhee Nev. Date....., 193..

19. UNDERTAKER F. E. Robinson
(Address) Nampa Ida

20. FILED Mar. 3, 1934. Lyda. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-2-, 1933., to 2-9-, 1934.

I last saw him alive on 2-7-, 1934.: death is said to have occurred on the date stated above, at 3 27 a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis (Pulmonary) | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Glandular Tuberculosis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Dr. Boyd, M. D.

(Address) Nampa Ida

RECEIVED MAR 9 - 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cowyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87794

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 13

(No. State School & Colony)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Allen Harding

(a) Residence. No. Pocatello Valley Trailer Ct. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 1 1905

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 28 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME J. W. Harding

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lucy Elnora Hardy

16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMANT (Address) D. M. Boyle Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida Date 2-17 1934

19. UNDERTAKER (Address) Wm. D. Talley Nampa Ida.

20. FILED Feb. 17, 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-17- 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-28-, 1933, to 2-17-, 1934.

I last saw him alive on 2-13-, 1934; death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) D. M. Boyle, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87795

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 15

(No. State Schools & Colony)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Asa H Avery

(a) Residence. No. State School & Colony St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Johnson City Tenn

MOTHER FATHER

13. NAME: Geo L Avery
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Supt Nampa

18. BURIAL, CREMATION OR REMOVAL: Kohlerlawn
Place Nampa, Ida. Date 2-20, 1934

19. UNDERTAKER: Wm D. Fallen
(Address) Nampa, Idaho

20. FILED Mar 2, 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-16-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1934, to 2-16, 1934.

I last saw him alive on 2-16, 1934: death is said to have occurred on the date stated above, at 6.20 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) O. J. Bergesen, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 5 1934

Not 7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87796

## PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Wagner

(a) Residence, No. ..... R.R. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Oct 14 1867

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John J Wagner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Hill

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cem. Date Mar 9., 1934

19. UNDERTAKER W S Mather
(Address) Meridian Ida

20. FILED Mar. 3., 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29., 193.4., to Feb. 7., 193.4.
I last saw him alive on Feb. 2, 193.4.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Nephritis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. C. Hall M.D., M. D.
(Address) Nampa Ida

RECEIVED MAR 0 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87797

**PLACE OF DEATH**
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 20

(No. 3 miles no. Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A Grimes

(a) Residence. No. 3 miles no. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Grimes

6. DATE OF BIRTH (month, day, and year) Dec. 31st 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 80 | 1 | 9. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Henry Grimes
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Mary Grimes Nampa Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 2 - 15, 1934 Cloverlawn
19. UNDERTAKER Wm D. Talley (Address) Nampa, Idaho
20. FILED Mar. 3, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2 - 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 - 8, 1934, to 2 - 11, 1934
I last saw h...alive on 2 - 8, 1934: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Indigestion | |
| Other contributory causes of importance: | |

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. C. Horton M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 - 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 24

DO NOT WRITE IN THIS SPACE

State File No. 87798

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Mae Parker

(a) Residence. No. Nampa, Ida. Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 25-64

7. AGE — Years: 69 — Months: 4 — Days: 10 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penn.

FATHER

13. NAME: John Stover

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Sarah Snider

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Roy Parker, Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Boise Valley, Cem. Date: 2-8, 1934

19. UNDERTAKER (Address): F. K. Robinson, Nampa, Ida.

20. FILED Mar. 3, 1934 Lyda C. Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Feb. 5, 1934.
I last saw her alive on Feb. 5, 1934: death is said to have occurred on the date stated above, at ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Liver | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Tumor felt Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. E. Mauguin M. D.
(Address) Nampa, Ida.

RECEIVED MAR 9 - 1934

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87799

County of Canyon

City of Nampa Idaho

Registration District No. 7

Primary Registration District No. 1206 Local Registrar's No. 14

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gilbert Johnson

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 24th 1877

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 56 | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Wisconsin

MOTHER FATHER

13. NAME Ole Johnson

14. BIRTHPLACE (city or town) ..... (State or country) Norway

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) ..... (State or country) Norway

17. INFORMANT ... Mrs. Ole Johnson (Address) Huston Idaho

18. BURIAL, CREMATION OR REMOVAL

Place. Meridian Cemetery Date. Feb. 18 1934

19. UNDERTAKER M-M-McKinnis (Address) Meridian Idaho

20. FILED Feb 20 ..., 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/-15 ..., 193.., to Feb 15 ..., 1934

I last saw h.m alive on 2/15 ..., 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstruction bowel | |
| acute and ejuation | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Tumor and twisted bowel caused obstruction Ejuation Colostomy Peritonitis obstruction

Name of operation Date of 1/22/34

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace Richard M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 9 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87800

**PLACE OF DEATH**
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 21
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Wilson Cavanee

(a) Residence. No. 212 15th Ave. S. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 8-27-1882
7. AGE: Years 51 | Months 5 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Worked in
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Service Station
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country): Milan, Mo.
13. NAME: Wm. Cavanee

MOTHER
14. BIRTHPLACE (city or town) (State or country): Ohio
15. MAIDEN NAME: Vesta Cassidy
16. BIRTHPLACE (city or town) (State or country): Milan, Mo.

17. INFORMANT (Address): Mrs P.W. Cavanee, Nampa, Ida.
18. BURIAL, CREMATION OR REMOVAL
Place... Nampa, Ida. Date 2/18, 1934
19. UNDERTAKER (Address): F.K. Robinson, Nampa, Ida.
20. FILED Mar 3, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1934, to Feb. 13, 1934.
I last saw him alive on Feb. 13, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured appendix with Peritonitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Appendectomy Date of 2-8-34
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W.C. Nolte M.D.
(Address) Nampa, Idaho

Dr Nolte

RECEIVED MAR 9 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87801

**PLACE OF DEATH:**
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 22
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eleanor Ruth Biggs

(a) Residence. No. 4th St. 12th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 4 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME Geo. Biggs

14. BIRTHPLACE (city or town) (State or country) Ida.

MOTHER

15. MAIDEN NAME Ruth Hamilton

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT (Address) Geo. Biggs, Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 2-16, 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED Mar. 3, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1934, to 2-15, 1934
I last saw h....alive on 2-15, 1934. death is said to have occurred on the date stated above, at 7.35a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Horton M. D.
(Address) Nampa Ida

RECEIVED MAR 9 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87802

**PLACE OF DEATH**

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 26
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Monroe Young

(a) Residence. No. 410 - Caroline St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

74a

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-1-96

7. AGE: Years 37 | Months 8 | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owensboro Kentucky

MOTHER FATHER

13. NAME Henry Young
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Mary Pitts
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Lee Newman
(Address) Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 3-10-34

19. UNDERTAKER F. E. Reamer
(Address) Nampa Ida

20. FILED Mar. 7, 1934. Lydia Rodgers
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) 3/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933, to Mar. 3, 1934.
I last saw him alive on Mar. 2, 1934.: death is said to have occurred on the date stated above, at 6 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1-18-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:
Arteriosclerosis
Mitral heart disease

Name of operation.... Date of....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. C. Reed M. D.
(Address) Nampa

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87803

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 26
(No. 127 - 16th Ave. No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edanel Scott McGill

(a) Residence. No. 209 - 14th So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): divorced

5a. If ~~married, widowed,~~ or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6th 1868

7. AGE: Years 66 | Months 1 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tennyco Missouri

FATHER
13. NAME: Joseph S. McGill
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Martha Bates
16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMENT (Address): Mrs. Fraginaugh Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Nampa Ida Date: Feb. 27, 1934 Rohlerbuch

19. UNDERTAKER: Wm. D. Talley (Address): Nampa, Idaho

20. FILED: Mar. 5, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| History of case- | |
| Pneumonia. | |
| No physician called because | |
| of religious beliefs. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Wm. D. Talley Coroner. M. D.

(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87804

Registration District No. 7

Primary Registration District No. 1906 Local Registrar's No. 27

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Freda Deevey

(a) Residence. No. 113 St. Diamond

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem. | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-15-75

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zurich Switz.

FATHER

13. NAME Albert Lille

14. BIRTHPLACE (city or town) (State or country) Switz

MOTHER

15. MAIDEN NAME Freda Weiss

16. BIRTHPLACE (city or town) (State or country) Switz

17. INFORMANT (Address) W. P. Deevey Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 3/3, 1934

19. UNDERTAKER (Address) F. R. Robinson Nampa Ida

20. FILED Mar. 7, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1933, to Mar. 1, 1934.

I last saw her alive on Mar. 1, 1934.: death is said to have occurred on the date stated above, at 5:15 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Mauzy M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 5 - 1934

PLACE OF DEATH

County of Canyon

City of Nampa

Elliott

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87805

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 28

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

18 V

2. FULL NAME Elbert Dee Evans

(a) Residence. No. Caldwell Trail St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-1-2

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 11 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario, Oregon
(State or country)

FATHER

13. NAME Dee Evans

14. BIRTHPLACE (city or town) Utah, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Betty Hopper

16. BIRTHPLACE (city or town) Walterburg Idaho
(State or country)

17. INFORMANT E. N. Hopper
(Address) 1116-12th North

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date Mar. 7, 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida.

20. FILED Mar. 7, 1934. Lydd Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1934, to Mar. 5, 1934.

I last saw h....alive on ..0.0...., 193...: death is said to have occurred on the date stated above, at 3.15 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally Drowned | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Samuel N. Swayne M. D.

(Address) Nampa, Ida.

RECEIVED [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Elba

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87806

Registration District No. 119

Primary Registration District No. 2198 Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number)

884

2. FULL NAME Oel O. Parish

(a) Residence. No. Elba (Usual place of abode) Idaho St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7. 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1-13-34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Elba Idaho

FATHER

13. NAME Fredrick W. Parish

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Nancie Call

16. BIRTHPLACE (city or town) (State or country) Willard Utah

17. INFORMANT Alonzo Parish

(Address) Elba Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Elba, Ida. Date 1-22-, 1934

19. UNDERTAKER D. E. Johnson

(Address) Burley Idaho

20. FILED 1/24, 1934 C. E. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 193.4., to Jan 20, 193.4.

I last saw him alive on Jan 20, 193.4. death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Jan 5. 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Lobar Pneumonia | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No. Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Slater M. D.

(Address) Malta Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Bridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87807

Registration District No. 119
Primary Registration District No. 2198 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Alice Spalding

(a) Residence. No. Bridge Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Spalding
6. DATE OF BIRTH (month, day, and year): Nov. 29 1861
7. AGE: Years 72 Months 2 Days 6 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At home
10. Date deceased last worked at this occupation (mo. and yr.): 11-33
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
13. NAME: James T. Montgomery
14. BIRTHPLACE (city or town) (State or country): Ind.

FATHER
15. MAIDEN NAME: Sallie Edmonson
16. BIRTHPLACE (city or town) (State or country): Ind.

17. INFORMANT (Address): John A. Spalding Bridge Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Malta Idaho Date: 2/8, 1934
19. UNDERTAKER (Address): H. E. Johnson Burley Idaho
20. FILED 2/7, 1934 C. I. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933, to Feb. 6, 1934
I last saw he alive on Feb. 4, 1934: death is said to have occurred on the date stated above, at 5:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Nov. 4 1933 |

Other **contributory causes** of importance: None

Name of operation: None Date of:
What test confirmed diagnosis?: — Was there an autopsy?: —

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) C. I. Slater M. D.
(Address) Malta Idaho

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87808

**PLACE OF DEATH**

County of Cassia

City of Albion

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No. 44

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John James Adams

(a) Residence. No. / Albion Ida. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8. 1851

7. AGE — Years: 82 | Months: 1 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Prospector

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mining

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) John Bridges Albion Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Albion Idaho Date 2-12-, 1934

19. UNDERTAKER H. E. Johnson

(Address) Burley Idaho

20. FILED 2/11..., 1934 C. F. Slater

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28..., 1934, to Feb 10..., 1934.

I last saw him alive on Feb 6..., 1934: death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | Jan 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: None | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Removed Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Slater M. D.

(Address) Malta Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87809

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 14

(No. State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number.)

77

2. FULL NAME Andrew Peterson

(a) Residence. No. St. Rose Lake, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? 46 yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Feby 16, 1934

19. UNDERTAKER F. A. Billberg, Hospital Attendant
(Address) Orofino - Idaho -

20. FILED 2/17, 1934 M. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 15 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to February 15, 1934

I last saw him alive on February 15, 1934; death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Osteoarthritis | 1923 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Manic-depressive psychosis - depressed type | 1923 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Lowrie McKelvey, M. D.

(Address) Orofino - Idaho -

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87810

**PLACE OF DEATH**

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2127

Local Registrar's No. 13

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Daniels

(a) Residence. No. 518 W. 3rd St. Moscow, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of Grace Daniels
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 59 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Horse breeder & farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sullivan Indiana

FATHER

13. NAME L. F. Daniels

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Etta Smith

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Records; State Hospital North Orofino - Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Moscow Date 2/13, 193 3

19. UNDERTAKER (Address) K. P. Short Moscow, Idaho

20. FILED 2/11, 193 ... W. A. Shearer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feby 10 193 4

22. I HEREBY CERTIFY, That I attended deceased from September 14, 193 2, to Feby 10, 193 4

I last saw him alive on February 10, 193 4; death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | Feb. 10-1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Psychosis with cerebral arterio-sclerosis | 1928 or 29 |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas Louise McKelvey, M. D.

(Address) Orofino - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC[illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87811

**PLACE OF DEATH.**

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2157

Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Agustus Hardin

(a) Residence. No. Orofino St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | [illegible] | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Craigmont Ida

FATHER

13. NAME Thomas Hardin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Goss

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Mr. Hardin Richland Wash

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 2/9, 1934

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 2/9, 193[illegible] W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1934, to 2-7, 1934

I last saw him alive on 2-7, 1934: death is said to have occurred on the date stated above, at 3:15 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot - Revolver 32 Caliber. | 2/6 34 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 2/6, 1934

Where did injury occur? On Maxfield Ranch. (Specify city or town, county, and State) near Orofino - Clearwater County Idaho

Specify whether injury occurred in industry, in home, or in public place. On a ranch

Manner of injury Shot in back

Nature of injury Penetrated Spinal Cord -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Johnson, M. D.

(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87812

## PLACE OF DEATH

County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 11
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME C. M. Stone

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W | ? |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| about 72 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Labor

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ida
(State or country)

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Orofino Hosp
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 9/11, 1934

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 9/9, 1934 V. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/5, 193.3., to 9/6, 193.4.
I last saw h[illegible] alive on 9/6, 193.4.; death is said to have occurred on the date stated above, at 7.15 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of prostate & bladder | about July 1933 |
| **Other contributory causes** of importance: Cyclone fracture | Nov. 1933 |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical + autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) R. J. Hoffman M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

1934 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87813

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 10

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Ann Simmonds

(a) Residence. No. ____ St. Wardner, Idaho —
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? 10 yrs. + mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Simmonds

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 63 | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Stephen Thomas

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Kemp

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Records; State Hospital North Orofino — Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date Feb 10, 1934

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 2/6, 193 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feby 6 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1927 to Februery 6, 1934

I last saw her alive on Februery 6, 1934: death is said to have occurred on the date stated above, at 845 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Involutional melancholia | 1925 |
| | |
| | |

Name of operation None Date of ____

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John Lorne McKelvey, M. D.
(Address) Orofino - Idaho

REC[illegible] 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87814

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No.
Primary Registration District No.
Local Registrar's No. 9

(No. Clearwater Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Weisenberger

(a) Residence. No. St. Sandpoint - Idaho -
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 3 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sterling (State or country) Illinois

FATHER
13. NAME Ludwig Weisenberger
14. BIRTHPLACE (city or town) Baden (State or country) Germany

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Records; Clearwater Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Cem Date 2 - 5, 1934

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 2/5, 193[illegible] [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to February 7, 1934

I last saw him alive on February 7, 1934; death is said to have occurred on the date stated above, at 6.20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Manic depressive psychosis | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Phys Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Lorrie McElwaney, M. D.

(Address) Orofino - Idaho -

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Ahsahka

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87815

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances E. Clingenpeel

(a) Residence. No. ..... Ahsahka ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

21

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Ella Clingenpeel

6. DATE OF BIRTH (month, day, and year) April 13 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ind
(State or country)

FATHER

13. NAME Allen Clingenpeel

14. BIRTHPLACE (city or town) Ida
(State or country)

MOTHER

15. MAIDEN NAME Ellin Moore

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT (Address) Ellin Clingenpeel

18. BURIAL, CREMATION OR REMOVAL
Place Ahsahka Date Feb. 5, 1934

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 2/3, 1934. V. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Some time, 1931, to 2-2, 1934

I last saw him alive on 2-2, 1934; death is said to have occurred on the date stated above, at 4 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary T.B. | unknown |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arthritis Deformans | |
| Several years | unknown |

Name of operation ..... Date of .....

What test confirmed diagnosis? Microscopic Examination Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Johnson M. D.
(Address) Orofino Idaho

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87816

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2167

Local Registrar's No. 18

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald McDougal 10

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 25-1919

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 14 | 5 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida

FATHER

13. NAME Hiram McDougal

14. BIRTHPLACE (city or town) (State or country) Ida

MOTHER

15. MAIDEN NAME Bessie Morton

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Hiram McDougal Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 3/27, 1934

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 3/26, 1934 V. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/24/34, 1934, to 3/24/34, 1934
I last saw him alive on 3/24/34, 1934; death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diphtheria | |
| Other contributory causes of importance: | |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

F-1-

RECEIVED 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87817

## PLACE OF DEATH

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac N. Alexander

7 04

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 14 - 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 0 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ? (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Chas. Scoles (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 2/20.., 1934

19. UNDERTAKER W. A. Schaeffer (Address) Orofino

20. FILED 2/19.., 1934. W. A. Schaeffer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found Dead in bed | |
| Old age | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) W. A. Schaeffer Loc. Reg. 90 M. D.
(Address) Orofino

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87819

**PLACE OF DEATH**

County of Clearwater

City of Orofino

Registration District No. 96

Primary Registration District No. 2187

Local Registrar's No. 15

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary E. Miller

(a) Residence. No. St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest Miller

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Hospital Cemetery Date Feb. 17, 1934

19. UNDERTAKER F. A. Billberg, Hosp. Attat. (Address) Orofino — Idaho.

20. FILED 2/17, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1926, to February 17, 1934

I last saw her alive on February 16, 1934: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral arteriosclerosis | |
| Other contributory causes of importance: Psychosis with arteriosclerosis | 1913 |

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John Louis McElwain, M. D.

(Address) Orofino — Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87821

**PLACE OF DEATH**
County of Custer
City of Clayton
Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 165
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thomas B Lee

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown.

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 19 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Gladys Gannis
(Address)

15. Filed Jan 1, 1934 Edna McKenney Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 2 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933 to Jan 2, 1934
that I last saw h[illegible] alive on Jan 2, 1934
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Silicosis

(duration) 20 yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) C. L. Hurley, M. D.
March 6 1934 (Address) Challis

19. Place of Burial, Cremation, or Removal: J. Clayton, Idaho — Date of Burial: Jan 3 1934

20. Undertaker [illegible] — Address Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87822

**PLACE OF DEATH**
County of Custer
City of Challis
Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 66
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Josephine Julia Donahue

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emmett Donahue

6. DATE OF BIRTH (month, day and year) Aug 27 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | 5 | 18 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Joe Dumas

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Rae

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Emmett Donahue
(Address)

15. Filed Feb 15, 1934 Edna McKenney Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 14 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~Jan~~ Feb 6, 1934, to Feb 14, 1934
that I last saw her alive on Feb 14, 1934
and that death occurred, on the date stated above, at 7 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

.....(duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) C. L. Hartley, M. D.
March 8, 1934 (Address) Challis Ida

19. Place of Burial, Cremation, or Removal Mackay, Idaho — Date of Burial Feb 17 1934

20. Undertaker Gladys Garnier — Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87823

PLACE OF DEATH
County of Fremont
City of St. Anthony
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 1-20
(No. ) 188
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Doyle B. Hansen

(a) Residence. No. St. Anthony Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17th, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | 7 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salina Utah.
(State or country)

FATHER
13. NAME Charles M. Hansen
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER
15. MAIDEN NAME Mary C. Sorenson
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMENT Emmett Robins
(Address) St. Anthony Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Salina Utah. Date 1/29/34 193

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho.

20. FILED 1/29/34, 193 Sarah Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broken Neck and back - Auto Accident on Yellowstone highway | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 28, 1934
Where did injury occur? State Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury Broken neck + back

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. W. Keller, M. D.
(Address) St. Anthony, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| EXAMPLE I | | EXAMPLE II | |
|---|---|---|---|
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other CONTRIBUTORY CAUSES of importance: | | Other CONTRIBUTORY CAUSES of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

#9

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1934

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1222x 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 87824

Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Albert Edward Lewis

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXX~~ Nannie Cotrell Lewis

6. DATE OF BIRTH (month, day, and year) March 25/1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 9 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond, Utah.

FATHER

13. NAME Neriah Lewis

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Martha (Not Known)

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMENT (Address) Mrs. Albert E. Lewis St. Anthony, Idaho.

18. BURIAL, CREMATION, REMOVAL Clifton Idaho
Place Jan. 18th, 1934 Date ....., 193

19. UNDERTAKER .....
(Address) St. Anthony, Idaho.

20. FILED Jan 15, 1934 Sarah Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-13-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933, to Jan. 13, 1934

I last saw ~~him/her~~ alive on Dec. 29 1934: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Brights Disease | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chr. Endocarditis | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. M. Kelly, M. D.

(Address) St. Anthony, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH
County of Fremont
City of Parker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2177
Primary Registration District No. 99

DO NOT WRITE IN THIS SPACE
State File No. 87825

Local Registrar's No. 114

(No. 112 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Houseley

(a) Residence. No. Parker Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 9- 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 36 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paradise Utah

FATHER

13. NAME Joseph B. Houseley

14. BIRTHPLACE (city or town) (State or country) Draper Utah

MOTHER

15. MAIDEN NAME Lydia Davis

16. BIRTHPLACE (city or town) (State or country) Paradise Utah

17. INFORMENT (Address) Joseph B. Houseley Parker Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date Jan. 17, 1934

19. UNDERTAKER (Address) T. M. Hansen St. Anthony Idaho

20. FILED Jan 17, 1934 Sarah Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1934, to Jan. 13, 1934
I last saw him alive on Jan. 13, 1934; death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from Bowel & Lung | |

Other contributory causes of importance:

| | |
|---|---|
| Influenza. | |

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? C Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) P. M. Kelly, M. D.
(Address) St. Anthony, Idaho

RECEIVED FEB 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87826

PLACE OF DEATH
County of Fremont
City of St. Anthony
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 116

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Hayder

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Isabelle Hayder

6. DATE OF BIRTH (month, day, and year) June 5-1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 7 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Jacob Hayder
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Kern Andersen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT Mrs. Myrtle Pownall (Address) St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Teton Date Jan. 30, 1934

19. UNDERTAKER P. M. Hansen (Address) St. Anthony Idaho

20. FILED Jan 31, 1934 Sarah Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1934, to Jan. 27, 1934
I last saw him alive on Jan. 27, 1934; death is said to have occurred on the date stated above, at 4:28 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Nephritis | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. M. Keeley, M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87827

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 118

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Francis Kane

(a) Residence. No. St. Anthony Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Ruby Redding Kane

6. DATE OF BIRTH (month, day, and year) Sept. 24-1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 4 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER

13. NAME Thomas Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Power

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs Ruby R. Kane St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Riverview Date Jan. 31, 1934

19. UNDERTAKER W. M. Hansen (Address) St. Anthony Idaho

20. FILED Feb 10, 1934 Sarah Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broken Neck | |
| (Auto Accident) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. W. Kelly, M. D.

(Address) St. Anthony, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87828

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 119

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Catherine Jenkins Tout.

(a) Residence. No. St. Anthony, Idaho. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Tout

6. DATE OF BIRTH (month, day, and year) Feb. 14th, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME William Wills Jenkins

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Elizabeth Rossor

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Mrs Kate Hansen St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date 2/12/34 193

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED Feb 10, 1934 Sarah Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9 — 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1934, to Feb. 9—, 1934

I last saw her alive on Feb. 8th, 1934: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Chr. nephritis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) R. M. Keel M. D.

(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1934

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 87829

Local Registrar's No. 117

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Mathews Smith

(a) Residence. No. St. Anthony, Route # 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
(or) WIFE of William Smith

6. DATE OF BIRTH (month, day, and year) June 1st, 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | 7 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John Mathews

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Carolin Danks

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Mrs. A. H. Buchneau St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Parker Date 2/5/34, 193

19. UNDERTAKER
(Address) St. Anthony, Idaho.

20. FILED Feb. 10, 1934 Sarah Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1934, to Feb. 2nd, 1934

I last saw her alive on Feb. 2nd, 1934; death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Extreme Emaciation | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no.

(Signed) P. M. Kelly, M. D.

(Address) St. Anthony, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Elmore

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. ..... 1

DO NOT WRITE IN THIS SPACE

State File No. 87830

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William F. Schwechtenberg

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16 - 1860

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 11 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Falk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Schwechtenberg
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 1/26, 1934

19. UNDERTAKER C. D. Buckenmaier
(Address) Emmett Idaho

20. FILED 1/26.., 1934 .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ..Nov....., 193.., to Jan 24.., 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Chronic Arterio Sclerosis | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. H. Reynolds M. D.
(Address) Emmett Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 87831

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna May Myrtle Tipton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | white | Child |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Mar 6 - 1928

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 5 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

FATHER

13. NAME John G. Tipton

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Myrtle N. Leavitt

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) John G. Tipton Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2/9, 1934

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Idaho

20. FILED 2/9, 1934 J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1934, to Feb 7, 1934. Last saw her alive on Feb 7, 1934: death is said to have occurred on the date stated above, at 3 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 1-25-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Whooping cough also Influenza. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. Reynolds M. D.
(Address) Emmett Ida.

RECEIVED 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87832

**PLACE OF DEATH**

County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

51

2. FULL NAME Hattie E. Yergenson

(a) Residence. No. Emmett Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | Married |

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Abrahom Yergenson

6. DATE OF BIRTH (month, day, and year) July 3 - 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 7 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Hiram Fridley
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Sophia Stoddard
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Abe Yergenson

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2/8, 1934

19. UNDERTAKER C. D. Buckenham
(Address) Emmett Idaho

20. FILED 2/8, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Feb 6, 1934.
I last saw her alive on Feb 1, 1934: death is said to have occurred on the date stated above, at 3:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy - Cerebral Hemorrhage | |
| Diabetis Melitus | |

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? C. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. L. Reynolds M. D.
(Address) Emmett Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 87833

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Michael H. Brady

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11 - 1858

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wayne Co (State or country) Penn

FATHER

13. NAME Bernard Brady

14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Mary Carlen

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Roy A. Howard (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2/12 1934

19. UNDERTAKER C. D. Buckenmeyer (Address) Emmett Idaho

20. FILED 2/12, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 2-9-, 1934.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Pulmonary Tuberculosis | Several Years |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. L. Reynolds, M. D.
(Address) Emmett Ida

RECEIVED 1934 FEB 1

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87834

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Douglas Knox

(a) Residence. No. Emmett Idaho St. 16
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 27 1843

7. AGE: Years 91 | Months — | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ohio

FATHER

13. NAME James Knox

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Douglas

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT ..... (Address) Frank Knox

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2/18, 1934

19. UNDERTAKER C D Buckmaster
(Address) Emmett Idaho

20. FILED 2/17, 1934 J L Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Feb 16....., 1934..
I last saw him alive on Feb 8., 1934.: death is said to have occurred on the date stated above, at 11.45 p m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General senile debility | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... J L Reynolds, M. D.

(Address) ..... Emmett Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87835

Registration District No.

Primary Registration District No. 6 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glen LeRoy Spencer

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Wed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 9 - 1924

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 9 | 4 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Emmett Idaho

FATHER

13. NAME: F. J. Spencer

14. BIRTHPLACE (city or town) (State or country): North Dak.

MOTHER

15. MAIDEN NAME: Edna May Byng

16. BIRTHPLACE (city or town) (State or country): Wash.

17. INFORMANT (Address): F. J. Spencer

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2/15, 1934

19. UNDERTAKER (Address): C. O. Buckendorf Emmett Idaho

20. FILED 2/15, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/1 3, 1934, to 2/13, 1934.

I last saw ~~him~~ alive on 2/12, 1934: death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 2-9-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Cirrhosis of liver | |

Name of operation none Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. O. Cummings, M. D.

(Address) Emmett Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 87836

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis Aden Miller

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 20 - 1898

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 35 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ottawa Co
(State or country) Mo

FATHER

13. NAME Geo W. Miller

14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah A. Johnson

16. BIRTHPLACE (city or town) .....
(State or country) Iowa

17. INFORMANT Geo. W. Miller
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date 1/3, 1934

19. UNDERTAKER C. D. Buckendorf
(Address) Emmett Idaho

20. FILED 1/3, 1934 J. C. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-28-....., 1933., to Jan ....1....., 1934.

I last saw him alive on Jan ....1..., 1934.: death is said to have occurred on the date stated above, at 8:30 P..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 12-25-33. |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ~~No~~ Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. R. Quinnett, M. D.

(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87837

Registration District No. 4

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... or .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Erwin E. Draper 50

(a) Residence. No. Emmett Idd St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 14 - 1877

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 56 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER

13. NAME: Moses Draper

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Rachel Heffner

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mrs. Matilda Draper Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 1/7, 1934

19. UNDERTAKER: O Buckendorf
(Address) Emmett Idaho

20. FILED 1/6, 1934 J. R. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to Jan, 1934.
I last saw him alive on Dec, 1933.: death is said to have occurred on the date stated above, at 12:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Tumor of the brain | about |
| | one or two |
| | years ago |

Other **contributory causes** of importance:

Name of operation trephining of skull Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. M. Cummings, M. D.

(Address) Emmett

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87838

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Morgan Henry Ackaret

31

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 19 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 46 | 10 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Evergreen COLO

FATHER

13. NAME James R Ackaret

14. BIRTHPLACE (city or town) (State or country) Ills

MOTHER

15. MAIDEN NAME Emma James

16. BIRTHPLACE (city or town) (State or country) Des Moines Iowa

17. INFORMENT (Address) Anna Ackaret Emmett Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Cemetery Date 1-18-34 193

19. UNDERTAKER Paul L Case
(Address) Caldwell Ida

20. FILED 1-22-, 193 J L Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15-34 193

22. I HEREBY CERTIFY, That I attended deceased from General yrs., 193, to Jan 15 -, 193
I last saw h alive on Jan 10, 193: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| Complicated with Bowels T.B. | |

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J L Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87840

**PLACE OF DEATH**
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. 24 Local Registrar's No. 259

(No. Gooding County Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Edmond Mull

(a) Residence. No. Gooding St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 27-'34

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding Idaho
(State or country)

FATHER

13. NAME L E Mull

14. BIRTHPLACE (~~city or town~~) Oklahoma
(State or country)

MOTHER

15. MAIDEN NAME Regna Grendal

16. BIRTHPLACE (city or town) North Dakota
(State or country)

17. INFORMENT L E Mull
(Address) Gooding Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Gooding Date 2-19, 1934

19. UNDERTAKER A E Thompson
(Address) Gooding

20. FILED Feb 28, 1934 J H Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1934, to Feb 17, 1934
I last saw h. alive on Feb 17, 1934; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | Jan 27-1934 |
| Jaundice Record 7½ mo | |
| Other contributory causes of importance: | |
| Intestinal infection | Feb 13 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J H Cromwell, M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87841

**PLACE OF DEATH**
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 260
(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie L McCoy

(a) Residence. No. ____ Gooding St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 15-1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 52 | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME David McCoy
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Mary Stevenson
16. BIRTHPLACE (city or town) (State or country) Washington Co Pa

17. INFORMENT (Address) C E McCoy Gooding

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 2-18, 1934

19. UNDERTAKER A E Thompson (Address) Gooding

20. FILED Feb 28, 1934 J F Gronwall Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to Feb 15, 1934
I last saw h. alive on Feb 15, 1934; death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephritis | |
| Acute Uraemia | |
| Uraemic Convulsions | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J F Gronwall, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87842

**PLACE OF DEATH**

County of Gooding

City of Bliss

Registration District No. 24

Primary Registration District No. .....

Local Registrar's No. 261

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charley Augustus Owens

(a) Residence. No. Bliss Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 3 - 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bakersfield Cal

FATHER

13. NAME Lyth Marshall Owens

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Nancy Mayors

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mr M. A. Owens

18. BURIAL, CREMATION, OR REMOVAL Place Hagerman Date 2 15, 1934

19. UNDERTAKER A E Thompson (Address) Gooding Idaho

20. FILED 2-28, 1934 J. H. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2 - 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1934, to Feb 13, 1934

I last saw him alive on Feb 13, 1934; death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy. | about Feb 7. |
| Arteriosclerosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Cromwell, M. D.

(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87843

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 262

(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Muriel Nadine Cannon

(a) Residence. No. ____ Richfield Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 7-1919

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 15 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Richfield Idaho

FATHER

13. NAME A C. Cannon

14. BIRTHPLACE (city or town) (State or country) Greeley Colorado

MOTHER

15. MAIDEN NAME Mildred Cannon

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Mrs. D C. Cannon Richfield Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Date Jan 10 1934

19. UNDERTAKER A E Thompson
(Address) Gooding

20. FILED Feb 28, 1934 J. D. Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to Feb 15, 1934

I last saw her alive on Feb 15, 1934: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Extensive Burns - covering 90% of body surface. - Shock | Feb 14-5 pm - 6 pm |

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2-14, 1934

Where did injury occur? Home - Richfield Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home - R

Manner of injury Kerosene used to start fire - ignited & caught clothing on fire. Other burns of her body.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. D. Cromwell, M. D.

(Address) Gooding Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ... 19..

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87846

**PLACE OF DEATH**
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No. ...
Local Registrar's No. 263

(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Addie A Faith

(a) Residence. No. Gooding St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) Mar. 8. 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Clinton
(State or country) Missouri

FATHER

13. NAME J J Thrush

14. BIRTHPLACE (city or town) Zanesville
(State or country) Missouri

MOTHER

15. MAIDEN NAME Virginia Sydebotham

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMENT Mayotte Journey
(Address) Gooding Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Gooding Date 3-2, 1934

19. UNDERTAKER A E Thompson
(Address) Gooding Idaho

20. FILED 2-28, 1934 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1934, to 2-28, 1934

I last saw h~~e~~r alive on 2-28, 1934: death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | ? |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J H Cromwell, M. D.

(Address) Gooding Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87847

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christopher Benjamin Kuss

(a) Residence. No. ..... St. ..... 88

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Kuss

6. DATE OF BIRTH (month, day, and year): 10/2/1842

7. AGE — Years: 91 — Months: 4 — Days: 10 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Michelbach Germany

MOTHER

13. NAME: Jacob Kuss

FATHER

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Amelia x

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Minnie Kuss, Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 2-14-1934

19. UNDERTAKER (Address): C. A. Hancock Jr. Grangeville Ida

20. FILED Mar. 10..., 1934. B. C. Chapman, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12/1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18-, 1933., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3.35 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stomach Ulcerations | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chapman, M. D.

(Address) Grangeville Ida.

RECEIVED MAR 12 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87848

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nesra Knighteen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wiley Knighteen

6. DATE OF BIRTH (month, day, and year) 5/19/72

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) San Jose California

FATHER

13. NAME Leonard Bickford

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Statara Trip

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT (Address) Carl Knighteen Elgin Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Idaho Date Feb 28, 1934

19. UNDERTAKER (Address) C A Hancock Grangeville

20. FILED Mar 10, 1934 B. C. Chapman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/24/1934

22. I HEREBY CERTIFY, That I attended deceased from 2-24-, 193 4, to 2-24-, 193 4
I last saw her alive on 2-24, 1934 death is said to have occurred on the date stated above, at 10-30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 2-14-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. C. Chapman, M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87849

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 66
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucinda Marie Pulse

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Pulse
6. DATE OF BIRTH (month, day, and year): 3/5/1860
7. AGE — Years: 73 Months: 11 Days: 27 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Vernon (State or country) New York

MOTHER
13. NAME X Wilkerson
14. BIRTHPLACE (city or town) England (State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date March 6 1934

19. UNDERTAKER C. A. Hancock
(Address) Grangeville Idaho

20. FILED Mar 10, 1934 B. C. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/4/1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1934, to Mar 4, 1934.
I last saw her alive on Mar 1, 1934: death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | Feb 24 34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Volvular Heart disease | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. A. Hancock, M. D.
(Address) Grangeville Idaho

RECEIVED MAR 1 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87850

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 64

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace Sloot

887

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-4-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** H W

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Netherlands

FATHER

13. NAME John Freije

14. BIRTHPLACE (city or town) (State or country) Friesland Netherland

MOTHER

15. MAIDEN NAME Minnia Huizinga

16. BIRTHPLACE (city or town) (State or country) Netherlands

17. INFORMANT (Address) Minnie Huizinga Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Feb-9, 1934

19. UNDERTAKER C. A. Hancock
(Address)

20. FILED Feb 10, 1934 B Chipman Registrar.
Mar. 10-1934

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1934, to 1-29, 1934.

I last saw her alive on 1-29, 1934; death is said to have occurred on the date stated above, at 9:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1929 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Interstitial Nephritis | |
| | |
| | |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) B Chipman M. D.
(Address) Grangeville Ida

RECEIVED

**MARGIN RESERVED FOR BINDING**

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**PLACE OF DEATH**
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87851

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME U Ledford

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-3-1900

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 33 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Gladger N. C.
(State or country)

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) .....
(State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) .....
(State or country) —

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Harkston Date Mar. 11 1934

19. UNDERTAKER Glen Aulo
(Address) Grangeville Ida.

20. FILED 3-10 ..., 1934 ... B. Chapman ...
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-19 ..., 1934, to 3/10 ....., 1934.
I last saw h/m alive on 3/10 ..., 1934. death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Ulcer | |
| Pancreatitis | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) B. Chapman ..., M. D.
(Address) Grangeville

FORM V. S. NO. V-E. M. -19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
(No. Our Lady of Consolation Hosp.)
File No. 5852
Registered No. 1

1. PLACE OF DEATH

County of Idaho
City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mr. Joseph Nieres

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed

6. DATE OF BIRTH: February 9. (Month) (Day) 1856 (Year)

7. AGE: 78 Yrs. — Mos. — ds.
IF LESS than 1 day how many..... hrs. or.....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bracken Ridge Daviess Co. Indiana

10. NAME OF FATHER: Mr. Peter Nieres

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Eligabeth Stremire

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. George Nieres
(Address) Grangeville, Idaho.

15. Filed Feb 10 1934
N. F. Orr
Ferd. B. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 9th 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan-2 1934, to Feb. 9 1934
that I last saw him alive on Feb. 9 1934
and that death occurred on the date stated above, at 6:40 A.M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ..... Yrs. ..... mos. 37 ds.
Contributory (Secondary) General Arteriosclerosis
(Duration) 8 yrs. ..... mos. ..... ds.

(Signed) Healy F. Orr M. D.
Feb 9 1934 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grangeville Ida. | DATE OF BURIAL: Feb. 11 1934

20. UNDERTAKER: Hancock | ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 87853
Registered No. 4

1. PLACE OF DEATH

County of Idaho
City of Cottonwood
(No. Our Lady of Consolation St., Ward)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. Albert Neuels

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: September 28 (Month) (Day) 1900 (Year)

7. AGE: 33 Yrs. 5 Mos. No ds.

IF LESS than 1 day how many.....hrs. or.....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Theodore Loemis

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary Ouel

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Husband Albert Neuels
(Address) Green Creek, Ida.

15. Filed Mar. 1 1934 N. J. Orr per S. B. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 28 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1934 to Feb. 28 1934
that I last saw her alive on Feb. 28 1934
and that death occurred on the date stated above, at 7:00 A.M.

The CAUSE OF DEATH* was as follows:
Acute Gastric Dilatation
Gangrenous
Laparotomy for Appendicitis
(Duration) Yrs. mos. ds.
Contributory (Secondary) Diabetes
(Duration) yrs. 8 mos. ds.

(Signed) Neeley F. Orr M. D.
3/1 1934 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Green Creek, Ida. DATE OF BURIAL: 3-3 1934

20. UNDERTAKER: Glenn Ailor Grangeville ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
(No. Our Lady of Consolation Hosp.)
File No. 87854
Registered No. 3

1. PLACE OF DEATH
County of Idaho.
City of Cottonwood
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Clara E. Stephan

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) |
|---|---|---|
| F. | White | Widowed |

6. DATE OF BIRTH
Nov. (Month) 9. (Day) 1862. (Year)

7. AGE
71 Yrs. 3 Mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Barton Co. Indiana

10. NAME OF FATHER
Samuel Thompson

11. BIRTHPLACE OF FATHER
(State or Country) Missouri

12. MAIDEN NAME OF MOTHER
Anna Black

13. BIRTHPLACE OF MOTHER
(State or Country) Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Forest Lisher
(Address) Cottonwood Idaho

15.
Filed Mar. 1 1934
N. F. Orr
per J.B. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
February (Month) 27. (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 10 A.M. 1934, to Feb. 27, 1:45 P.M. 1934 that I last saw her alive on Feb. 27 1934 and that death occurred on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:
Diabetic Coma
(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) Diabetes
(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.
3/1 1934 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

| 19. PLACE OF BURIAL ~~OR REMOVAL~~ | DATE OF BURIAL |
|---|---|
| Cottonwood, Ida. | Mar. 1 1934 |
| 20. UNDERTAKER | ADDRESS |
| Brower & Mann | Lewiston |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87855

## PLACE OF DEATH

County of Idaho

City of Kooskia

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 360

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Schwanky

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Kule Schwanky

6. DATE OF BIRTH (month, day, and year): June 21-

7. AGE: Years: 69 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Henry Schwanky

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Scholt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Jacob Schwanky / Kooskia - Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Kooskia Date: Jan 7, 1934

19. UNDERTAKER (Address): Geo. Tremony

20. FILED: Jan 10, 1934 J. M. Barbee Kuneo Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934, to Jan 5, 1934.

I last saw him alive on Jan 4, 1934: death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so specify.....

(Signed) J. M. Barbee Kuneo, M. D.

(Address) Kooskia - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87856

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 361

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Dunn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Bordesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Portage, Wis.

FATHER

13. NAME James Dunn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Helen ——

16. BIRTHPLACE (city or town) —— (State or country) .....

17. INFORMANT Mrs. Rose Pell (Address) Kooskia - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Cemetery Date Jan 8., 1934

19. UNDERTAKER Geo. Freeman (Address) Kooskia - Idaho

20. FILED Jan 10 1934 J. M. Verbeckmoes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1., 1933., to Jan 6., 1934.
I last saw h[illegible] alive on Jan 6 1934: death is said to have occurred on the date stated above, at 9:30 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Chronic | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Bronchitis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Verbeckmoes, M. D.
(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Clearwater

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 106

Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE

State File No. 87857

Local Registrar's No. 362

(No. 99 ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Isaac Gunter

(a) Residence. No. (Usual place of abode) St. Clearwater Ida (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Roxanne Hunter

6. DATE OF BIRTH (month, day, and year): Mar 27 1857

7. AGE: Years 76 | Months 9 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year): Sept 1931

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Hunt Co Texas

FATHER

13. NAME: William Henry Gunter

14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER

15. MAIDEN NAME: Nancy Catherine Farley

16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMENT (Address): Mrs Thana Gunter Clearwater

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Clearwater Date: Jan 10, 1934

19. UNDERTAKER (Address):

20. FILED Jan 10, 1934 J M Liebe Kruns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Jan 8, 1934

I last saw h. alive on Dec 31, 1934: death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro Bronchitis - | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Exhaustion | |
| Slowly failing for two years | |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Wentworth M.D.

(Address) Sitio Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87858

**PLACE OF DEATH**
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

77

2. FULL NAME Earl John Hicks.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 30, 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 16 | 9 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Grant, Idaho.

PARENTS

10. NAME OF FATHER Walter LeGrand Hicks.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho.

12. MAIDEN NAME OF MOTHER Louise Wilson.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wellington, Utah.

14. Informant W J Hicks
(Address)

15. Filed Mar 10, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 9 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ did not attend deceased
....., 19..... to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 8: A m.

The CAUSE OF DEATH* was as follows:
Infantile paralysis and Meningitis
at 2 yrs of age. Since then he has
been a bed ridden Invalid

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ~
Did an operation precede death? No Date of ~
Was there an autopsy? No
What test confirmed diagnosis? Observation only
(Signed) H. A Anderson M.D. M. D.
Mar 10, 1934 (Address) Rigby Idaho

Health Officer

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Grant, Idaho. | 3/12/34 19 |

| 20. Undertaker | Address |
|---|---|
| A B Eckersell | Rigby |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAR 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87859

**PLACE OF DEATH**

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 9

(No. ) #9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Nazabeth Taylor

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mathilda Taylor

6. DATE OF BIRTH (month, day and year) Sept. 7, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 74 | 5 | 23 | hrs. or min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER
George J. Taylor

11. BIRTHPLACE OF FATHER (city or town) (State or Country)
U.S.

12. MAIDEN NAME OF MOTHER
Mary Hale

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Virginia

14. Informant Geo A Taylor
(Address) Rigby Ida

15. Filed 3-3, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1934, to Mar 2, 1934
that I last saw h[illegible] alive on Mar. 2., 1934
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Cancer of recto-sigmoid junction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) W. R. Neat, M. D.
Mar. 3, 1934 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho | 3-5 1934 |

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87860

**PLACE OF DEATH**
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 7

(No. ) 740
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Marie Jorgensen.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 12 yrs 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced
~~(or) WIFE of~~ N. C. A. Jorgensen.

6. DATE OF BIRTH (month, day and year) Dec. 26, 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 62 | 1 | 22 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Denmark.

PARENTS

10. NAME OF FATHER: (Unknown) Hansen.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: Jorgine Larsen.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Denmark

14. Informant: Mrs A Jorgensen
(Address): Rigby, Idaho.

15. Filed Feb. 18, 1934 C A Eckersell. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 17 1934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to Feb 17, 1934
that I last saw h~~er~~ alive on Feb 17, 1934
and that death occurred, on the date stated above, at 8:40 A m.

The CAUSE OF DEATH was as follows:

Apoplexy

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. A. Anderson, M. D.
Feb 18, 1934 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho. | 2/20/34 19 |

20. Undertaker: C A Eckersell. Address: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87861

PLACE OF DEATH
County of Jefferson
City of Clark

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Selena Mary Nebeker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Wm. Henry Nebeker

6. DATE OF BIRTH (month, day and year) Dec. 8, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 78 | 2 | 16 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Birmingham
(State or country) England

PARENTS

10. NAME OF FATHER John Bolton

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) England

12. MAIDEN NAME OF MOTHER Cutler

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or Country) England

14. Informant George W. Nebeker
(Address) Rigby R#2

15. Filed 2-25, 1934 A. B. Eckersell
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
February (Month) 24 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1934 to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 3:00 A m.
The CAUSE OF DEATH* was as follows:

Chr. Nephritis &
Hypostatis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) W. R. West, M. D.
2/28, 1934 (Address) Rigby Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho. | Feb. 27 19 34 |

20. Undertaker A. B. Eckersell — Address Rigby

RECEIVED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH
County of Jefferson
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 87862

Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME John Finley Thomas

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gertrude Thomas

6. DATE OF BIRTH (month, day and year) July 27, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 49 | 6 | 16 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Pleasant Hill
(State or country) Jackson Co. Missouri

PARENTS

10. NAME OF FATHER John Thomas

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Missouri

12. MAIDEN NAME OF MOTHER Sarah E. Padgett

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Virginia

14. Informant Gertrude Thomas
(Address)

15. Filed Feb 13, 1934 C. B. Eckersell
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb - 11 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934 to Feb - 11, 1934
that I last saw h alive on Feb - 11, 1934
and that death occurred, on the date stated above, at 9 PM m.
The CAUSE OF DEATH* was as follows: H # PM
Pulmonary Tuberculosis
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. A. Pence, M. D.
2-13 1934 (Address) Ririe Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Shelton, Idaho | Feb. 13 1934 |

20. Undertaker C. B. Eckersell Address Bigby.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of or Twp. E. Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. ..... 41

DO NOT WRITE IN THIS SPACE

State File No. 87863

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Augustus Holloway

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): June 10 1888

7. AGE — Years: 40 | Months: 8 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: Arthur Holloway

14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER

15. MAIDEN NAME: Abegelle Jensberry

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): A. C. Holloway Hazelton Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Twin Falls Date: Feb 24, 1934

19. UNDERTAKER (Address): T. R. Wiley Jerome Ida

20. FILED 2/23 1934 Chas F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Feb 22, 1934

I last saw h... alive on Feb 22 1934: death is said to have occurred on the date stated above, at 3 ....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Blood Stream infection | |
| Septic Throat | |
| with Purpura | |
| Haemorrhagica following | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. B. Zeller, M. D.

(Address) Jerome Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Jerome

City or 6 mi SE Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87866

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James H Easthom.

(a) Residence. No. Huntsville Texas. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 22. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** U.S. Army

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Officer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) —

FATHER

13. NAME H J Easthom

14. BIRTHPLACE (city or town) ..... (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) ..... (State or country) —

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Huntsville Texas Date ....., 193..

19. UNDERTAKER ..... (Address) J R Wiley Jerome Idaho

20. FILED 2/17, 1934 Chas F Zeller Registrar. Jerome

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:50 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Base of Skull due to Air Plane Crash. Burned 3rd degree entire body | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 1934 Feb 16

Where did injury occur? 6 mi SE Jerome Jerome Co Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury Air Plane Crash

Nature of injury Fracture base skull

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J R Wiley (Coroner)

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**,
County of Kootenai
City of Medimont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 87867

Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME John Wilbur Rasor

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Rasor

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Peter Rasor

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Emma DeWitt

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Gordon Charest Medimont, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Medimont Date Jan 31, 1934

19. UNDERTAKER (Address) McElroy Mortuary McElroy, Idaho

20. FILED Mar 2, 1934 W. V. Boberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 29 Jan 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1933, to 1-19, 1934

I last saw him alive on 11-18, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyonephrosis Chronic | Not Known |
| Other contributory causes of importance: Hypertension | Not Known |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? , Date of injury , 193

Where did injury occur? No injury
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. A. Robins, M. D.

(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87869

**PLACE OF DEATH.**

County of Franklin

City of Wayton

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jemima Creger Kemp. 70a

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Hendrix Kemp

6. DATE OF BIRTH (month, day, and year) May 22, 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 9 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burks Garden Virginia

FATHER

13. NAME Issac F Creger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Alder

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Jos Kemp Dayton

18. BURIAL, CREMATION, OR REMOVAL Place Dayton Date Feb 28 1934

19. UNDERTAKER Smith Bros (Address) Preston

20. FILED Mar 8, 1934 C. W. Stoker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1934, to Feb 26, 1934

I last saw h alive on Feb 26, 1934; death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage, | Feb 18, 1934 |

Other contributory causes of importance:

Hypertension.
Chronic Myocardial Degeneration

Name of operation Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, (specify)

(Signed) Orson L Kemp, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of [illegible]

City of [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87870
State File No.

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 181

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [illegible] 74a

(a) Residence. No. 417 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 85 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** No occupation

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) U.S.
(State or country)

FATHER

13. NAME —

14. BIRTHPLACE (city or town)
(State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT [illegible]
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place [illegible] Date 3-6, 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED Mar. 5, 1934 E. L. Sparks M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1933, to Feb. 25, 1934.
I last saw him alive on Feb. 25 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Feb 21-1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Old age | |
| Hypertension | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Were autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~~.....~~ Date of injury ~~.., 193~~.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~.....~~ If so, specify .....

(Signed) E. L. Sparks, M. D.
(Address) Council Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 87871

Local Registrar's No. 179

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. L. Jacobs

(a) Residence. No. 308 Foster St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Jennie Jacobs

6. DATE OF BIRTH (month, day, and year) 1850 - 3 - 3

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 1931 -

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miss.

FATHER

13. NAME William Jacobs

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mehitable Dudley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Mrs. O. R. Shern 308 Foster

18. BURIAL, CREMATION, OR REMOVAL Place Forest - Coeur d'Alene Date Feb 28, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene, Ida.

20. FILED 2-28, 1934 E. L. Peckham Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26 1934.

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to Feb. 26, 1934

I last saw him alive on Feb 26, 1934; death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic | 4 yrs |
| Cardiac decompensation | |
| | |
| | |

Other contributory causes of importance:

old age

Name of operation NO Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold J. Sturgis, M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87872

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 178

(No. 362 Mill Avenue
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Thomas Powers

(a) Residence. No. Coeur d'Alene Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Powers

6. DATE OF BIRTH (month, day, and year) 8 — 1892

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 41 | 6 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Montana
(State or country)

FATHER

13. NAME John Grant

14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) Montana
(State or country)

17. INFORMANT Thomas Powers Coeur d'Alene
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Lawn Cem. Date 2-26, 1934

19. UNDERTAKER Murray Mortuary
(Address)

20. FILED 2-28, 1934 Ed. Sparks M.D.
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-23 1934

22. I HEREBY CERTIFY, That I attended deceased from September 2 1933., to Feb. 23., 1934
I last saw h[illegible] alive on Feb. 17, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | about |
| Carcinoma - Left Breast | Sept 1933 |

Other **contributory causes** of importance:

Name of operation Radical Amputation L. Breast Date of 9-5-33
primary incision

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no .. If so, specify .....

(Signed) C. McKenzie M. D.

(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87873

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 177

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Williams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Clara Williams

6. DATE OF BIRTH (month, day, and year) 1858 - 3-16

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1933 .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England.

MOTHER / FATHER

13. NAME — Williams

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) Clara Williams

18. BURIAL, CREMATION, OR REMOVAL Forest- Place Coeur d'Alene Ida Date 2-7, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 2-16, 1934. E. L. Spohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2 - 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan ..., 193.. to Jan 11 & 30, 193.. 34
I last saw him alive on Jan 26, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1930 |
| & Chronic Nephritis | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |

Name of operation ~~none~~ Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Harold J. Sluyter, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Fibbs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87874

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 176

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Violet Witherspoon

(a) Residence. No. 917 Mill St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 24 Jan 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 | 0 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tuscarora S. D.

FATHER
13. NAME Henry Witherspoon
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Lydia Eckert
16. BIRTHPLACE (city or town) (State or country) N. D.

17. INFORMENT (Address) Henry Witerspoon

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Forest Date 2-15 Ida 1934

19. UNDERTAKER Casedy Funeral Home
(Address) Coeur d'alene, Idaho.

20. FILED 2-16, 1934 E. L. Upton M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 193 , to Feb. , 193
I last saw her alive on Feb 11, 1934 ; death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis following measles | Feb 9-11 1934 |
| Other contributory causes of importance: | |
| Cerebral paralepsis | since birth |

Name of operation None Date of
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E L Upton M. D.
(Address) Coeur d'alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bear Lake

City of Worley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 87875

Local Registrar's No. 175

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Gillespie

(a) Residence. No. Worley St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Dont know of act date

6. DATE OF BIRTH (month, day, and year): about 1865

7. AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Lumberman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): J. J. Fennimore Worley Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Worley Lake Date 2-16, 1934

19. UNDERTAKER (Address): Conrad Funeral Home Coeur d'Alene Idaho

20. FILED 2-16, 1934 E. L. Brown MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 13, 1934

I last saw h alive on Feb 8, 1934: death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| "Heart Weakness" | |
| Angina Pectoris | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| General debility | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Farm or Lumber Camp

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. J. Fennimore, M. D.

(Address) Worley Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87876

**PLACE OF DEATH**
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 174

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W Hays

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sadie N Hays

6. DATE OF BIRTH (month, day and year) Sept 7-1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 5 | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School teacher
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10. NAME OF FATHER Clark Munn Hays
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Erie County, New York
12. MAIDEN NAME OF MOTHER Gemima Hill
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Dist Known

14. Informant Mrs. Sadie N. Hays
(Address) Harrison Idaho

15. Filed 2-16, 1934 E. L. Sparks MD Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 12 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-11, 1934, to 2-12, 1934
that I last saw h— alive on 2-11, 1934
and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH* was as follows:

Cardiac insufficiency
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) bron trouble with Cardiac failure
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Queen J Platt M. D.
2/12, 1934 (Address) St Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Harrison Idaho | 2/14 1934 |
| 20. Undertaker | Address |
| Cassedy Funeral Home | Coeur D'Alene |

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 87877

Local Registrar's No. 173

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Woodworth Bickerstaff

(a) Residence No. 1406 - N. 6th St.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| W. F. | W. | Widowed |

5a. If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of W. - Bickerstaff

6. DATE OF BIRTH (month, day, and year) 1842-11-3

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 91 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John Blair

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Eliza Woodworth

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs. D. C. Fallenger 1405 - 6th Street

18. BURIAL, CREMATION, OR REMOVAL Interment - Place Coeur d'Alene Ida. Date 2-5- 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Ida.

20. FILED 2-16, 1934 E. L. Spohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Sept. 14, 1932

I last saw h.e.r alive on Sept. 14, 1932; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-Sclerosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. M. Bickerstaff, M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87878
Local Registrar's No. 172

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza N. Hand

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Alfred S. Hand

6. DATE OF BIRTH (month, day, and year) May 2, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|
| 81 | 10 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Sherman
14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER
15. MAIDEN NAME " " "
16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address) Mrs. Grace E. Jellum, Coeur d'Alene Idaho R. F. D. #1

18. BURIAL, CREMATION, OR REMOVAL Place Post Falls Cemetery Date 2-10, 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED Feb 12, 1934 E. L. Sponhouse Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1934 to Feb 9, 1934
I last saw her alive on Feb 9, 1934; death is said to have occurred on the date stated above, at 4:15 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 1 day |

Other contributory causes of importance:

old age

Name of operation No Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ...., 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury —
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) E. L. Sponhouse, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87879

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 171

(No. Kootenai Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

144

2. FULL NAME Mrs. Goldie Ward

(a) Residence. No. East Emerson St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. | (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Judd Ward.

6. DATE OF BIRTH (month, day, and year) 1895 3-11

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 38 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER FATHER

13. NAME Henry Lumber

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Judd Ward East Emerson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. Date 2-4, 1934

19. UNDERTAKER Mooney Mortuary
(Address) CdA

20. FILED 2-9, 1934 E. L. Spokes M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-1 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 193.3., to Feb. 2, 193.4.
I last saw her alive on Feb. 2, 1934.: death is said to have occurred on the date stated above, at 4:20 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post Partum Hemorrhage | |
| | Feb 2/34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? N/. If so, specify.....

(Signed) Harold L. Strevey M.D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87884

Local Registrar's No. 170

(No. Post Falls Ida)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A. Rutledew

(a) Residence. (Usual place of abode) No. Post Falls Ida St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodsman

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME John Rutledew

14. BIRTHPLACE (city or town) (State or country) not abt

MOTHER

15. MAIDEN NAME Mary Keane

16. BIRTHPLACE (city or town) (State or country) not abt

17. INFORMENT (Address) Mrs Katharine Rutledew Post Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wn Date Feby 3-, 1934

19. UNDERTAKER (Address) Smith Co. 1124 W. Riverside Spokane Wn

20. FILED 2-5, 1934 E L Sparks M D Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934 to Feb 3, 1934
I last saw him alive on Feb 3rd, 1934; death is said to have occurred on the date stated above, at 9.30 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |

Other contributory causes of importance:

none except arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F L McCaulley M. D.
(Address) Post Falls, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87881

Local Registrar's No. 169

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Berman Gaston

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Barbara E. Gaston

6. DATE OF BIRTH (month, day, and year) Oct 24 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 83 | 2 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Defiance County
(State or country) Ohio

FATHER

13. NAME Abraham D. Gaston

14. BIRTHPLACE (city or town) Easton
(State or country) Penn

MOTHER

15. MAIDEN NAME Sofia M. VanHorn

16. BIRTHPLACE (city or town) Belvedier
(State or country) New Jursey

17. INFORMENT Mrs. Ora E. Thompkins
(Address) Rathdrum Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Rathdrum Pine Grove Date 1-23, 1934

19. UNDERTAKER Casey Funeral Home
(Address) Rathdrum Ida

20. FILED 2-2, 1934 E. L. Spokesmd
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from October, 1933, to Jan 20, 1934

I last saw h alive on Jan. 15, 1934: death is said to have occurred on the date stated above, at 3.00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Senility | |
| | |

Name of operation Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. E. Horning, M. D.

(Address) Rathdrum Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87882

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 168

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nettie Durham

(a) Residence. No. Springston add St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): 12 24 1863

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 1 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: R. Trade

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: House wife

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Thomas Jefferson Tarlin

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Ruth Gabriel

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Mrs. H. Stevens Springston

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Cem. CDA. Date 1-26, 1934

19. UNDERTAKER (Address): Mowry Mortuary

20. FILED 1-30, 1934 E. L. Spokes MD
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934 to Jan 24, 1934
last saw her alive on Jan 23 1934. death is said to have occurred on the date stated above, at 7:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 2 years ago |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Evidence there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold J. Stringer M. D.

(Address) CDA Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87883

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 167

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Kolbar

(a) Residence. No. 714 - Smyle Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced, (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-14-1925

7. AGE: Years 8 | Months 10 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER

13. NAME George Kolbar

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Mary Molesnak (Molocnak)

16. BIRTHPLACE (city or town) (State or country) Hungaria

17. INFORMANT .... (Address) George Kolbar

18. BURIAL, CREMATION OR REMOVAL
St. Thomas Place Coeur d'Alene Date 1-29-1934

19. UNDERTAKER Cassady Funeral Home (Address) Coeur d'Alene Ida

20. FILED 1-30-1934 E. L. Spratlin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1934, to 1-26 1934.

I last saw her alive on 1-26 1934 death is said to have occurred on the date stated above, at 8 PM.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Appendix | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Appendectomy. Date of 1-23-34

What test confirmed diagnosis? Sure Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. H. Teed M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87884

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 166

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Hannah Hart.

(a) Residence. No. 708 Indiana St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 94 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): 3 4 1839

7. AGE — Years: 94 Months: 10 Days: 21 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife

10. Date deceased last worked at this occupation (mo. and yr.): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: Michael Ritter

14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Rachel Parsons

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Benjamin Amthaur Cda.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place. Forest Cemetery Date. 1-30 1934

19. UNDERTAKER (Address): Mooney Mortuary Cd'A

20. FILED. 1-30..., 1934. E. L. Sparkman MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-25..., 1934., to 1-25..., 1934.

I last saw her alive on 1-25., 1934: death is said to have occurred on the date stated above, at 3:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. H. Lee M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87885

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 165

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. M. Stanfield

(a) Residence. No. 1011 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Laura E. Stanfield

6. DATE OF BIRTH (month, day, and year) 3-2-1856

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 10 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton (State or country) Ohio

MOTHER FATHER
13. NAME W. Stanfield
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Lydia Evans
16. BIRTHPLACE (city or town) (State or country) Don't Know.

17. INFORMANT S. R. Rarebaugh (Address)

18. BURIAL, CREMATION OR REMOVAL Forest - Place Coeur d'Alene Date 1-26 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Idaho

20. FILED 1-26, 1934. E. L. Sprohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 23 1933, to Jan. 25, 1934.
I last saw him alive on Jan 22, 1934.; death is said to have occurred on the date stated above, at 1230 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Apoplexy. | |
| Myocarditis with decompensation | years |
| | |
| | |
| Other **contributory causes** of importance: | |
| Old Age | |
| Hypertension | years |

Name of operation none Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? —— (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury. —
Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. L. Sprohn, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Post Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87886
State File No.

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 163

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis O. Otterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Selma. Otterson
6. DATE OF BIRTH (month, day, and year): Sept 22— 1866
7. AGE — Years: 67 Months: 4 Days: 0 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Drammond Norway.

FATHER
13. NAME: Otto Olesen
14. BIRTHPLACE (city or town) (State or country): Noreway.

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): P. W. Otterson Post Falls Ida
18. BURIAL, CREMATION OR REMOVAL. Place: Forest Cem. Coeur d'Alene Date: 1-25-, 1934
19. UNDERTAKER (Address): Corpedy Funeral Home Rathdrum Idaho
20. FILED 1-26-, 1934 E. L. Sproles M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933 to Jan 22, 1934
I last saw him alive on Jan 11, 1934 death is said to have occurred on the date stated above, at 10.15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Fracture of thigh | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) E. L. McCauley M.D.
(Address) Post Falls, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87887

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 162

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Ford

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred about 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced (or) WIFE of Richard Ford.

6. DATE OF BIRTH (month, day, and year) 6-27-1859

7. AGE — Years: 76 Months: 6 Days: 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Mo.

MOTHER FATHER

13. NAME — Benn

14. BIRTHPLACE (city or town) ..... (State or country) Mo.

15. MAIDEN NAME ~~Hutchison~~ Kendrick

16. BIRTHPLACE (city or town) ..... (State or country) Mo.

17. INFORMANT R. G. E. Burch (Address) Hayden Lake Idaho

18. BURIAL, CREMATION OR REMOVAL Forest - Place Cocur d'Alene Date 1-24-, 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Cocur d'Alene. Ida ho

20. FILED 1-24-, 1934. E. L. Sprahm M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-22-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 21, 1934. I last saw her alive on Jan 21, 1934: death is said to have occurred on the date stated above, at 6.9 :.m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Jan 15-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ~~none~~ Date of .....

What test confirmed diagnosis? Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Hayes J. Sturgis, M. D.

(Address) Cda Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87888

Local Registrar's No. 161

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward A. Roth

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Sirnell

6. DATE OF BIRTH (month, day, and year) May 25, 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) January 15 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Gus Roth

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Lucy Ensminger

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Frank Roth Rathdrum Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove - Rathdrum Date 1-19, 1934

19. UNDERTAKER (Address) Cassady Funeral Home Rathdrum, Idaho

20. FILED 1-22, 1934 E. L. Dyson m.d. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1934, to 1-15, 1934

I last saw h... alive on ... 1934; death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ... Date of injury 1-15 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. L. Dyson m.d. M. D.

(Address) Rathdrum Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87889

Local Registrar's No. 160

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul H. Skinner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret McElyne Skinner

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1902

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 2 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July, 1933
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Rathdrum (State or country) Idaho

FATHER
13. NAME Orsel O. Skinner
14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER
15. MAIDEN NAME Nora E. Young
16. BIRTHPLACE (city or town) Minnesota (State or country)

17. INFORMENT (Address) A. O. Skinner Rathdrum Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Fairmont Cemetery Date 1-18, 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Rathdrum Idaho

20. FILED Jan 22, 1934 E. L. Groh M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at about 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~ Accident Date of injury 1-15, 1934
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. F. McMillan M.D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 87890

Local Registrar's No. 157

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Xavier Santhany

(a) Residence. No. Sanders Lake St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, and year): Mar 25, 1867

7. AGE: Years 67 | Months 9 | Days 8 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year): 1-2-1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mich

FATHER

13. NAME: August Santhany

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Mary St John

16. BIRTHPLACE (city or town) (State or country): Mich Canada

17. INFORMENT (Address): Joseph Santhany Spaulding Mich

18. BURIAL, CREMATION, OR REMOVAL. Place: Coeur d'Alene Ida Date: 1-10, 1934

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 1-11, 1934 E. L. Sprohn mo Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h[illegible] alive on ....., 193...: death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 1-2, 1934

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Drowning

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. H. Teed Coroner, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87891

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Ellen Olson

(a) Residence. No. 1103 - E. Lakeshore Drive St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Gustav Olson

6. DATE OF BIRTH (month, day, and year): 10 21 1856

7. AGE — Years: 77 Months: 2 Days: 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: Lars Pearson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: — Jacobson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Gustav Olson Ft. Lee

18. BURIAL, CREMATION, REMOVAL
Place Lakeview Cem. Date 1-20 1934

19. UNDERTAKER (Address): Mowry Mortuary C'd'A

20. FILED 1-19, 1934. E. L. Sproson M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-17 1934

22. I HEREBY CERTIFY, That I never attended deceased from ....., 193...., to ....., 193....
I never last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7:00 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Heart Disease — | |
| (Anasarca present.) - | |
| Type not determined — | |
| | |
| Other **contributory causes** of importance: | |
| Died Suddenly after hearing of a relatives death. | |

Name of operation..... Date of .....
(Physical Exam - History)
What test confirmed diagnosis?—. Was there an autopsy?—

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. M. Waldorf M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87892

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 158

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred M. Black

(a) Residence. No. 1412 N. 4th St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Christine

6. DATE OF BIRTH (month, day, and year) 1 2 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 71 | 0 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** outdoor advertising

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Billboards

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Bruce Black

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Elsita Burt

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Mrs. Christine Black Coeur d'Alene

18. ~~BURIAL~~, CREMATION ~~REMOVAL~~
Place Spokane Wash. Date 1-20, 1934

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene Ida

20. FILED Jan. 19, 1934. E. T. Spokane Wash Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-17-1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to 1/17, 1934.
I last saw him alive on Nov 11, 1933: death is said to have occurred on the date stated above, at 5:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteria Sclerosis. | Gradual. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cerebral Hemorrhage (Recurrent). | 1932- |

Name of operation. none Date of.....
What test confirmed diagnosis? Clinical Observation. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. M. Husted, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87893

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 156

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cornelia Ann Kincaid

(a) Residence. No. 69 — 5th St. St. 1010

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace Kincaid Sr.

6. DATE OF BIRTH (month, day, and year) 5-27-1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 7 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME John L. Whitten

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Nicholson

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT (Address) Wallace Kincaid, Jr. C'd'A

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Forest Lawn Cem. City Date 1-9, 1934

19. UNDERTAKER (Address) The Mowry Mtry C'd'A.

20. FILED 1-10, 1934. E. L. Apsher M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1934, to Jan. 7, 1934

I last saw h~~e~~r alive on Jan. 7 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. N. Leed, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise (Ada County)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87895

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 154

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Bowler Sawyer

(a) Residence. No. [illegible] Washington St. Boise Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 46 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Printer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT None — Coroner Reports
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Boise Ida. Date 1-10 1934

19. UNDERTAKER Morgue Mortuary
(Address) Boise Ida

20. FILED 1-10, 1934 E. L. Sponhorn M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7 1934

22. I HEREBY CERTIFY, That I attended deceased from did not ....., 193...., to ....., 193....
I last saw him alive on 1-7, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide Accident Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) C. H. Reed Coroner, M. D.

(Address) Boise Ada Boise Ida

MARGIN RESERVED FOR BINDING
MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Kootenai
City of Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87896

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 1521

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Max Carpanko.

(a) Residence. No. ..... St. Do not Know how many years.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Baraska Carpanko

6. DATE OF BIRTH (month, day, and year) 1867 - Don't Know No. or Da

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Russia

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) North Russia

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) North Russia

17. INFORMANT John Smith (Address) Rathdrum, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Hayden Lake Date 1-8, 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida

20. FILED 1-9, 1934 E. L. Strohm M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933, to Jan 5, 1934.
I last saw him alive on Jan 2 1934 death is said to have occurred on the date stated above, at 2:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach Secondary Liver | 3 Years |
| Other **contributory causes** of importance: | |
| Ascites | 18 Mo. |

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Strohm M. D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87897

Local Registrar's No. 151

(No. 1509 Leadora Dr.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Helmes Ochs

(a) Residence. No. 1509 (Usual place of abode) Leadora Dr. St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 3 1934

7. AGE Years | Months | Days | If LESS than 1 day 2 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crow's Alpine Idaho

FATHER
13. NAME Henry Ochs
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Esther Klopfenstein
16. BIRTHPLACE (city or town) (State or country) Crow's Alpine Idaho

17. INFORMENT (Address) Mrs Henry Ochs

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Date 1-7-, 1934

19. UNDERTAKER Cassedy
(Address)

20. FILED 1-9, 1934 E. L. Bjorn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934, to Jan 3, 1934
I last saw h[illegible] alive on Jan 3, 1934; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spina bifida and other malformations | |

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J. Stringer, M. D.
(Address) 1104 Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. [illegible] item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87898

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 150

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Merrill

(a) Residence. No. 328 Military Road St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Olga

6. DATE OF BIRTH (month, day, and year) 12-16-1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | 0 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** District Superintendent

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Texaco Oil Co.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME Merrill

14. BIRTHPLACE (city or town) (State or country) Cambridge England

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Olga Merrill
(Address) Cda.

18. ~~BURIAL~~, CREMATION or REMOVAL
Place Spokane Wash. Date 1-4, 1934

19. UNDERTAKER Money Mortuary
(Address) Coeur d'Alene

20. FILED 1-4, 1934 E. T. Bychon M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933 to Jan 4, 1934

I last saw him alive on Jan 3, 1934; death is said to have occurred on the date stated above, at 12:10 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet Fever | Jan 26 '34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Culture & Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. M. Blaisdell M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87899

Local Registrar's No. 148

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James M. Jarvis

(a) Residence. No. Kootenai County Hospital St. Rural Coeur d'Alene Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Jarvis

6. DATE OF BIRTH (month, day, and year): Oct 5 1859

7. AGE — Years: 74 — Months: 2 — Days: 23 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): About 1931
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Fletcher Jarvis
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Do not Know
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Julia Jarvis Spokane Wash
18. BURIAL, CREMATION, OR REMOVAL Place: Forest Cemetery Date: 1-3, 1934
19. UNDERTAKER (Address): Cassidy Funeral Home Rathdrum Ida
20. FILED 1-3, 1934 E. L. Spohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Jan 1, 1934
I last saw h. alive on Dec 30, 1933; death is said to have occurred on the date stated above, at 1:10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | years |
| Other contributory causes of importance: | |

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Spohn, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87900

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 180

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Orr

(a) Residence. No. 1005 7th St., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Orr

6. DATE OF BIRTH (month, day, and year) 2 14 1872

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 0 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME — Orr

14. BIRTHPLACE (city or town) U.S.
(State or country)

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) U.S.
(State or country)

17. INFORMANT Arthur Orr
(Address) Cda.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Cem. Date 3-1 1934

19. UNDERTAKER Mooney Mortuary
(Address) Cda.

20. FILED Mar 2 1934 E. L. Sparks M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934 to Feb 25, 1934

I last saw h[illegible] alive on Feb 25, 1934. Death is said to have occurred on the date stated above, at [illegible] m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 2 days |
| Rheum. & Myocarditis | 1 year |
| Senility | 1 year |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) E. L. Sparks M.D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Eve
MARGIN RESERVED FOR BINDING
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stat
OCCUPATION is very important. See instruction on back of certificate.

[redacted] OF IDAHO
[redacted] PUBLIC WELFARE
[redacted] ITAL STATISTICS

# CERT[redacted]ATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87901

City of Moscow
Registration District No. 61
Primary Registration District No. 10 11 Local Registrar's No. 17
(No.) Gritman Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Lucille Towne

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 13 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow, (State or country) Ida.

FATHER

13. NAME Chas. Edgar Towne

14. BIRTHPLACE (city or town) Moscow, (State or country) Ida.

MOTHER

15. MAIDEN NAME Irene Heick

16. BIRTHPLACE (city or town) Moscow, Ida. (State or country)

17. INFORMANT Chas. E. Towne
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place ..... Date Feb. 28, 193 4

19. UNDERTAKER [redacted]
(Address)

20. FILED 3-6, 193 4 [redacted]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/26 193 4

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 193 4 to Feb. 26, 193 4
I last saw he alive on Feb. 26, 193 4; death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tachypneumogastric | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Acute influenza. | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Spinal puncture Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [redacted], M. D.
(Address) Moscow Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87902

Registration District No. 61

Primary Registration District No. 10 11 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: C. A. Johnson

6. DATE OF BIRTH (month, day, and year): Dec. 22, 1855

7. AGE — Years: 78 | Months: 2 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country): Sweden

FATHER

13. NAME: A. B. Brown

14. BIRTHPLACE (city or town) ..... (State or country): Sweden

MOTHER

15. MAIDEN NAME: Johanna Anderson

16. BIRTHPLACE (city or town) ..... (State or country): Sweden

17. INFORMANT: J. E. Johnson
(Address): Assiniboia, Sask. Canada

18. BURIAL, ~~CREMATION~~
Place: Moscow Date: 2/26, 1934

19. UNDERTAKER: H. L. [illegible]
(Address)

20. FILED 3-6, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1934, to Feb. 25, 1934.

I last saw her alive on Feb. 24, 1934; death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? None was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, so specify .....

(Signed) [signature] M. D.
(Address) Moscow, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87903

Registration District No. 61
Primary Registration District No. 12-11 Local Registrar's No. 15
(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mattie Showalter

(a) Residence. No. Moscow, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ulysses Showalter

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 44 | 2 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) Jan. '34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy, Idaho

FATHER

13. NAME Dave Spencer

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Ulysses Showalter
(Address) Moscow, Ida. Rt. No. 5

18. BURIAL, CREMATION OR REMOVAL
Place Date Feb. 4, 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED 3-6, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1934 to Feby. 1, 1934
I last saw her alive on Feby. 1, 1934: death is said to have occurred on the date stated above, at 10:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystitis | 4 yrs. |
| Acute Pancreatitis & Obs Jaundice | 2 wks. |
| | |
| | |
| | |
| Other **contributory causes** of importance Cholemia & Uremia | Jan 30 |
| | |
| | |

Name of operation Cholecystostomy Date of Jan 26
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature] M. D.
(Address) Moscow

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87904

## PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 14
(No.) U. of I. Infirmary
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Cranston

(a) Residence. No. ..... St. Sandpoint, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 13, 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | --- | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** U. of I. Junior.

10. Date deceased last worked at this occupation (mo. and yr.) Jan. '34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sandpoint, Ida.

FATHER

13. NAME J. C. Cranston

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Jessie

16. BIRTHPLACE (city or town) (State or country) Ind. Kansas

17. INFORMANT (Address) Mr. J.C.Cranston Sandpoint, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Sandpoint, Ida Date 2/20, 1934

19. UNDERTAKER (Address) Moon Funeral Home Sandpoint, Idaho

20. FILED 3-6, 1934 Mary Cranston Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1934, to Feb. 19, 1934.
I last saw him alive on Feb. 19, 1934; death is said to have occurred on the date stated above, at 3:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolism of brain from | |
| acute endocarditis | |
| associates with acute | |
| arthritis | |
| | |
| Other **contributory causes** of importance: | |
| Tonsilitis | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Mary Cranston, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87905

**PLACE OF DEATH**

County of Latah

City of Potlatch

Registration District No. 66

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl August Bredberg

(a) Residence. No. Headquarters, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 3 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberjack

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potlatch Lbr. Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1933

11. Total time (years) spent in this occupation 30 yr.

12. BIRTHPLACE (city or town) Nattjebacke,
(State or country) Sweden

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT Naturalization papers.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ##### Moscow Date Jan. 9, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED Jan. 6th, 1934 Jno. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2d, 1934, to Jan 5th, 1934

I last saw him alive on Jan. 4th, 1934; death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenzal Pneumonia | Jan 1st |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. Thompson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87906

**PLACE OF DEATH**
County of Latah
City of Freeze

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. ) 884
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Fred Rohn

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lula Rohn

6. DATE OF BIRTH (month, day, and year) Jan, 2.1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 63 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Feb, 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Walla Walla Wash,

FATHER

13. NAME John J.Rohn

14. BIRTHPLACE (city or town) (State or country) Baden Germany

MOTHER

15. MAIDEN NAME Sarah Sanders

16. BIRTHPLACE (city or town) (State or country) Walla Walla Wash.

17. INFORMENT (Address) Lula Rohn Potlatch Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash Date 2-14, 1934

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash,

20. FILED Feb 13th, 1934 J.M. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb, 12 1934

22. I HEREBY CERTIFY, That I attended deceased from "Dec", 1933, to Feb. 12th, 1934

I last saw him alive on Dec., 1934; death is said to have occurred on the date stated above, at 3. p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1928 |
| Other contributory causes of importance: | |
| Diabetes Mellitus | 1930 |

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J.M. Thompson, M. D.

(Address) Potlatch —

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87907

**PLACE OF DEATH**
County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry L. M. Gleave

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Gleave

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Supt. of Townsite

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potlatch forests Inc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 25yr.

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Samuel Gleave

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Nellie Gleave Potlatch Ida.

18. BURIAL, CREMATION, or REMOVAL
Place Moscow, Ida. Date 1/8/ 1934

19. UNDERTAKER F. R. Short
(Address) Moscow

20. FILED Jan 8th, 1934 J. W. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h... ✓ alive on ✓, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental drowning | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| malancholia. | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ ..... Date of injury ....., 193...
Where did injury occur? Potlatch
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. R. Short Coroner, M. D.
(Address) Moscow Ida.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Shoup

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 87968

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Dan Hurley

(a) Residence. No. Shoup Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 17th 1840

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 93 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Daniel Hurley

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) not known Ireland

17. INFORMENT (Address) Willard Ford Shoup Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 1/27, 1934

19. UNDERTAKER Mac C Hodeleb
(Address) Salmon Ida

20. FILED Mar. 10, 1934 Alice C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10-A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| old age | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

not seen after time of death

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F S Wright, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 87909

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Seat

(a) Residence. No. Gilmore Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation App. 25 yrs.

12. BIRTHPLACE (city or town) (State or country) United State

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Mrs C Doebler Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 2/6/, 1934

19. UNDERTAKER Mrs C Doebler
(Address) Salmon Ida

20. FILED Mar. 10, 1934 Alvin C. Bellamy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-4th 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Feby 4th, 1934
I last saw him alive on Feby 2, 1934: death is said to have occurred on the date stated above, at 7.15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (Bronchs) | |
| Other contributory causes of importance: | |
| old age | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. W. [illegible], M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 87910

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Nora E. Burson

(a) Residence. No. Leadore Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-27-1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Henry Yeariam

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Ware

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs. F. Burson Leadore Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 2/15, 1934

19. UNDERTAKER William C. Doebler (Address) Salmon Idaho

20. FILED Mar. 10, 1934 Clio C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Feb 13, 1934

I last saw h[illegible] alive on Feb 13, 1934: death is said to have occurred on the date stated above, at 12-30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic regurgitation Tuberculosis | about 1924 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clara F Hammer, M. D.

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87911

Registration District No. 41
Primary Registration District No. 3116 Local Registrar's No.
(No. Salmon Gen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Edward Taylor

(a) Residence. No. Shoup Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME W. E. Taylor

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W. R. Taylor

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date Feb 10, 1934

19. UNDERTAKER Wm C Dobler
(Address) Salmon Idaho

20. FILED Mar. 10, 1934 Clio C. Billam Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-8- 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934, to Feb 8, 1934

I last saw him alive on Feb 7, 1934; death is said to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 2/6/34 |
| | |
| | |
| Other contributory causes of importance: | |
| Senile dementia | Feb 1/34 |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. S. Wright, M. D.

(Address) Salmon

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87912

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Annie Stocker

(a) Residence. No. Salmon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of R. B. Stocker

6. DATE OF BIRTH (month, day, and year) July 14 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Waters (State or country) Wiss.

FATHER

13. NAME Michael Boyle

14. BIRTHPLACE (city or town) White Water (State or country) Wiss.

MOTHER

15. MAIDEN NAME Annie Boyle

16. BIRTHPLACE (city or town) White Water (State or country) Wis.

17. INFORMENT (Address) R. D. Stocker

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Salmon Date Feb 19 1934

19. UNDERTAKER Wm C. Doubles (Address) Salmon

20. FILED Mar. 10, 1934 Chas C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany, 1934 to Feb 17, 1934
I last saw her alive on Feb 16, 1934: death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy Cerebral Hemorrhage | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) T. J. Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87913

**PLACE OF DEATH**
County of Lemhi
City of Salmon

Registration District No. 4
Primary Registration District No. 2 1 1
Local Registrar's No.

(No. Rose Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Joseph James Donnelly

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 23 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine Donnelly

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year) Dec. 1, 1933.

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) St. Peter
(State or country) Minnesota

FATHER

13. NAME Frank Donnelly

14. BIRTHPLACE (city or town) Londonderry
(State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Murphy

16. BIRTHPLACE (city or town) Londonderry
(State or country) Ireland

17. INFORMENT Katherine Donnelly
(Address) Salmon, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Cemetary Date Feb. 23, 1934

19. UNDERTAKER William Dobler
(Address) Salmon, Idaho

20. FILED Mar. 6, 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Feb 19th, 1934

I last saw him alive on Feb 19th, 1934; death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Alcoholism | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. D. Wright, M. D.

(Address) Salmon

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87914

**PLACE OF DEATH**
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No. ) 177
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann Wright Ybarguen

(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Rufus Ybarguen

6. DATE OF BIRTH (month, day, and year) Dec. 29, 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 1 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salmon, Idaho

FATHER
13. NAME Dr. F. S. Wright
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Anna Edwards
16. BIRTHPLACE (city or town) (State or country) Salmon

17. INFORMANT (Address) Rufus Ybarguen

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon cemetery Date 2/25, 1934

19. UNDERTAKER Ione C Hackler
(Address) Salmon Ida.

20. FILED Mon 26, 1934 Clive A. Bellamy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-23" 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/23, 1934 to 2/23, 1934
I last saw her alive on 2/23, 1934; death is said to have occurred on the date stated above, at 2.30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Poisoning | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/23, 1934
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F S Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 87915

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Jane Mahaffey

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: Stephen A. Mahaffey Sr.

6. DATE OF BIRTH (month, day, and year): August 19-1847

7. AGE: Years 86 | Months 5 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dayton Ohio

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): S.A. Mahaffey Jr. Tendoy Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Salmon Ida. Date Jan 24, 1934

19. UNDERTAKER: Wm C Taebel
(Address) Salmon Idaho

20. FILED Feb 10, 1934 Clio E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-21st 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to January 21, 1934

I last saw her alive on January 21, 1934: death is said to have occurred on the date stated above, at 1-20? m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Diabetes 13 years | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J.S. Wright, M. D.

(Address) ...

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Independence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No. 87916

Local Registrar's No. 11

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Larson.

(a) Residence. No. Rexburg #1. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Larson.

6. DATE OF BIRTH (month, day, and year) June. 1st 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71.- | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER

13. NAME Louis Peter Larson.

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Maria Larson.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT (Address) Alfred Larson. Rexburg #1.

18. BURIAL, CREMATION, OR REMOVAL Place Burton Cem. Date Mar 8-, 1934

19. UNDERTAKER Dosie C. Keller. (Address) Rexburg Idaho.

20. FILED 3-8-, 1934 J. Rigby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to March 5, 1934.

I last saw him alive on June, 1932; death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastasis from Carcinoma of Lip. | 1930 |
| Other contributory causes of importance: Cardio-renal disease | 1931 |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

3/6/34 (Signed) Louis S. Rich, M. D.

(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE
State File No. 87917

Local Registrar's No. 10

(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Marie Heindel

(a) Residence. No. Rexburg Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Johann George Heindel

6. DATE OF BIRTH (month, day, and year): June 29 1850

7. AGE: Years 83 | Months 8 | Days 3 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Ludwig Frederich Klingler
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Anna Marie Mauc
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Rosina Selck Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg Date: Mar. 5, 1934

19. UNDERTAKER (Address): Eckersell & Richardson Rexburg

20. FILED 3-8-, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1923, 193..., to June, 193.0
I last saw h alive on Jan 1930, 193...; death is said to have occurred on the date stated above, at 9:30P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: invalid for several months prior to death | |
| | |

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ..., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
3/3/34 (Signed) Lora A. Rice, M. D.
(Address) Rexburg Idaho

(over)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg #3.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 9

DO NOT WRITE IN THIS SPACE

State File No. 87918

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vesta Elizabeth Willman.

(a) Residence. No. Rexburg #3. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19-1918

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 15 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg #3. Idaho.

FATHER

13. NAME Alfred Josiah Willman.

14. BIRTHPLACE (city or town) (State or country) Rexburg #3.

MOTHER

15. MAIDEN NAME Alice Evelyn Knapp

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) A. J. Willman. Rexburg #3.

18. BURIAL, CREMATION, OR REMOVAL Place Utano Idaho. Date Mar. 1st 1934.

19. UNDERTAKER (Address) Wayne J. Kelley Rexburg Idaho.

20. FILED 3-8, 1934 J. Rigby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1934, to Feb 27, 1934

I last saw her alive on Feb 27, 1934; death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Endocarditis | 2-7-34 |
| Other contributory causes of importance: acute Inflammatory Rheumatism | 2-3-34 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Parley Olson, M. D.

(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE
State File No. 87919

Local Registrar's No. 8

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

81

2. FULL NAME Mary Ann Lamb.

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward Lamb.
Married.

6. DATE OF BIRTH (month, day, and year) Feb. 11-1862.

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 72. | — | 8- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provo Utah.

FATHER

13. NAME John C. Galbraith

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Mary Ann Gittins.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. B. R. Gibbs Rexburg Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sutton Cemy. Date Feb. 22, 1934

19. UNDERTAKER Vern J. Keller (Address) Rexburg. Idaho.

20. FILED 2-8-, 1934 J. H. Spanning Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to Feb 19, 1934

I last saw her alive on Feb 18, 1934; death is said to have occurred on the date stated above, at 10.45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Chorea | 36 yrs ago |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2128

DO NOT WRITE IN THIS SPACE
State File No. 87920

Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Mary Ann Harris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F/ M | White | Widowed |

5a. If married, ~~HUSBAND of~~ (or) WIFE of: James L Harris

6. DATE OF BIRTH (month, day, and year): Feb. 17, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 0 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wellsville, Utah.

FATHER

13. NAME: Joseph Smith Morris

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Maintha Althera Peel

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Elvetta Fullmer, Sugar City, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg, Ida. Date: 2/26, 1934

19. UNDERTAKER (Address): C. B. Beckstead, Rigby, Ida.

20. FILED 3-8-, 1934 J. C. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1932, to Feb., 1934

Last saw ~~her~~ alive on Feb. 15, 1934: death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Coronary Embolism | |
| 2. Chr. Myocarditis | 1930 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Rigby M. D.

(Address) Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87921

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 6

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vernon Hanson

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4-1912

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 21 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prior to automobile accident - about 2½ years ago.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Ida.

FATHER

13. NAME Wm. J. Hanson

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Ethel Price

16. BIRTHPLACE (city or town) (State or country) Eby, Ida.

17. INFORMENT (Address) Wm. J. Hanson Rexburg, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Feb. 15, 1934

19. UNDERTAKER Vern J. Keller (Address) Rexburg, Ida.

20. FILED 3-8-, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows: Death was instantaneous, After an investigation by Sheriff Feb. 13-34 - in the Sheriffs office - I pronounce the Cause of Death as follows. | Date of onset

Other contributory causes of importance: Gunshot wound in head. 2 inches above and behind left ear, 38 Colt Automatic used.

Name of operation Suicide, Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2-12, 1934

Where did injury occur? At Family Home Rexburg Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Family Home

Manner of injury Gunshot Wound

Nature of injury Self Inflicted

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) Vern J. Keller Coroner.

(Address) Rexburg, Idaho

...HIS SPACE

...7922

City of Rexburg Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 5

(No. ...)

(If death occurred in a hospital or institution, give its name instead of street and number.)

16 1/2

2. FULL NAME Infant Jacobsen

(a) Residence. No. ... St. ...

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 11 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 30 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Rexburg Ida

FATHER

13. NAME Lloyd Jacobsen

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Lucile McCulloch

16. BIRTHPLACE (city or town) (State or country) Rexburg Ida

17. INFORMANT (Address) Lloyd Jacobsen Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Feb 12 1934

19. UNDERTAKER Monte

(Address)

20. FILED Mar 8 1934 J Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1934, to Feb 11, 1934

I last saw him alive on Feb 11, 1934; death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia due to long protracted labor, | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...

What test confirmed diagnosis? N.A.D. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W H Sutherland, M. D.

(Address) Rexburg, Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH,
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE
State File No. 87923

Local Registrar's No. 4

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabelle Watson Archibald

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fe | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Robert Archibald

6. DATE OF BIRTH (month, day, and year) Sept. 17 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 87 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME George Watson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Helen Cranston

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. Orson Ricks, Hibbard Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Feb. 10 1934

19. UNDERTAKER (Address) A. B. Englesville, Rexburg Idaho

20. FILED Mar 8, 1934 J. H. Kinney Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1934, to Feb 7, 1934

I last saw her alive on Feb. 7, 1934: death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ? |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Southmayd, M. D.

(Address) Rexburg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87924

Registration District No. 14

Primary Registration District No. 2015 Local Registrar's No. 2

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Lane

(a) Residence. No. Paul Ida St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 30 min. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day hrs. or 30 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** -

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** -

10. Date deceased last worked at this occupation (mo. and yr.) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Paul
(State or country) Idaho

FATHER

13. NAME Archie Lane

14. BIRTHPLACE (city or town) Lost
(State or country) Utah

MOTHER

15. MAIDEN NAME Edna Mae Mey

16. BIRTHPLACE (city or town) Lost
(State or country) Utah

17. INFORMANT Archie Lane
(Address) Paul Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Date 1/5, 1934

19. UNDERTAKER Johnson & Martindale
(Address) Paul Ida

20. FILED 1/13, 1934 Ott Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/2/1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Jan 2, 1934.

I last saw him alive on Jan 2, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra Uterine Asphyxia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Premature Birth | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Hugh E. Deary, M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Minidoka
City of Acequia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 19
Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE
State File No. 87925

Local Registrar's No. 3

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

87?

2. FULL NAME Mary Louisa Hyde Bodily

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Bodily

6. DATE OF BIRTH (month, day, and year): 9 March, 1851

7. AGE: 82 Years | 9 Months | 1 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah

FATHER

13. NAME: Rosel Hyde
14. BIRTHPLACE (city or town) (State or country): York, Livingston Co. New York

MOTHER

15. MAIDEN NAME: Mary Ann Cowles
16. BIRTHPLACE (city or town) (State or country): Sullivan, Allegany Co. New York

17. INFORMENT (Address): Lucy Elvira Kent, Acequia, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston, Utah Date: Jan. 13, 1934

19. UNDERTAKER: M. K. Kendricks
(Address): Preston, Idaho

20. FILED 1-12, 1934 E. W. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Jan 9, 1934
I last saw h.e. alive on Jan 9, 1934: death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Terminal pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Septic sore throat | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. M. Wellington, M. D.
(Address) Rupert, Idaho

RECEIVED JAN 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87926

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 1
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME John Del Westee Lesey

(a) Residence. No. Rupert St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva M. Lesey

6. DATE OF BIRTH (month, day, and year) March 10 - 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 11 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pottsville Penn.

FATHER
13. NAME Thomas Lesey
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Annie Hesdett
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Eva M. Lesey Rupert

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Date , 1933

19. UNDERTAKER Jay R. Joyce
(Address) Rupert

20. FILED 1-6, 1934 W. H. Ehmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to Jan. 3, 1934
I last saw him alive on Jan 2, 1934; death is said to have occurred on the date stated above, at 12 40 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | ? |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arterio sclerosis | ? |
| | |

Name of operation Date of
What test confirmed diagnosis? Urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Ehmore, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87928
State File No.....

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Dwaine Jensen

(a) Residence. No..... Rupert Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 11-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rupert
(State or country) Ida

FATHER

13. NAME Louis Jensen

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Jessie Whiting

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Louis Jensen
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida Date 1-12, 1934

19. UNDERTAKER D. G. Johnson
(Address) Burley Ida

20. FILED 1-12, 1934 E. E. Thomas
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1934, to Jan. 11, 1934.

I last saw him alive on Jan. 11 1934 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Failure to establish proper respiratory functions (Bronchial flooded with fluid, probably from aspiration of amniotic fluid. | ..... aspiration ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Leland Fraser, M. D.

(Address) Burley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87929

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Marie Kelly

(a) Residence. No. Heyburn St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Herschel M. Kelly

6. DATE OF BIRTH (month, day, and year): Nov. 12. 1867

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 67 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Springfield Ill.

FATHER

13. NAME: Theobald Billien

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Augusta Schneider

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Vera Edwards Tacoma Washington

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Idaho Date 2/18 1934

19. UNDERTAKER H. C. Stewart
(Address) Burley Idaho

20. FILED 2/ ....., 1934 E. M. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to 2-16-, 1934

I last saw her alive on 2-16, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uterine Cancer | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) L. L. Cook, M. D.

(Address) Burley, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87932

**PLACE OF DEATH**
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 9

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel LeRoy Utley

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Samuel Utley
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Clara Chrisjensen
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Charles Utley

18. BURIAL, CREMATION, OR REMOVAL
Place Richfield Cemetery Date , 193

19. UNDERTAKER W. A. Goodmanson
(Address) Rupert Idaho

20. FILED 3-5, 1934 E. K. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 3 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide Hanging | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. A. Goodmanson, M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87933

Registration District No. 19
Primary Registration District No. 2016 Local Registrar's No. 10

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Lee

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12 - 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day... hrs. or 30. min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Heyburn (State or country) Ida.

FATHER

13. NAME Alfred Lee
14. BIRTHPLACE (city or town) .... (State or country) Utah

MOTHER

15. MAIDEN NAME Ada L Marcus
16. BIRTHPLACE (city or town) .... (State or country) Garland

17. INFORMANT Alfred Lee Ida (Address) Heyburn Ida

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Date 2-13 1934

19. UNDERTAKER D. E. Johnson (Address) Burley Idaho

20. FILED 2-16, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematureness | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) D. W. Carter, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87934

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 11

(No. 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Lee 161

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12-1934

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or 30 min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Heyburn
(State or country) Ida

FATHER

13. NAME Alfred Lee

14. BIRTHPLACE (city or town) .....
(State or country) Utah

MOTHER

15. MAIDEN NAME Cora L Mcnaw

16. BIRTHPLACE (city or town) .....
(State or country) Utah

17. INFORMANT Alfred Lee
(Address) Heyburn

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Date 2-13 193 4

19. UNDERTAKER [illegible]
(Address) Burley Ida

20. FILED 2-16 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 12 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) .....

RECEIVED MAR 6 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87935

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Marusic

(a) Residence. No. St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Amanda Marusic

6. DATE OF BIRTH (month, day, and year) Feb 15, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Marusic

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country) Not Known

17. INFORMENT (Address) Mike Bobill Orofino, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 2-6, 1934

19. UNDERTAKER (Address) Vassar-Shaughnessy Mortuary Lewiston, Idaho

20. FILED Feb 28, 1934 J. M. Lyle Registrar. by A. H.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933, to Feb 2, 1934

I last saw him alive on Feb 2, 1934: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion | Feb 1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Acute Dilatation of Heart | Feb 1934 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

RECEIVED MAR [illegible] 1934

White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87936

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lavina Harrington

(a) Residence. No. 1927 Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George Sycks

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Elizabeth Cavanaugh

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs. O. N. Williams Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Feb. 28 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED 2/28, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934, to Feb 26, 1934

I last saw h-l-a alive on Feb 26, 1934; death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver. | July 1933 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| General Arterio sclerosis | 1927 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 8 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 37937

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 122 - 18th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Wellington Young

(a) Residence. No. 122-18th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 17, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clinton Co. Iowa

FATHER

13. NAME Lyman Young

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Fowler

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Sadie Young, Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Feb. 25, 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED Feb 28, 1934 E. M. Poole Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1934, to Feb 23, 1934

I last saw h alive on Feb 23, 1934: death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | Feb 15-34 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Infected Urinary Tract | not Known but of long duration |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Broadbent, M. D.

(Address) Lewiston, Idaho

RECEIVED MAR 6 - 1934

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87938

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Norman Miller

(a) Residence. No. 607 - 16th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 2-20-34
7. AGE: Years — Months — Days 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lewiston Idaho

FATHER
13. NAME: Kermit Miller
14. BIRTHPLACE (city or town) (State or country): Colo

MOTHER
15. MAIDEN NAME: Paula Garby
16. BIRTHPLACE (city or town) (State or country): Lewiston Idaho

17. INFORMENT (Address): Kermit Miller Lewiston Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 2/27, 1934
19. UNDERTAKER (Address): Brown-Warner Co. Lewiston Idaho.
20. FILED Feb. 28, 1934 C. M. Lythe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 21 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1934, to Feb 21, 1934
I last saw him alive on Feb 20, 1934 death is said to have occurred on the date stated above, at 3 4 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (Premature birth (uterine hemorrhage) (Motherhood Eclampsia) | 7 hours Gestation |

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Broadbent, M.D.
(Address) Lewiston Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87939

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 129

(No. North Lewiston)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Greco

(a) Residence. No. North Lewiston St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Not Known
(State or country) Italy

FATHER

13. NAME Anthony Greco

14. BIRTHPLACE (city or town) Not Known
(State or country) Italy

MOTHER

15. MAIDEN NAME Thresa ~~Greco~~ Stalata

16. BIRTHPLACE (city or town) Not Known
(State or country) Italy

17. INFORMENT Pasco Pecora
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Lewiston, Idaho Date , 193

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED 3/5, 1934 J. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934, to Feb 20, 1934
I last saw him alive on Feb 20, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 4 yrs |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | 4 yrs |

Name of operation None Date of —
What test confirmed diagnosis? Clinical & Autopsy findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Carsson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

In Cardinal

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8794

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Layton Strong

(a) Residence. No. 0120-24th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 10, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Brick Maker retired

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cardington
(State or country) Ohio

FATHER

13. NAME Silas D. Strong

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Amna K Russel

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMENT Mary E. White
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Feb. 21 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Feb 28, 1934 J. M. Lyle Registrar.
by A. H.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, to Feb 18, 1934
I last saw h[illegible] alive on Feb 18, 1934 death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute myocarditis | Feb 18-34 |
| Chronic Endocarditis | July 33 |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | about 5 yrs |

Name of operation — Date of

What test confirmed diagnosis? Evidential Symptoms. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

RECEIVED ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87941

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Iva Fern Davis

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of N. L. Davis

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1899

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 34 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorada

FATHER

13. NAME William A. Goodwight

14. BIRTHPLACE (city or town) (State or country) Colorada

MOTHER

15. MAIDEN NAME Myrtle E. Cram

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Mrs. L. Davis Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Feb. 17 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 2/28, 1934 J. M. Lytle Registrar.
by A. H.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 15, 1934

I last saw he alive on Feb 15, 1934; death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrenous Appendicitis (Ruptured) | Feb 8-34 |
| General Peritonitis | Feb 10-34 |

Other contributory causes of importance:

Name of operation appendectomy with drainage Date of Feb 10-34

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. R. White, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 8 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87942

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Mrs. Barbara Funke

(a) Residence. No. Cottonwood St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Funke

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fastina Iowa
(State or country)

FATHER

13. NAME Waerner

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME not none

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMENT John Funke
(Address) Cottenwood, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Cottenwood Ida. Date 2/12/34 193

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston Idaho.

20. FILED Feb. 28, 1934 J. M. Lyle Registrar.
By Aff.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/9/34 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934 to Feb 9, 1934
I last saw her alive on Feb 9, 1934: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Colloid Carcinoma | 1 + month ago + |
| Diagnosed + deceased | |
| Pa Cby | |
| Other contributory causes of importance: | |
| Anemia | |

attempted removal
Name of operation Palliative Date of Jan 30, 34
What test confirmed diagnosis? Pathological Specimen Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. C. Vassar, M. D.
(Address) Lewiston Ida

RECEIVED FEB 27 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87943

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth McKissick

(a) Residence. No. Nave Apartments. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | — | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho

FATHER

13. NAME R. B. McKissick

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Gussie Clark

16. BIRTHPLACE (city or town) (State or country) Sweet ater Tenn.

17. INFORMENT (Address) R. B. McKissick Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Feb. 10, 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED Feb. 28, 1934 J. McEagle Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934, to Feb 8, 1934

I last saw her alive on Feb 4, 1934: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tubercular meningitis | Jan 10-34 |

Other contributory causes of importance Tubercular Peritonitis mes

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul W. Johnson, M. D.

(Address) Lewiston, Idaho

RECEIVED MAR 2 - 34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87944

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Thornton

(a) Residence. No. 1218-Rigby Lane St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda Thornaton

6. DATE OF BIRTH (month, day, and year) Nov. 9, 1891

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Southwick
(State or country) Idaho

FATHER

13. NAME Albert Thornton

14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER

15. MAIDEN NAME Dora Bishop

16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMENT Mrs. Chas. Thorton,
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Feb. 10 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Feb. 28, 1934 J. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1934 to Feb 8, 1934
I last saw him alive on Feb 8, 1934: death is said to have occurred on the date stated above, at 3:15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Extraction of Dermoid Cyst died at home | Feb 8 |
| 23 hours after | |

Other contributory causes of importance:

None

Name of operation Extraction of Dermoid Date of Feb 8
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. L. Lawrence, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB [illegible] 1934

**PLACE OF DEATH**

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87945

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Giles Floyd Smith Rupe

(a) Residence. No. St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 9 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Christianson berg Virginia

FATHER

13. NAME William Rupe

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Sarah Rupe. Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Harrison, Idaho Date Feb. 6, 1934

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED Feb. 24, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. M. Brower - Coroner M.D.

(Address) Lewiston, Idaho Nez Perce County

RECEIVED MAR 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8794C

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine Hooper

(a) Residence. No. St. Owyhee, Nevada
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Indian | S |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of S

6. DATE OF BIRTH (month, day, and year) 3/12/23

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 10 | 10 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nevada

FATHER

13. NAME Sam Hooper

14. BIRTHPLACE (city or town) (State or country) Nevada

MOTHER

15. MAIDEN NAME Alice Jim

16. BIRTHPLACE (city or town) (State or country) Nevada

17. INFORMENT (Address) Sanatorium Records Lapwai Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Elk D Date , 193

19. UNDERTAKER Brower-Wann (Address) Lewiston, Idaho

20. FILED Feb. 6, 1934 J. M. Lytle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/4/34 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, 193, to Feb. 4, 1934 193

I last saw her alive on Feb. 4, 1934 193: death is said to have occurred on the date stated above, at 8:30a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Meningitis | 1/22/34 |
| Other contributory causes of importance: | |
| Pulmonary Tuberculosis (moderately advanced) | ?? |

under pneumo thorax for 6 wks.

Name of operation Date of

What test confirmed diagnosis? lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ralph M. Alley, M. D.

(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

McNamara

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87947

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis D. Schattner

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Druggist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME David Schattner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ursula Kast

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT Mrs. L. D. Schattner
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date 2/4, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Feb. 28, 1934 J. M. Lydon Registrar.
by

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Feb. 2nd, 1934

I last saw him alive on June, 1934: death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio vascular renal disease | ? |

Other contributory causes of importance:

Old amebic dysentery
Contracted in
Manila U.S. Army.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. McNamara, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87948

**PLACE OF DEATH**

County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 505 Delson Lane.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma V. Woodruff.

(a) Residence. No. 505 Delson Lane. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of G. W. Woodruff

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Daniel Beals

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Kimbrough

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) G. W. Woodruff Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Feb. 4, 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED 2/4, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2nd, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1934, to 2-2-, 1934

I last saw her alive on 2-2-, 1934.: death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock- Patient fainted fell striking head against bath tub, resulting shock causing death | 2-2-34 |
| Other contributory causes of importance: Acute tonsilitis | 1-28-34 |
| Chronic Myocarditis | unknown |

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-2, 1934

Where did injury occur? Lewiston Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury See above

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. J. McCrae, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87949

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 42

PLACE OF DEATH

County of Oneida

City of Malad

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Adams Jones

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A Jones

6. DATE OF BIRTH (month, day, and year) May 27 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 7 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homeswife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 24-34

11. Total time (years) spent in occupation Lifetime Jan 24-34

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Benjamin Adams

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary Ann Clark

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMENT (Address) Vernon Jones Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Jan 27 1934 Burial

19. UNDERTAKER (Address) G. Ivy Anderson Malad Ida

20. FILED , 193 J. W. Rees Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to Jan 26, 1934

I last saw her alive on Jan 26, 1934 death is said to have occurred on the date stated above, at 2:15 A M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolism | Jan 25 1934 |

Other contributory causes of importance:

Lung pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. A. Malan, M.D.

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 87950

Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evan Jones

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Blaisdell

6. DATE OF BIRTH (month, day, and year) Oct 21 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 49 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Feb 23 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Jenkin Jones

14. BIRTHPLACE (city or town) (State or country) Glamroganshire Wales

MOTHER

15. MAIDEN NAME Mary Jenkins

16. BIRTHPLACE (city or town) (State or country) South Wales

17. INFORMENT (Address) r Thos Jones Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Mar 1, 1934 Burial

19. UNDERTAKER (Address) J. Sing Kenner Malad Idaho

20. FILED ....., 193... J. M. Kenner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1934, to Feb 26, 1934

I last saw h— alive on Feb 26, 1934; death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Bronchial | 2/22/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. B. Walker, M.D.

(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87951

**PLACE OF DEATH**
County of Owyhee
City of Homedale

Registration District No. 107
Primary Registration District No. 2185
Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellis J. Rogers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 11 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME James L. Rogers
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Barbara Beilharz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Ellis T. Rogers Homedale Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Los Angeles Calif Date ....., 193..

19. UNDERTAKER Paul L. Deane
(Address) Caldwell Idaho

20. FILED 3-10, 1934 T. A. Marsh
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1934, to March 9, 1934
I last saw him alive on Mch 9, 1934; death is said to have occurred on the date stated above, at 5-30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute softening of the brain | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| General debility | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) T. A. Marsh, M.D.
(Address) Homedale, Ida

RECEIVED MAR 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87952

PLACE OF DEATH
County of Owyhee
City of Homedale

Registration District No. 107
Primary Registration District No. 2185

Local Registrar's No. 11

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME James Wm Thadius Sweeney

(a) Residence. No. Homedale Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura Bell Sweeney

6. DATE OF BIRTH (month, day, and year) July 21-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69. | 6 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virg.

FATHER
13. NAME James Sweeny
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Clara Peters
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Laura B Sweeney Homedale

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date 2-12, 1934

19. UNDERTAKER C. L. Peckham (Address) Caldwell Ida

20. FILED March 13 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1928, 193..., to Feb 9, 1934
I last saw him alive on Feb 9, 1934; death is said to have occurred on the date stated above, at 12:20 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enlarged Prostate | June 28-34 |
| Pernicious anaemia | Nov 1931 |
| Other contributory causes of importance: | |
| Chronic Nephritis | 1930 |
| Chr Valvular Heart Myocarditis | 1928 |

Name of operation ..... Date of .....
What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Robert E. Talbot, M. D.
(Address) Middleton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87953

PLACE OF DEATH
County of Owyhee
City of Homedale
Registration District No. 107
Primary Registration District No. 2185
Local Registrar's No. 9

(No. ) 57
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Melvina A. Moore

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Perry Moore

6. DATE OF BIRTH (month, day, and year) Apr 6 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princeton Mo

FATHER

13. NAME Carl Geo Evans

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Simms

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Ennis Moore Homedale Ida

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Ida Date Feb 20-34

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 2-20, 1934 T. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 16-34 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1934 to Feb 16, 1934
I last saw her alive on Feb. 16, 1934; death is said to have occurred on the date stated above, at 10/20 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabeles | |

Other contributory causes of importance:

| | |
|---|---|
| Suppression of urine | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) T. A. Marsh, M. D.
(Address) Homedale, Ida.

RECEIVED FEB 1 - 1934

RECEIVED FEB 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87954

PLACE OF DEATH
County of Payette
City of Fruitland
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 2
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah. Hostetler

(a) Residence. No. Fruitland St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F-m | W | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 13 189[illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 3C | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME J. Hostetler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Beighley.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMENT (Address) J. Hostetler Fruitland Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Payette Date 1/9, 1934

19. UNDERTAKER (Address) E. L. Peterson Ontario Ore.

20. FILED Jan 10, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 7, 1934
I last saw her alive on Jan 6, 1934; death is said to have occurred on the date stated above, at 4a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Dec 27 1933 |
| Other contributory causes of importance: Pulmonary T.B. | |
| Mild Chronic | |

Name of operation — Date of —
What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury C
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) W. J. Reese, M. D.
(Address) Ontario Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87955

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Cox

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Mar 12 1929

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 4 | 11 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette (State or country) Idaho

FATHER

13. NAME Lawrence Cox

14. BIRTHPLACE (city or town) Denver (State or country) Colo.

MOTHER

15. MAIDEN NAME Stella Branson

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Laurence Cox
(Address) Route 2 Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Feb 13 1934

19. UNDERTAKER Glenn C. Woodward
(Address) Payette Idaho

20. FILED Feb 14, 1934 J. E. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1934, to Feb 12, 1934.

I last saw him alive on Feb 11, 1934: death is said to have occurred on the date stated above, at 1930 a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Right Lobar Pneumonia | Feb 8-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Had Measles just preceding the pneumonia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. C. Paxton M. D.
(Address) Payette Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gayette

City of Gayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87956
State File No.

Registration District No. 4

Primary Registration District No. 1008. Local Registrar's No. 11.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Minnie Lee Henshaw. 84

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widowed.

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of John P. Henshaw.

6. DATE OF BIRTH (month, day, and year) April 12 - 1863.

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 70 | 9 | 23. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Homemaker.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wetumpka Alabama.

FATHER

13. NAME E. Cooper.
14. BIRTHPLACE (city or town) (State or country): Alabama

MOTHER

15. MAIDEN NAME Mahala Morgan.
16. BIRTHPLACE (city or town) (State or country): Tuskegee Ala.

17. INFORMANT (Address): Mrs. A. F. Palmer Hayward Calif.

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Idaho. Date 2-5-, 1934

19. UNDERTAKER (Address): Glenn C. Sanders Gayette Idaho.

20. FILED Feb 5, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1932, to Feb. 4-, 1934.
I last saw h[illegible] alive on Feb. 3., 1934: death is said to have occurred on the date stated above, at 5a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably a | Not |
| Brain Abscess | known |

Other **contributory causes** of importance:

Autopsy refused.

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. C. Patton M. D.
(Address) Gayette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fayette

City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87957

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John A. Reavis

90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Reavis

6. DATE OF BIRTH (month, day, and year): Mar 5 1863

7. AGE — Years: 70 | Months: 11 | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Little Rock Arkansas

FATHER

13. NAME: Johnathan R. Reavis

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Ellen Carlile

16. BIRTHPLACE (city or town) (State or country): Little Rock Ark

17. INFORMANT (Address): George W. Reavis 6036 N.E. 32nd Ave Portland Ore

18. BURIAL, CREMATION OR REMOVAL
Place: Medvale Idaho Date: Feb 7, 1934

19. UNDERTAKER (Address): Frank E. Sanders

20. FILED Feb 5, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1934 to Feb 4, 1934

I last saw him alive on Feb 4, 1934 death is said to have occurred on the date stated above, at 5.9 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiovascular-Renal disease | unknown. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Marvel R. [illegible], M. D.

(Address) Bay Horse Ida

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87958

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 9

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Sofalia Ilsa Yount.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Yount.

6. DATE OF BIRTH (month, day, and year): Nov 12 - 1848

7. AGE — Years: 85 | Months: 2 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: home maker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rock City Ill.

FATHER

13. NAME: Henry Meyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Miles Farson Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Payette Idaho Date: Feb 6 - 1934

19. UNDERTAKER (Address): Glenn C. Landers Payette Idaho

20. FILED: Feb 5, 1934 J. C. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30., 193.4., to Feb 3., 193.4.

I last saw h[illegible] alive on Feb 3., 1934.; death ~~is~~ said to have occurred on the date stated above, at 6.45 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis Cerebri | |
| Obliterans | Jan 30 1934 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No If so, specify.....

(Signed) J. R. Woodward, M. D.

(Address) Payette Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87959

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 14

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Clyde Landon

(a) Residence. No. 112 N. Main (Usual place of abode) 3921 E. Miramar St. Hawthorne, Cal.

Length of residence in city or town where death occurred, Los Angeles Calif. yrs. 5 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jennie Campbell Landon

6. DATE OF BIRTH (month, day, and year) Mar 3 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Albury (State or country) Vermont

FATHER

13. NAME Edwin P. Landon

14. BIRTHPLACE (city or town) Southegro (State or country) Vermont

MOTHER

15. MAIDEN NAME Julia White

16. BIRTHPLACE (city or town) Southero (State or country) Vermont

17. INFORMANT Edith Landon (Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Boise Idaho Date Feb 26 1934

19. UNDERTAKER C. A. Lewis (Address) Caldwell Idaho

20. FILED Feb 25 1934 J. C. Woodward Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 193.4, to Feb 23, 193.4

I last saw h....alive on Feb 23 193.4: death is said to have occurred on the date stated above, at 10.55 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis | 1½ yrs ago |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Payette Ida.

RECEIVED MAR [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87961

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 9

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

14a

2. FULL NAME George Jasper Wheeler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 36 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Eliza Wheeler

6. DATE OF BIRTH (month, day, and year) Oct. 28 1848

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 85 | 3 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith &

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** later Trapper

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME George Jasper Wheeler

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Miss Bird

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Eliza Wheeler

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date Feb. 27 1934

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Ida.

20. FILED 3-27, 193 4 Florence Hatch
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-24 1934

22. I HEREBY CERTIFY, That I attended deceased from February 17 1934, to February 24 1934
I last saw him alive on Febr 23, 1934 death is said to have occurred on the date stated above, at 7:45a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Senile decay | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Fryer M. D.
(Address) American Falls, Idaho

RECEIVED MAR 7 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87962

County of POwer
City of American Falls,

# CERTIFICATE OF DEATH

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 5

(No. Schiltz Memoral Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Ernestt D. Webb

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male ~~Male~~ | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alta Webb

6. DATE OF BIRTH (month, day, and year) Jan. 8, 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 25 | 0 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Ernestt M. Webb

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Anna Loveridge

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Lehi, Utah Ernest M. Webb

18. BURIAL, CREMATION, OR REMOVAL Place Lehi, Utah Date ....., 193..

19. UNDERTAKER A W. Dowie (Address) Am. Falls, Ida.

20. FILED Mar 7, 1934 Genevieve Nott Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Feb 3, 1934

I last saw h[illegible] alive on Feb 3, 1934: death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | |

Other contributory causes of importance:

| | |
|---|---|
| Ruptured appendicit | |

Name of operation Appendectomy Date of Jan 31

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. T. Farrell, M. D.

(Address) Am. Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1934

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87963

County of Power
City of Am. Falls, Ida.
Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 8

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

127

2. FULL NAME John S. Reimann

(a) Residence. No. Roy, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 25 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Faye Reimann

6. DATE OF BIRTH (month, day, and year)
Feb 23 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 3

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Parkston, S. D

MOTHER FATHER

13. NAME Daniel Reimann

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Katherine Matthies

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry W. Reimann
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place. Am. Falls, Ida. Date. Feb. 15 1934

19. UNDERTAKER A. M. Davis
(Address) Am. Falls, Ida.

20. FILED Feb. 12, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934, to Feb. 11, 1934
I last saw him alive on Feb 11, 1934: death is said to have occurred on the date stated above, at 1:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholelithiasis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Cholecystectomy Date of 2-6-34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) V. J. Fogarty M. D.
(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87964

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida.

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 7

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

189

2. FULL NAME Hans Holm

(a) Residence. No. 9 Miles South West of Rockland St. Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 24 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kristine Holm

6. DATE OF BIRTH (month, day, and year) June 6 1872

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | 7 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Peter Holm

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Dorothy Sneker

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Kirstine Holm

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date Feb. 8 193 4

19. UNDERTAKER A. W. Davis Am Davis
(Address) Am. Falls, Ida.

20. FILED Feb 5, 1934 Genevieve Hoch Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-4 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934, to Feb. 4, 1934.
I last saw him alive on Feb. 4, 1934; death is said to have occurred on the date stated above at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Extensive contusion and laceration of mesentary caused by kick of horse resulting in extensive gangrene of small bowel | |
| **Contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Laparotomy Date of Feb. 4

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (**violence**), fill in also the following:
Accident, suicide, homicide? Accident Date of injury Feb. 1, 1934
Where did injury occur? Power Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. At his farm.
Manner of injury Kicked by horse.
Nature of injury See above.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farming
(Signed) W. H. Farrell M. D.
(Address) Am. Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87965

**PLACE OF DEATH**
County of Power
City of American Falls
Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 6
(No. Bulb Memorial Hospt.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Allen Farley

(a) Residence. No. Rockland St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ or (or) WIFE of Peter W. Farley

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 3 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bountiful Utah

FATHER
13. NAME Jude Allen
14. BIRTHPLACE (city or town) (State or country) Essex County New York

MOTHER
15. MAIDEN NAME Mary Ann Nicholas
16. BIRTHPLACE (city or town) (State or country) Gloucestershire England

17. INFORMENT (Address) Marjorie Osborn

18. BURIAL, CREMATION, OR REMOVAL
Place Rockland Date 2/7, 1934

19. UNDERTAKER Lehst & Young
(Address) Rockland Idaho

20. FILED Feb 4, 1934 Genevieve Nash Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934, to Feb 4, 1934
I last saw her alive on Feb 4, 1934; death is said to have occurred on the date stated above, at 6 to 8 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hypostatic Congestion | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. H. Logan M.D.
(Address) American Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 87966

Local Registrar's No. 10

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Louise Zwicky

(a) Residence. No. 1163 W. McKinley Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of ~~(or) WIFE~~ of Wife of Everett Edward Zwicky

6. DATE OF BIRTH (month, day, and year) Jan. 4, 1901

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 33 | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kasio
(State or country) British Columbia

FATHER

13. NAME Robert Hendricks

14. BIRTHPLACE (city or town) Breke
(State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Ann Thatcher

16. BIRTHPLACE (city or town) Hope wall
(State or country) New York

17. INFORMENT Walter Hendricks
(Address) Kasio British Columbia

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Spokane Wash. Date Mch 1, 1934

19. UNDERTAKER M. E. Thornhill
(Address) Kellogg Ida

20. FILED Mar. 10, 1934 Mrs. Helen M. Bridenbaugh
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934, to Feb. 28, 1934
I last saw ~~him~~ her alive on Feb 28, 1934; death is said to have occurred on the date stated above, at 8:45 ~~a.m.~~ p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute cardiac failure | Feb. 27, '34 |
| Other contributory causes of importance: Post-operative - from obstruction bowel | Feb 26, '34 |

Name of operation Laparotomy Date of Feb 26, 34
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Glenn McAffee M. D.
(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87967

Registration District No. 76
Primary Registration District No. 1014 Local Registrar's No. 268
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter J. Scoles

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 12 1876
7. AGE: Years 57 Months 7 Days 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.): 1933
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Mine

MOTHER FATHER
13. NAME: William F. Scoles
14. BIRTHPLACE (city or town) (State or country): Kentucky
15. MAIDEN NAME: Bridget Mullen
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): James Scoles Wallace Idaho
18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place: Wallace Ida. Date: Mar 1934
19. UNDERTAKER (Address): J. A. Brown (Wood Mud Co) Wallace Ida.
20. FILED Mch 1st, 1934 C. S. Nolte Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1934, to 2-25, 1934
I last saw him alive on 2/24, 1934; death is said to have occurred on the date stated above, at 8:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, pulmonary | ? |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner
(Signed) C. B. Gerald, M. D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87968

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 267
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Rauch Richardson

(a) Residence. No. Burke Idaho St. Burke Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~(HUSBAND) of~~ (or) WIFE of: Fred Richardson
6. DATE OF BIRTH (month, day, and year): April 8 1883
7. AGE: Years: 50 Months: 10 Days: 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Colorado

MOTHER
13. NAME: ——— Hoover
14. BIRTHPLACE (city or town) (State or country): ———

FATHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Fred Richardson Burke Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Wallace Ida. Date: Feb 23 193 4
19. UNDERTAKER (Address): J. A. Brown (Ward Mort. Co) Wallace, Ida.
20. FILED: Feb 22nd 193 4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 20 193 4
22. I HEREBY CERTIFY, That I attended deceased from Feb 15 193 4 to Feb 20 193 4
I last saw h alive on Feb 20 193 4 death is said to have occurred on the date stated above, at 11 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Pancreas | 8-1929 |

Other **contributory causes** of importance: Influenza Severe

Name of operation: ——— Date of: ———
What test confirmed diagnosis: None Was there an autopsy? None

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ———
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. D. Stowell M. D.
(Address) Wallace Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87969

Registration District No. 7 D

Primary Registration District No. 1011 Local Registrar's No. 264

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Benz

(a) Residence. No. Wallace, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Benz.

6. DATE OF BIRTH (month, day and year): Jan-24-1879

7. AGE: Years 55 | Months 0 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1931

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER FATHER

13. NAME: Earhart Benz.

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Switzerland.

17. INFORMANT (Address): Mrs Nellie Benz Wallace Idaho

18. BURIAL, CREMATION OR ~~REMOVAL~~

Place: Wallace, Ida. Date: Feb 9, 1934

19. UNDERTAKER (Address): J. A. Burr (Ward Und Co). Wallace Ida.

20. FILED: Feb 9, 1934 C. E. Dixon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Febry Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov, 193?, to Febry 5, 1934.

I last saw h. M. alive on Feby 5, 1934.; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | 2/5/34 |
| Chr. Val. Heart Years | |

Other **contributory causes** of importance:

R. brachial embolism 1/1934

popliteal embolism 11/32

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... James R. Brain, M. D.

(Address) ..... Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87970

**PLACE OF DEATH**
County of Shoshone,
City of Wallace

Registration District No. 78
Primary Registration District No. 1111 Local Registrar's No. 265

(No. Providence Hospital Wallace, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James R. Cummock

(a) Residence. (Usual place of abode) No. 706 Bank St St. Wallace Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Catherine Cummock

6. DATE OF BIRTH (month, day, and year) Oct 14-1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 3 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Court Reporter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18 mo

12. BIRTHPLACE (city or town) (State or country) Evanston, Wyo

FATHER

13. NAME John B. Cummock, Sr

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Annie A. Robertson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) M. C. Thornhill Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg, Idaho

20. FILED Feb 8th, 193 4 C S Stone
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Feb 6, 1934

I last saw him alive on Feb 6, 1934; death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignant Bacterial Endocarditis | Sept 34 |

Other contributory causes of importance:

| | |
|---|---|
| Abscesses of teeth | |
| Generalized Septicemia | Jan 13, 1934 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Pamuel Ellis, M. D.
(Address) Wallace, Idaho

RECEIVED MAR 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87971

PLACE OF DEATH
County of Shoshone,
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 266
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar A. Mason

(a) Residence. No. County Infirmary St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| male | white | unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer none

9. BIRTHPLACE (city or town) (State or country) Wyant, Ills

PARENTS

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown

14. Informant E. M. Mitell
(Address)

15. Filed Feb 13th, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 10 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Feb 10, 1934, that I last saw him alive on Feb 9th, 1934, and that death occurred, on the date stated above, at 3:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic lead poisoning

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) old age.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. C. Lindsay, M. D.
Feb 13, 1934 (Address) Kellogg Ida

19. Place of Burial, Cremation, or Removal Wallace Idaho — Date of Burial 2/13 1934

20. Undertaker E. M. Mitell Co — Address Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87972

**PLACE OF DEATH**
County of Teton
City of Clementsville

Registration District No. 17
Primary Registration District No. 2176
Local Registrar's No. 5

(No. 2) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie May Stepic

(a) Residence. No. Clementsville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Paul Stepic

6. DATE OF BIRTH (month, day, and year) Feb 13 - 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 26 | — | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elsmore Kansas

FATHER

13. NAME Joseph F. Dunphery

14. BIRTHPLACE (city or town) (State or country) La Cygne Kansas

MOTHER

15. MAIDEN NAME Jessie M. Ard

16. BIRTHPLACE (city or town) (State or country) Elsmore Kansas

17. INFORMENT Joseph F. Dunphery
(Address) Clementsville Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date 3/3, 1934

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Mar 3, 1934 Alice M. Greene
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 34, to March 1st, 1934

I last saw her alive on Feb 10 34, ; death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Organic Heart Disease | years |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Farley Nelson, M.D.

(Address) Ryburg Idaho

RECEIVED 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Twin Falls

City of Castleford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87973

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Gager

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bradford B. Gager

6. DATE OF BIRTH (month, day, and year) Nov. 20th. 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 3 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rerited

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New London
(State or country) Conn

FATHER

13. NAME John Phelan

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Margaret Ely

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT R. W. Gager
(Address) Castleford, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 3/1, 1934

19. UNDERTAKER Evans Johnson
(Address) Buhl, Ida.

20. FILED Mar. 1, 1934 T. Mahaffey
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1934, to 2-27, 1934.

I last saw her alive on 2-24, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 2-24-34 |
| | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic nephritis | 10 yrs. |
| Chronic arteritis | 10 yrs. |
| Pneumonia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. V. Berry, M. D.
(Address) Buhl, Ida.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lincoln

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87974

Registration District No. 39

Primary Registration District No. 7087

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No. )

2. FULL NAME Lesley Haun

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 13 - 1912

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 21 | 4 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burke Ida
(State or country)

MOTHER/FATHER

13. NAME Claud Haun

14. BIRTHPLACE (city or town) Delton Mo.
(State or country)

15. MAIDEN NAME Rose Keeney

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Grace Haun Burke Ida.
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burke Date ....., 193..

19. UNDERTAKER Evans & Johnson Burke Idaho
(Address)

20. FILED Feb. 24, 1934 J. Wilson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 193.4, to Feb. 22, 193.4.
I last saw him alive on Feb. 22, 193.4; death is said to have occurred on the date stated above, at 11 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 3 weeks |
| | |
| | |
| | |
| Other contributory causes of importance: Valvular Disease of Heart | Not known by me |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation deceased? No If so, specify

(Signed) R. E. Lewis, M. D.
(Address) Burke Idaho

RECEIVED MAR 5 - 1934

# PLACE OF DEATH

County of Twin Falls

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87975

Registration District No. 34

Primary Registration District No. 2087 Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Hugh Mifflin Miller

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Laura Miller

6. DATE OF BIRTH (month, day, and year) Apr 4th — 1852

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Plasterer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Williamsport

FATHER

13. NAME David Knaus

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Chas. Burke (Address) Burke, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Burke Date 3/5, 1934

19. UNDERTAKER Evans & Johnson (Address) Burke — J. L. Johnson

20. FILED 3-7-34, 1934 J. W. Wright Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1934 to 2-21, 1934

I last saw him alive on 2-21, 1934. death is said to have occurred on the date stated above, at 9.30 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation of Heart | 2-12-34 |
| | |
| | |
| Other **contributory causes** of importance: Cardio-Vascular Renal Dis. | Probably 1932 |

Name of operation None Date of ~

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so specify .....

(Signed) ..... M. D.

(Address) Burke Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87976

Registration District No. 39 ~~7087~~

Primary Registration District No. 7087

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melray W. Ford Jr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 4th 1933

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buhl

MOTHER FATHER

13. NAME Melray W. Ford Sr.

14. BIRTHPLACE (city or town) (State or country) Cedar City Utah

15. MAIDEN NAME Ethel Mae Newcomer

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

17. INFORMANT Calvin Newcomer
(Address) Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rawlins Date Feb 20 1934

19. UNDERTAKER Evans & Johnson
(Address) Buhl Ida

20. FILED Feb. 19, 1934 J. H. Murphy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1934 to Feb. 18, 1934

I last saw him alive on Feb. 17, 1934; death is said to have occurred on the date stated above, at 3 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | |
| Entero Colitis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Murphy M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87977
State File No.

Registration District No. 39

Primary Registration District No. 7087 Local Registrar's No.

(No. 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kent Eugene Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 2 1931

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Burley

FATHER

13. NAME: Lawrence Nelson
14. BIRTHPLACE (city or town) (State or country): Davis Kans.

MOTHER

15. MAIDEN NAME: Florence Schaales
16. BIRTHPLACE (city or town) (State or country): Manassa Utah

17. INFORMANT (Address): Evans Schaales Burley - Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Date: 2-16, 1934

19. UNDERTAKER (Address): Evans & Johnson Burley - Ida. E. H. Johnson

20. FILED: 2-19, 1934 J. V. Murphy (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Feb 15, 1934.

I last saw him alive on Feb 15, 1934; death is said to have occurred on the date stated above, at 12:55 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: none Date of:

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? Not injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** home
Manner of injury Not injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. L. Berry, M. D.
(Address) Burley Ida

RECEIVED

Form V. S. No. 5 20M.1-16-12

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 39
Primary Registration District No. 2087
File No. 87978
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Castleford
(No. ....., ..... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Taralee Spencer

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) |
|---|---|---|
| Female | white | Widowed |

6. DATE OF BIRTH: Feb (Month) 23 (Day) 1850 (Year)

7. AGE: 83 yrs. 10 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Marble - Ark

10. NAME OF FATHER: Jonathan Gage

11. BIRTHPLACE OF FATHER (State or Country): Georgia

12. MAIDEN NAME OF MOTHER: Ellen Clemens

13. BIRTHPLACE OF MOTHER (State or Country): Georgia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs M. L. Hudson
(Address) Castleford

15. Filed Feb. 6 1934 J. W. Murphy Local Registrar

## MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 19 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. A. Dwight M. D.
19..... (Address) Filer County Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Rupert Ida. | Jan 24 1934 |
| 20. UNDERTAKER | ADDRESS |
| Evans Johnson L. D. Johnson | Burley Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 - 1934

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87979

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 258

(No. Gooding County Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Coster Walter Coster

(a) Residence. No. ____ Gooding St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 19 1887
7. AGE: Years 46 | Months 6 | Days 13 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harrisburg, Nebr.

FATHER
13. NAME: Leonard A. Coster
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Martha Blades
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMENT (Address): Mrs. Leota Hoodupyle
18. BURIAL, CREMATION, OR REMOVAL Place ____ Date ____, 193
19. UNDERTAKER (Address)
20. FILED 2-28, 193 J. A. Cranmill Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 1 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Feb 1, 1934.
I last saw h... alive on Feb. 1, 1934: death is said to have occurred on the date stated above, at 9:15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia. | Jan 23 |
| Pneumococcic meningitis | Jan 31 |

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. Brownell M. D.
(Address) Gooding, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87980

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

884

2. FULL NAME Griffith Davies

(a) Residence. No. Caldwell Ida R#1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 14 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 4 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Merthyr
(State or country) So Wales

FATHER
13. NAME John Davies
14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER
15. MAIDEN NAME Katherine Edwards
16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMENT Mrs. Ora L. Martin
(Address) Caldwell Ida R#1

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 1934

19. UNDERTAKER C. L. Peckham
(Address) Caldwell, Idaho

20. FILED 3 1 , 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to Feb 28, 1934
I last saw h alive on Feb 28, 1934; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | Not known |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. H. Coen M.D.
(Address) Caldwell Idaho

RECEIVED MAR 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87981

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 127

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George M Fivecoat

(a) Residence. No. Caldwell Ida Rt #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Fivecoat

6. DATE OF BIRTH (month, day, and year) Jan 24 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72. | 1 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Thomas Fivecoat
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Lucinda Martin
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Ray Fivecoat Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem Date 3-9, 1934

19. UNDERTAKER (Address) C. W. Peterson Caldwell Ida

20. FILED 3/6, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Apl 20, 1933, to March 3, 1934
I last saw him alive on Apl 20, 1933: death is said to have occurred on the date stated above, at 11:45a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (Pneumonia) Chronic Alcoholism & Cirrhosis | |
| Other contributory causes of importance: Age | |

Name of operation Date of
What test confirmed diagnosis? Clin, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
N.C. If so, specify
(Signed) S B Dueller, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87982

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston,

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Josephs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant H.Z. White

(a) Residence. No. 426-6th ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Sungle |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/4/34 2-2-34

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 2 | [illegible] |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER

13. NAME Harold Z, White

14. BIRTHPLACE (city or town) NOtnone
(State or country)

MOTHER

15. MAIDEN NAME Marie Weisgerber

16. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

17. INFORMENT (Address) H.Z. White 426-6th ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho. Date 2/5/34, 193

19. UNDERTAKER Vassar Shaughnessy Co.
(Address) Lewiston, Idaho.

20. FILED 3/1, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/4/34 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 193 9, to Feb 9, 193 9

I last saw him alive on Feb 9, 193 9; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. T. Scott, M. D.

(Address) Lewiston Idaho

Aug 9. H.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87983
State File No.

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston. Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant H.Z.White

(a) Residence. No. 624 -6th ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3.SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~2/4/34~~ 2-2-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ~~3~~ hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho.

FATHER

13. NAME Harold Z. white

14. BIRTHPLACE (city or town) (State or country) Not none

MOTHER

15. MAIDEN NAME Marie Weisgerber

16. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

17. INFORMENT (Address) H.Z.White 624-6th ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 2/5/34, 193

19. UNDERTAKER Vassar Shaughnessy CO. (Address) Lewiston, Idaho.

20. FILED 3/1, 1934 J. M. Lyle Registrar. Dupl. #

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/2/34 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 193~~9~~, to Feb 2, 193~~9~~

I last saw ~~him~~ alive on Feb 2, 193~~9~~: death is said to have occurred on the date stated above, at 2 ~~P~~m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. T. Scott M. D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. Scott

87985

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87985

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LeRoy Utley

(a) Residence. No. ..... St. Rupert, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place. Rupert, Ida Date. 3/3..., 1934

19. UNDERTAKER Goodman
(Address) Rupert, Idaho

20. FILED 3/3, 1934 Genevieve Roth Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by hanging | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur?.. jail at American Falls
(Specify city or town, county, and state) Ida
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....public place.....
Manner of injury.....Hanging.....
Nature of injury.....Strangled.....

24. Was disease or injury in any way related to occupation of deceased?.. no If so, specify.....
(Signed) ... Coroner D.
(Address) ..American Falls, Idaho.....

87926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87986

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 11
(No. Wardner Hospital — Kellogg)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Thomas
(a) Residence. No. East Brown St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Do not know month of birth

6. DATE OF BIRTH (month, day, and year) 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spalato, Jugoslavia

FATHER
13. NAME Pete Thomas
14. BIRTHPLACE (city or town) (State or country) Spalato Jugoslavia

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Helen Thomas Spalato, Jugoslavia

17. INFORMENT (Address) Mike Domyan Kellogg Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Idaho Date Mar. 12, 1934

19. UNDERTAKER P. L. Stout (Address) Kellogg Idaho

20. FILED Mar. 14, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1934 to Mar 9, 1934
I last saw h[illegible] alive on Mar 9, 1934: death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Bronchitis | 6 years. |
| Myocardial Degeneration | 6 mos |
| Cardiac failure | 3 wks. |

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

87987 ✓

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87987

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 34

(No. Veterans Administration Facility, Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar J. Hunnel

(a) Residence. No. Route #3 St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 12, 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)... Iowa
(State or country)

FATHER

13. NAME Edward L. Hunnel

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Charlotte L. Wilson

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT ...Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Boise, Idaho... Date. 3-22 1934

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 3-21, 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from February 22, 193.2., to March 20, 193.4.

I last saw him alive on March 20 1934.: death is said to have occurred on the date stated above, at 10:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, pulmonary, | |
| chronic, active | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Tuberculous Enteritis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical findings & X-ray / Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ....ALLEN H. WALKER....., M. D.

(Address) ....V.A., Boise, Idaho.....

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

87988

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87988

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 88

(No.) St. Lukes Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Harpst

(a) Residence. No. Emmett Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Lulu Harpst

6. DATE OF BIRTH (month, day, and year): Feb 8 - 1874

7. AGE: Years: 60 | Months: 1 | Days: 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: Christian Harpst

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Ed Wood Harpst Emmett Ida

18. BURIAL, CREMATION OR REMOVAL: Place Emmett Ida Date 3/12, 1934

19. UNDERTAKER (Address): E. D. Buckmun Emmett Idaho

20. FILED 3-15, 1934 W. D. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/10 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1934, to Mar. 10, 1934

I last saw h alive on Mar 10 1934: death is said to have occurred on the date stated above, at 5-P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphicaemia | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Infection in leg: | |
| probably streptococcic | |

Name of operation None Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. D. Spraugue M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87989

**PLACE OF DEATH**

County of Jerome
City of Jerome

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leslie Samuel Thompson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. 1 mos. 3 ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Margaret Elen Thompson

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 41 | 1 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Draper Utah

FATHER
13. NAME Loren Thompson
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Kristine Knudsen
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMENT (Address) Carley Thompson Jerome Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Jerome Date March 21, 1934

19. UNDERTAKER D. A. L'Heureux
(Address) Jerome, Idaho

20. FILED 3/20, 1934 C. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 18, 1934
I last saw him alive on Mar. 18, 1934: death is said to have occurred on the date stated above, at 4:15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar. | Mar. 11, 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Reuben C. Matson, M. D.
(Address) Jerome Idaho

RECEIVED MAR 26 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

87990

DO NOT WRITE IN THIS SPACE
State File No. 87990

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 12

PLACE OF DEATH
County of Jefferson
City of Lewisville
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Maria Magdelane Poulsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Chris Poulsen

6. DATE OF BIRTH (month, day and year) March 28, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 65 | 11 | 15 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Ephriam
(State or country) Utah

PARENTS

10. NAME OF FATHER
James Nelson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Jutland, Denmark

12. MAIDEN NAME OF MOTHER
~~Anna~~ Christina Anderson Winneberg

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Jutland, Denmark

14. Informant A. L. Poulsen
(Address) 935 N. Hooper Boulevard Rigby

15. Filed Mar 13, 1934 A B Churchill
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March 13 (Month) (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar. 12, 1934, to Mar. 13, 1934
that I last saw h~~er~~ alive on Mar. 12, 1934
and that death occurred, on the date stated above, at 11:45 m.
The CAUSE OF DEATH* was as follows:
Coronary occlusion
& Embolism.
(duration) ..... yrs. ..... mos. 24 hrs.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? ..... Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

3/15, 1934. (Signed) W. A. West, M. D.
(Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Lewisville, Idaho | March 30 1934 |

20. Undertaker A B Churchill — Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAR 27 1934

87991

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87991

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 65
(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Le Roy Mc Farland

(a) Residence. No. Castleford, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Dorothy H. Mc Farland

6. DATE OF BIRTH (month, day, and year) 1/15 - 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 2 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carthage, Ill.

FATHER

13. NAME Charles F. Mc Farland

14. BIRTHPLACE (city or town) (State or country) Carthage, Ill.

MOTHER

15. MAIDEN NAME Frances Powroy

16. BIRTHPLACE (city or town) (State or country) Nauvoo, Ill.

17. INFORMENT (Address) Mrs. Chas. Le Roy Mc Farland Castleford, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Ida.

20. FILED Mar. 24 1934 Geo. C. Talley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/15 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/11/34, 193..., to 3/15/, 1934

I last saw him alive on 3/15/, 1934: death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia type 1, lobular L. two lower lobes | about 5 days |
| Pericarditis acute, secondary. | 2½ " |
| Other contributory causes of importance: | |
| Oedema of the lungs; | 24 hours. |
| Myocarditis toxic, acute. | |

Name of operation none Date of

What test confirmed diagnosis? Lab. x-rays. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 193

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan L. Hixson, M. D.

(Address) Twin Falls, Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87992

Registration District No. 13

Primary Registration District No. 2 1 4-0

Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grover Cleveland Melton

(a) Residence. No. 170-E-17th Street St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha S. Melton

6. DATE OF BIRTH (month, day, and year): August 17, 1886

7. AGE — Years: 47 | Months: 7 | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Hay Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: C. W. A.

10. Date deceased last worked at this occupation (mo. and yr.): Mar. 20 1934

11. Total time (years) spent in this occupation: 3½ months

12. BIRTHPLACE (city or town) (State or country): Orange County Indiana

MOTHER FATHER

13. NAME: Joel W. Melton

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Elizabeth White

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs. Martha S. Melton Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls Idaho Date: May 29 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Idaho

20. FILED: May 27, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9-10 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Killed by truck on C.W.A. Park and C.W.A. Works | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury.., 1934

Where did injury occur? Broadway Park, Idaho Falls, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place

Manner of injury: Idaho Falls Idaho

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) ..... M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87993

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 43

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Juan F. Grice.

(a) Residence No. Clay Loar Rooms St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Rovenia M. Grice dec

6. DATE OF BIRTH (month, day, and year) Jan 16 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 64 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Roofing.

10. Date deceased last worked at this occupation (month and year) 3-9-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke Co Virginia

FATHER

13. NAME Samuel Grice.

14. BIRTHPLACE (city or town) (State or country) Roanoke. Virginia

MOTHER

15. MAIDEN NAME Sarah E. McDurham

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Irving E. Grice. Bluffton Indeana

18. BURIAL, CREMATION, OR REMOVAL Place 3-16-34 Idaho Falls Ida

19. UNDERTAKER (Address) F. F. McFarland Idaho Falls Idaho

20. FILED Mar 13, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1934, to 3/10, 1934; that I last saw him alive on 3/10, 1934; death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 3/10/34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Chris, M. D.

(Address) Idaho Falls Ida

RECEIVED MAR

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87994

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 27

(No. near Cook Cole School

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Pence Gorton

(a) Residence. No. 4 mi. west of Boise St.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie

6. DATE OF BIRTH (month, day, and year): July 9th. 1894

7. AGE: Years 39 | Months 7 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 3/1/34

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cascade Idaho

MOTHER/FATHER

13. NAME: L. M. Gorton

14. BIRTHPLACE (city or town) (State or country): Fayette Co., Ia.

15. MAIDEN NAME: Margaret Shannon

16. BIRTHPLACE (city or town) (State or country): Marshalltown, Ia.

17. INFORMANT (Address): L. M. Gorton Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Cascade Ida.. Date 3/3..., 1934

19. UNDERTAKER (Address): W. McBratney Boise Idaho

20. FILED 3-2.., 1934 W. H. Rader
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at About 9 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wound In The Head | |
| Self Inflicted, Suicide, | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. M. Cann Coroner, ~~M. D.~~
(Address) Boise Idaho

RECEIVED MAR 22 1934

87995

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87995

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 50

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorenzo Dow Brown

(a) Residence. No. 141 So. 9th ave St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24-1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 9 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. real estate Mgr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellensville, New York

FATHER

13. NAME David Brown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Von Luven

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Maude Brown Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Mar 11, 1934

19. UNDERTAKER (Address) L. L. McCann Pocatello Idaho

20. FILED Mar 9, 1934 D. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 8 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to March, 1934

I last saw him alive on Dec., 1933; death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Hughart, M. D.

(Address) Pocatello, Idaho

87996

N. B.—WRITE PLAINLY, WITH UNFADING MARGIN ... ED FOR BINDING
5—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87996

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 39

(No. Twin Falls County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clark Griffith

(a) Residence. No. ... St. Twin Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of (or) [redacted] Mrs. Clark Griffith

6. DATE OF BIRTH (month, day, and year) December 11, 1873

7. AGE — Years: 60 — Months: 1 — Days: 23 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Waiter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Cafes & Hotels

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Quincy, Ill.

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Twin Falls Co. Hosp. Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Rock Creek Cemetery Date: Feb 25 1934.

19. UNDERTAKER (Address): Evans & Johnson Twin Falls Idaho

20. FILED Feb 25 1934. Geo. C. Haller, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 ..., 1927, to Feb 23 ..., 1934.

I last saw him alive on Feb 22, 1934; death is said to have occurred on the date stated above, at 7:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ... | ... |
| Syphilis | not known |
| ... | ... |
| ... | ... |
| ... | ... |
| Other **contributory causes** of importance: | |
| Pyuria | Aug 1/1933 |
| Hypertrophied prostate | not known |
| ... | |

Name of operation: none Date of ...

What test confirmed diagnosis? Clinical & serologic Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) George C. Haller, M. D.

(Address) Twin Falls Idaho

RECEIVED MAR 30 1934

87997

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of American Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87997

Registration District No. 205

Primary Registration District No. 2072 Local Registrar's No. 12

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miss Anna Price

(a) Residence. No. Rockland, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100 0

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Not known

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House-keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 2 weeks

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. M. J. Frodsham
(Address) Rockland, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rockland, Ida Date 3/21..., 1934

19. UNDERTAKER A.W. Davis
(Address) Am Falls, Idaho

20. FILED 3/20..., 1934 Geneviève Matt
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-18 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17..., 1934, to March 18..., 1934.

I last saw her alive on March 18, 1934; death is said to have occurred on the date stated above, at 9:45a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial pneumonia | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) V.G. Fenn M. D.

(Address) American Falls, Idaho

87998

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87998

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 34

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John. H. Hurley.

(a) Residence. No. 1224. E. Bannock Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Mary. D. Hurley.

6. DATE OF BIRTH (month, day, and year) September. 3.1869.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 6 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Construction Foreman,

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Idaho Power Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER FATHER

13. NAME John. H. Hurley. Sr.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Mary. D. Hurley. 1224. E. Bannock Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. March. 22. 1934.
Place Date 193

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-22 193 4 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1934, to 3-20-, 1934.

I last saw him alive on 3-20, 1934. death is said to have occurred on the date stated above, at 11.45 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pedecia of Lungs | |
| Pulmonary | |
| Pneumonia (Lobar) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) Thos. Boeck M. D.

(Address) Boise Ida

87999

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87999

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 103

(No. 420 S. 5th.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Jones

(a) Residence. No. 420 S. 5th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. R. Jones

6. DATE OF BIRTH (month, day, and year) July 22nd. 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 8 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missoura

FATHER

13. NAME Wm. L. Seaman

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Martha Jane Tunnell

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Ralph Jones Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 4/2/34 193..

19. UNDERTAKER (Address) W. McBratney Boise, Idaho

20. FILED 4-2, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strychnine Poisoning | |
| Self Administered | |
| ( Suicide ) | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** At Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) J. M. Lauer Coroner M. D.

(Address) Boise Idaho

88000

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88000

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 59

**PLACE OF DEATH**

County of Bannock
City of Pocatello

(No. 432 East Clark)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joesph Fields

(a) Residence. No. 432 East Clark St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| Unknown | Unknown | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Charles Mason 123 South 2nd

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem Date March 17, 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 3-17, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Mar 14, 1934
I last saw him alive on Mar 12, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Renal | |
| General sclerosis | |

Other contributory causes of importance:

| | |
|---|---|
| Cardio Renal | |

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Jones, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF D[redacted]

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88001

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 32

(No. N. 28th. St. - Near H. S. Farm)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jackson Stewart

(a) Residence. No. N. 28th. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Genoa Stewart

6. DATE OF BIRTH (month, day, and year) June 27th. 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Stewart

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Jane Bradford

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Genoa Stewart Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/15 193.4

19. UNDERTAKER (Address) W. McBratney Boise, Ida.

20. FILED 3-14 193.. W. W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 193.4, to March 13 193.4
I last saw him alive on March 13 193...: death is said to have occurred on the date stated above, at 8.10a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Bronchial | Jan 27/34 |
| pulmonary abces | Mar 1/34 |

Other **contributory causes** of importance:
Asthma of several years duration

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) H. M. [redacted]rson, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88002

County of Bingham
City of Blackfoot, Ida.
Registration District No. 2
Primary Registration District No. 227
Local Registrar's No. 55

(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Dell Coughenour

(a) Residence. No. 1320 Larkin St San Francisco St, Calif.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Laura A. Coughenour

6. DATE OF BIRTH (month, day, and year) Nov 18. 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME Clark V Coughenour

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Fannie Hibbet

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Mrs. Laura A. Coughenour 1320 Larkin St S.F. Cal.

18. BURIAL, CREMATION, OR REMOVAL Place San Francisco Cal. Date 3/20/34 193

19. UNDERTAKER E.T. Peck
(Address) Blackfoot, Ida.

20. FILED Mar 21, 193 Wm Nelson Eckhardt
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 19 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to Mar 19, 1934
I last saw him alive on Mar 18, 1934: death is said to have occurred on the date stated above, at 5:40 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Mar 14 1934 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88003

Registration District No. 8

Primary Registration District No. 2004 c

Local Registrar's No. 43

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glenn E. TROMLY

(a) Residence. No. ..... St. Payette, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(~~WIFE~~) Crissman Tromly

6. DATE OF BIRTH (month, day, and year)
December 17, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Telegraph Operator

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)... Illinois
(State or country)

MOTHER FATHER

13. NAME George A. Tromly

14. BIRTHPLACE (city or town) Grayville,
(State or country) Illinois

15. MAIDEN NAME Mattie Hayes

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-10, 193 4

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-10, 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 8 1934

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1933, to April 8, 1934.
I last saw him alive on April 8, 1934: death is said to have occurred on the date stated above, at 4:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, lobular, bilateral, severe; Pleurisy, serous, left, subacute; Uremia, acute (from nephritis) | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| Syphilis, tertiary | |
| Malaria, chronic | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? Autopsy Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ... ALLEN H. WALKER ....., M. D.
(Address) .... V. A., Boise, Idaho .....

8814

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 82
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 88004
Local Registrar's No. 111

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis N. Hess

(a) Residence. No. 1509 North Seventh St, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Hess

6. DATE OF BIRTH (month, day, and year) Nov. 28 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 4 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Const. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MtN States Tel. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Years

12. BIRTHPLACE (city or town) (State or country) Ellenwood Kan.

FATHER

13. NAME John Hess

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Watkins

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs Charles H, Redington Kansas City

18. BURIAL, CREMATION, OR REMOVAL Place Kansas City Mo Date 4/14, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-12, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wound In The Body | |
| (Homicide) | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury, ....., 193...
Where did injury occur? 1509 No. 7th St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In The Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. J. McCann Coroner., M.D.
(Address) Boise Idaho

88005

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88005

**PLACE OF DEATH**
County of Lewis
City of Winchester
Registration District No. 30
Primary Registration District No. 227
Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George R. King

(a) Residence. No. 1 Winchester Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hannah E. King

6. DATE OF BIRTH (month, day, and year) Nov. 3-1842.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 91 | 4 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10yrs.

12. BIRTHPLACE (city or town) (State or country) Barry Co. Mo.

FATHER

13. NAME Henry King

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know.

17. INFORMENT (Address) Grant King

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Ida. Date , 193

19. UNDERTAKER Cloyde Clere
(Address) Craigmont, Ida.

20. FILED 3/17, 193 4 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to March 16, 1934

I last saw him alive on Jan 10, 1934; death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Coma~~ | |
| Cerebral Hemorrhage | March 1-1934 |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arterio Sclerosis | |

Name of operation Date of

What test confirmed diagnosis Physical Signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William D. H. Hales, M. D.

(Address) Lewiston - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88006

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 88006

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Shields Stafford

(a) Residence. No. 1308-12th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Irene Stafford

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 11 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chippewa
(State or country) Wisconsin

FATHER

13. NAME W. H. Stafford

14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER

15. MAIDEN NAME Fannie Shields

16. BIRTHPLACE (city or town)
(State or country) Wis.

17. INFORMENT Howard L. Stafford
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Chippewa Falls Date March 13 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 3/6, 1934 L. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1934, to March 5, 1934
I last saw him alive on March 5, 1934: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza Pneumonia | Feb 19-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute Yellow Atrophy of Liver | Feb 28-34 |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) E. G. Brandon, M. D.
(Address) Lewiston, Idaho

FORM V. S. No. 5 of M. 1-19

RECEIVED APR 13 1934

88007

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 88007

Registration District No. 105

Primary Registration District No. 2183

Registered No. 10

## PLACE OF DEATH

County of Idaho

City of Cottonwood (No. First Day of Consolation St.) Ward

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank E. McLaughlin

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) |
|---|---|---|
| M. | W. | Widowed |

6. DATE OF BIRTH: Aug. (Month) 30 (Day) 1895 (Year)

7. AGE: 38 Yrs. 7 Mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Radcliff, Ohio

10. NAME OF FATHER: Alvin McLaughlin

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Electy Dunard

13. BIRTHPLACE OF MOTHER (State or Country): Nellston, Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. E. M. McLaughlin
(Address) Boise, Idaho

15. Filed Apr. 8 1934 W. F. Orr per D. B. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 8 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25 1934, to April 8 1934, that I last saw h.s.u. alive on April 8 1934, and that death occurred on the date stated above, at 10:40 A.M.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Duration) — Yrs. 3 mos. — ds.

Contributory (Secondary) Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.

4/8 1934 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cottonwood, Ida. | Apr. 10 1934 |
| **20. UNDERTAKER** | **ADDRESS** |
| Glenn Gilon | Grangeville, Ida. |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

88008 ✓

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88008

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 108

(No. Mt. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Alvin Engle

(a) Residence. No. Eagle, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sina Engle

6. DATE OF BIRTH (month, day, and year)
February 13, 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 46 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER FATHER

13. NAME George Engle

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Martha Confer

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Mrs. Sina Engle
(Address) Garden Valley, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 4/12, 1934

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 4-11, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934, to April 9, 1934.

I last saw him alive on April 9, 1934; death is said to have occurred on the date stated above, at 2:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Chronic Nephritis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway, M. D.

(Address) Boise, Idaho

Dr. Calloway

RECEIVED

88009

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88009

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 74

(No. Ferrell Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael A. Lyons

(a) Residence. No. 1236 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Irma

6. DATE OF BIRTH (month, day, and year) March 27 1897

7. AGE: Years 36 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. O. S. L.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME Con Lyons
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Crimens
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT (Address) Mrs. Mike Lyons Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Mar. 31, 1934

19. UNDERTAKER Leonards Funeral Home
(Address) Pocatello Idaho

20. FILED 3-31, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Died at Ferrell Hotel
Gun shot wound in head (Self Inflicted) Suicide

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Mar. 28 1934
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Arthur W. Hall Coroner
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

88010

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2761

DO NOT WRITE IN THIS SPACE

State File No. 88010

Local Registrar's No. 76

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Lezra Busch

(a) Residence. No. 1435 S. Third St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc invalid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER

13. NAME August Busch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Hypken

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Marie Hughes Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Apr. 4, 1934

19. UNDERTAKER Leonard Funeral Home (Address) Pocatello Idaho

20. FILED 4-3, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1934, to 4/1, 1934

I last saw h-er alive on 4/1, 1934: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Influenza | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. G. E. Rogers D O, M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88011

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Youngquist

(a) Residence. No. Meridian R 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of [illegible] Youngquist
(or) WIFE of Maude

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 1 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brigham City Utah

MOTHER FATHER

13. NAME Andrew Youngquist

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs Andrew Youngquist Meridian Idaho R-1

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Cem. Date 3/31., 1934

19. UNDERTAKER W. B. Meiers (Address) Meridian Ida

20. FILED 3/30., 1934 L. H. Baer, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., ...., 193...., to ....., 193....

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 1— P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died While at Work in the Field | |
| Probably Heart trouble | |
| | |
| Other **contributory causes** of importance: | |
| No Indications of Foul Play | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) J. N. McCann Coroner

(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88012

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes L. Stanke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widow 11 yrs

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Stanke

6. DATE OF BIRTH (month, day, and year) Jan 28, 1855

7. AGE: Years 78 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER/FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. C. E. Schoentzer
(Address) Meridian

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill, Boise Date 3/31 1934

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 3/28, 1934. [illegible], Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/26 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7, 193 4., to March 26, 193 4.

I last saw her alive on March 24 193 3.; death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | |
| Chronic Interstitial Nephritis | |
| Uremia | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible], M. D.

(Address) Meridian

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88013
State File No.....

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hanna Christensen

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: J Christensen

6. DATE OF BIRTH (month, day, and year): Jan 21st 1853

7. AGE: Years 81 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Widow 20 yrs.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Johanna Larsen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): J M Christensen Kuna Rt 2

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Date 3/25 1934

19. UNDERTAKER (Address): E W Robison Meridian

20. FILED 3/24 1934 W H Rees Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1934, to March 23, 1934.

I last saw her alive on March 22 1934: death is said to have occurred on the date stated above, at 4:3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 3/21/34 |
| Coronary occlusion | 2/20/34 |
| Interstitial Nephritis | |
| Hypertensive heart disease | |
| 14 yrs prior to death | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Arthritis | |
| Myocardial insufficiency | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W H Rees, M. D.

(Address) Meridian

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88014

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel D. Waltman 78

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): May 4, 1912

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 21 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Meridan Ida

MOTHER FATHER

13. NAME: Leonard Waltman

14. BIRTHPLACE (city or town) (State or country): Yellville Arkansas

MOTHER

15. MAIDEN NAME: Dora Lee Horton

16. BIRTHPLACE (city or town) (State or country): Yellville Arkansas

17. INFORMANT: L.D. Waltman
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 3/25, 1934

19. UNDERTAKER: B.W. Robison
(Address) Meridian Ida

20. FILED Mar. 24 1934. W. H. Peers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 4:30 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died without Medical Attendance. Suffered With Epilepsy For A Number Of Years. No Indication Of Foul Play | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. M. Cann Coroner, M. D.
(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Near Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 11

Primary Registration District No. 2003

DO NOT WRITE IN THIS SPACE

State File No. 88015

Local Registrar's No. 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leiander McGee

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margie McGee

6. DATE OF BIRTH (month, day, and year) 5-6-1844

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 89 | 10 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Harvey McGee Scotland

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Margie Oakes Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 4-1, 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 4/4, 1934 W. T. Barr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-29-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1930, to March 29, 1934
I last saw him alive on March 22nd, 1934; death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Complete Paralysis | |
| for approximately 5 years. Died suddenly | |
| of Heart Lesion. | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John Bower, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 2 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88016

County of Ada
City of Eagle
Registration District No. 9-10
Primary Registration District No. 9-10
Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Issac Franklin Irwin

(a) Residence. No. Eagle, Ida R# 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5-1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME Wm Irwin

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Sarah Everts

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Robert Irwin Eagle Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date 3-14, 1934

19. UNDERTAKER (Address) C. H. Peckham Caldwell, Idaho

20. FILED 3/14, 1934 Emil Jensen Registrar. Eagle Ida

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1933, to June 12, 1934

I last saw him alive on ~~Friday~~ July 1, 1933; death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Auto accident Causing Spinal & Cerebral Concussion | March 12 1934 |

Other contributory causes of importance:

Organic Myocarditis & Spinal Sclerosis

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/12, 1933

Where did injury occur? Near Concrete Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Auto accident

Nature of injury Head & Back Spine

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Brayton M. D.

(Address) Bovill, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**
County of Ada
City of N. of Star.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88017

Registration District No. 9-10
Primary Registration District No. 9-10 Local Registrar's No. 2

(No. 15½)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orin A. Jones.

(a) Residence. No. Two miles north of Star, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Jones.

6. DATE OF BIRTH (month, day, and year) Jan. 30-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | 1 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ames Iowa.

MOTHER FATHER
13. NAME George W. Jones
14. BIRTHPLACE (city or town) (State or country) Indiana.
15. MAIDEN NAME Jemima Dawson
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT (Address) Amelia Jones. 3 miles North Star Idaho
18. BURIAL, CREMATION OR REMOVAL Place Star, Idaho. Date Mar. 8, 1934
19. UNDERTAKER (Address) Summers & Turbo. Boise Idaho.
20. FILED 4/1, 1934 Ernest Jordan Registrar. Eagle Idaho

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 22, 1933, to Mar 5, 1934.
I last saw h[illegible] alive on Mar 5, 1934; death is said to have occurred on the date stated above, at 11.15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arthritis Spini | Don't know long ago. |
| Neuralgia Pain | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Age. | |
| | |
| | |

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. A. Hall, M. D.
(Address) Star Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 88018

Local Registrar's No. 28

(No. Family Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmore Sampson Bailey

(a) Residence. No. Richmond St. St. Boise Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. ~~If~~ married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emma Jane Bailey

6. DATE OF BIRTH (month, day, and year) May 30, 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 73 | 8 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) June, 1929

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Keyser (State or country) W. Va.

FATHER

13. NAME Jacob S. Bailey

14. BIRTHPLACE (city or town) Mineral Co. (State or country) W. Va.

MOTHER

15. MAIDEN NAME Susan Flick

16. BIRTHPLACE (city or town) Mineral Co. (State or country) W. Va.

17. INFORMENT (Address) Earl P. Bennett Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2/28, 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 3-2, 193... W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/26 193 4

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on ..., 193...; death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause unknown but natural, | |
| died before medical aid | |
| could be summoned, | |
| No Indication of foul play, | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. S. McCann Coroner, ~~M. D.~~

(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88019

## PLACE OF DEATH

County of Boise
City of CCC Camp F-66.
Near Grimes Pass, Idaho.
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 29
(No. Civilian Conservation Camp F-66, Gallagher, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy A. Hogard, CC9-34587

(a) Residence. No. 1502 Broadway, Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) June 17, 1913.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 20 | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Gainsville, Mo.

FATHER

13. NAME Dewey C. Hogard

14. BIRTHPLACE (city or town) (State or country) Gainsville Mo

MOTHER

15. MAIDEN NAME Eva M. Blacksher

16. BIRTHPLACE (city or town) (State or country) Gainsville, Mo.

17. INFORMANT Miss Helen Hagard,
(Address) 1502 Broadway, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/4, 1934

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 3-3, 193.. W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dead when first seen, 193.., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2.20 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture, skull | Mar 1, 1934 |
| (Accident) | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cerebral hemorrhage | Mar 1, 1934 |
| | |
| | |

Name of operation -- Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, [illegible]?..... Date of injury.., 193. Mar 1, 1934
Where did injury occur? Near Gallagher, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Civilian Conservation Corps.
Manner of injury Struck on head by falling rock
Nature of injury. Fracture, skull

24. Was disease or injury in any way related to occupation of deceased?.. Yes If so, specify CCC
(Signed) A.W.Drew, Major, Med Corps, U.S. Army.
(Address) Hq Boise District CCC

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88020

**PLACE OF DEATH**

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2001
Local Registrar's No. ~~28~~ 30

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank A Peterson,

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-5-1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | 10 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Burepinty (State or country) Sweden

FATHER

13. NAME Gustaf Pelerson

14. BIRTHPLACE (city or town) Jonkoping (State or country) Sweden

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) Sweden (State or country)

17. INFORMENT C O Peterson (Address) Emek, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill 6 Date 3-3, 1934 Boise, Ida

19. UNDERTAKER Schreiber & McLean (Address) Boise Ida

20. FILED 3-3, 1934 W H Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Feb. 28, 1934.

I last saw him alive on Feb 27, 1934; death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | |
| Chronic Myocarditis | |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Callaway M.D.

(Address) Boise Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of **Ada**

City of **Near Boise**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **88021**

Registration District No. **8**

Primary Registration District No. **2004**

Local Registrar's No. **31**

(No. **Route 1, (Strawberry Glen)**)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Katherine Sheffer**

(a) Residence. No. **Route 1** St. **Boise, Idaho**
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | **Married** |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **T. P. Sheffer**

6. DATE OF BIRTH (month, day, and year) **May 31st. 1867**

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | **66** | **9** | **7** | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** **Housewife**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Dodgeville, Wis.**

FATHER

13. NAME **Joseph Beckley**

14. BIRTHPLACE (city or town) (State or country) **England**

MOTHER

15. MAIDEN NAME **Jane Morse**

16. BIRTHPLACE (city or town) (State or country) **Wisconsin**

17. INFORMANT **Roy Hough**
(Address) **Boise Rt.1.**

18. BURIAL, CREMATION OR REMOVAL **Pleasant View Cemetery** 3/10, 193[illegible]

19. UNDERTAKER **W. McBratney**
(Address) **Boise**

20. FILED 3-8, 193.. **W. H. Rhodes**
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **3/8-3493**

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown But Natural | |
| No Indication of Foul Play | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) **J. M. Gauss** M. D. **Coroner**

(Address) **Boise Ida.**

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88022

**PLACE OF DEATH**

County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 33

(No. 2 [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvine Dittmar

(a) Residence. No. 22 – 9th Pennsylvania St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ernest Dittmar

6. DATE OF BIRTH (month, day, and year): Feb 8 – 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 1 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: ? Kohlberg
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Not obtainable
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Carl G. Dittmar Boise, Ida
18. BURIAL, CREMATION, OR REMOVAL — Place: Morris Hill Cemetery Date: 3 – 18 1934
19. UNDERTAKER (Address): Schreiber & McCaig Boise, Ida
20. FILED 3-20, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-14 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to March 14, 1934
I last saw h alive on March 13, 1934: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other contributory causes of importance:
Hypertension

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) [illegible] M. D.
(Address) Boise Ida

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. ~~1014 1/2 Main St.~~)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 88023

Local Registrar's No. 98

2. FULL NAME Charles Franklin Yates

(a) Residence. No. Stay Rooms ~~1014~~ Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 2-1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paulton Mo.

FATHER

13. NAME Harvey C. Yates

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Rasmus Pickett

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Frank Martin Jr. Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise Ida. Date 3-27, 1934 Morris Hill

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida.

20. FILED 3-27, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...,

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at About 7 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wound From A 41 Caliber Revolver In Head, Self Inflicted. (Suicide.) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 193...

Where did injury occur? Boise Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. V. McCann Coroner, M.D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88024

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 99

(No. Idanha Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hartley C. McVicker

(a) Residence. No. 1502 Heron St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Inez McVicker

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 38 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Foreman Stock Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale merc.

10. Date deceased last worked at this occupation (month and year) 3/24/34

11. Total time (years) spent in this occupation 4+

12. BIRTHPLACE (city or town) (State or country) Hailey Idaho

FATHER

13. NAME Herbert J. McVicker

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Fay Vancil

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) B. W. Oppenheim Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 3-28, 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise, Idaho

20. FILED 3-28, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Depressed Fracture of Skull | 3-25-34 |
| (2) Cerebral Hemorrhage | 3-25-34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/25/1934

Where did injury occur? Boise, Ada Co. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Hotel

Manner of injury Fall

Nature of injury Fracture of Skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest E. Yarbrough, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88025

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 100

(No. 1. N. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Catherine Franklin

(a) Residence. No. ..... St. Meridian
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1919

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 15 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Jr. school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granada Colo.

FATHER

13. NAME Hiram L. Franklin

14. BIRTHPLACE (city or town) (State or country) Banner Idaho

MOTHER

15. MAIDEN NAME Ida Clabo

16. BIRTHPLACE (city or town) (State or country) Banner Idaho

17. INFORMANT W. L. Franklin
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 4/1, 1934

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 3-31, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/29 1934

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1934, to 3/29, 1934

I last saw her alive on 3/29, 1934; death is said to have occurred on the date stated above, at 1:15 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | |
| Appendicitis (Ruptured) | 3/18/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Diphtheria | 3/24/34 |
| | |
| | |

Name of operation: Appendectomy Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. L. Franklin, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88026

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 101

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Emma Kibble.

(a) Residence. No. 1209. N. 22 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W.C. Kibble.

6. DATE OF BIRTH (month, day, and year) December. 3.1859.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74. | 3 | 27. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Harvey Graham.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Ann Smith.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT W.C. Kibble.
(Address) 1209. N. 22. Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date April. 2. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED Apr. 3., 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1930., to ~~Jan~~ Mar 30 1934.
I last saw her alive on Mar 30, 1934.: death is said to have occurred on the date stated above, at 6.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Jan 1930 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Cholecystitis | 4 years |
| | |
| | |

Name of operation. None ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J.M. Brayton, M. D.
(Address) Boise Idaho

RECEIVED [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88027

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 12

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald William Grigg

(a) Residence. No. 33rd. & Good Streets. St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

MOTHER FATHER

13. NAME Gerald V. Grigg

14. BIRTHPLACE (city or town) (State or country) Milton Oreg.

15. MAIDEN NAME Iris Fraser

16. BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

17. INFORMANT (Address) Sylvia Rohrbaugh Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/6/34 193..

19. UNDERTAKER (Address) W. McBratney Boise.

20. FILED 3-5, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/4-34

22. I HEREBY CERTIFY, That I attended deceased from 3-2-, 193 4, to 3-4, 193 4.
I last saw him alive on 3-4-34, 193...: death is said to have occurred on the date stated above, at 7.30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia. | |
| Bronchial | 3-2-34 |
| | |
| | |
| Other contributory causes of importance. | |
| Thrum of C. Lactic AC by mistake | 3-2-34 |

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signed Richard Bismouton, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Near City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 88028

Local Registrar's No. 35

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lavina Barbara Ratican

(a) Residence. No. Fairview & Garden Ave, St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Robert D. Ratican

6. DATE OF BIRTH (month, day, and year) Aug. 17 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sabin (State or country) Minnesota

FATHER

13. NAME Henry Legler

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Elizabeth Allen

16. BIRTHPLACE (city or town) Saukcenter (State or country) Minn.

17. INFORMENT (Address) Robert H. Legler Idaho City Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 3/23, 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 3-22-1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/20 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h. alive on ....., 193...: death is said to have occurred on the date stated above, at 3:30 P. M.,

The principal cause of death and related causes of importance were as follows:

Carbon-Monoxide Gas Self Administered. By Placing Hose To Exhaust Pipe Of Automobile, ( Suicide.)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 193

Where did injury occur? At Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCann Coroner, M. D.

(Address) Boise Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88029

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 36

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William P. Hirt

(a) Residence. No. 1301 N. 10th St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 28, 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 4 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

MOTHER FATHER

13. NAME William Paul Hirt

14. BIRTHPLACE (city or town) (State or country) Rockford, Illinois

15. MAIDEN NAME Sara Elizabeth Falconer

16. BIRTHPLACE (city or town) (State or country) Aspen, Colorado

17. INFORMANT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/23, 1934

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 3-23, 193... W.A. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 20, 1934.
I last saw him alive on March 20 1934.: death is said to have occurred on the date stated above, at 7:40p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture, Skull | |
| Concussion of Brain | |
| Hemorrhage from nose | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Fractured ribs | |
| Punctured lung with pulmonary hemorrhage | |

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~Homicide~~ Suicide? Yes. Date of injury 3-20 1934
Where did injury occur? Near Gallagher, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place
Manner of injury. Struck by falling rock
Nature of injury. As above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While on duty CCC Camp
(Signed) ALLEN H. WALKER, M. D.
(Address) V.A., Boise, Idaho

Allen H. Walker

RECEIVED APR 4 [illegible]

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88030

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 37

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Margret Weirman

(a) Residence. No. Route 4 St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John F. Weirman

6. DATE OF BIRTH (month, day, and year)
July 3 - 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Robert Reeley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Anadong

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) Mrs. Geo. Stenack Route 4, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/27 193 4

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 3-26 193 4 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 193 4

22. I HEREBY CERTIFY, That I attended deceased from March 9, 193 4, to March 25, 193 4.

I last saw her alive on March 25 193 4; death is said to have occurred on the date stated above, at 4:45 pm

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | 3-9-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Gen. Arteriosclerosis | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. J. Svendsen, M. D.

(Address) Boise Idaho

Number 4

RECEIVED [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88031

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 78

(No. 1610 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard Draper Jr

(a) Residence. No. 1623 Washington St.
(Usual place of abode)
Length of residence in city or town where death occurred.— yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 3-11-34 12-25 A.M.
7. AGE: Years | Months | Days | If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise Idaho.

FATHER
13. NAME: Howard Draper
14. BIRTHPLACE (city or town) (State or country): Marquette Iowa

MOTHER
15. MAIDEN NAME: Vena Bagett
16. BIRTHPLACE (city or town) (State or country): Oakland Ada.

17. INFORMANT (Address): W. M. Bradley Boise, Idaho.
18. BURIAL, CREMATION OR REMOVAL: Place Emmett Idaho Date 3-11, 1934 Removed
19. UNDERTAKER (Address): Wm. M. Bradley Boise Idaho
20. FILED 3-12, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-11 1934
22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1934, to 3-11, 1934.
I last saw him alive on 3-11, 1934. death is said to have occurred on the date stated above, at 10:25 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Respiration pre utero | |
| prior birth. | |
| Lungs filled with liquor | |
| Amniotic. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Short cord (very) 1/4-1/6 | |
| inches, around neck and | |
| twisted - Premature separation | |
| Placenta. | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) O. P. Hamilton, M. D.
(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88032
84

**PLACE OF DEATH**
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No.
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cleo Burke

(a) Residence. No. 510 Warm Srings Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Leo J. Burke

6. DATE OF BIRTH (month, day, and year) Sept. 3 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem Utah

FATHER

13. NAME Mr Bahr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ann Grant

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Leo J Burke Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salem Utah Date 3/18/ 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 3-16 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1934, to 3/12, 1934
I last saw h alive on 3/12, 1934 death is said to have occurred on the date stated above, at 4.30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Harold W Stern, M. D.
(Address) 317 Eastman Bldg, Boise

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88033

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 82 A

(No.) St. Lukes Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

10001

2. FULL NAME Laura Mildred Hiner

(a) Residence. No. Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ray Hiner

6. DATE OF BIRTH (month, day, and year): Aug 6, 1907

7. AGE: Years 26 | Months 7 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer + Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Laundry

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 3 yrs.

12. BIRTHPLACE (city or town) (State or country): Meridan Ida

FATHER

13. NAME: Ira Aiken

14. BIRTHPLACE (city or town) (State or country): Decatur Nebraska

MOTHER

15. MAIDEN NAME: Ada E Rambo

16. BIRTHPLACE (city or town) (State or country): Charleston Iowa

17. INFORMANT (Address): Ira Aiken Boise Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Date: 3/11, 1934

19. UNDERTAKER (Address): B W Robison Meridan Ida

20. FILED 3-15, 1934 W H Roden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1934, to Mar 8, 1934.

I last saw h[illegible] alive on Mar 8, 1934: death is said to have occurred on the date stated above, at 11:15 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | |
| post operative | Mar 6 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Ruptured ectopic pregnancy | |

Name of operation: Date of 3-5-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E V Brouch M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dedman V

## PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88034

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wesley Shannon.

(a) Residence. No. 1119 N. 20th. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Annie L. Shannon.

6. DATE OF BIRTH (month, day, and year)
May 22, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 9 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ontario
(State or country) Canada.

MOTHER FATHER

13. NAME Robert Shannon

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT Mrs R E Wychoff
(Address) 1119 N 20 th St.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery, Date Mar. 13 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 3-13, 1934 W. R. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/11 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10., 1934., to Mar. 11., 1934.
I last saw him alive on Mar 11., 1934.; death is said to have occurred on the date stated above, at 10 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | ? years ago |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Dedman, M. D.
(Address) Boise, Idaho

Alone ✓

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88035

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 81

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Celia Adaline Moss

(a) Residence. No. 409 1st Ave N. St. Payette Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. B. Moss

6. DATE OF BIRTH (month, day, and year) June 23 1858.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 8 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Home maker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Ill

FATHER

13. NAME W. H. Mellor

14. BIRTHPLACE (city or town) (State or country) Eng

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Eng

17. INFORMANT A. B. Moss Son
(Address) Payette Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Payette Idaho Date 3-14 1934

19. UNDERTAKER Glenn C. Landy
(Address) Payette Idaho

20. FILED 3-13, 1934 W. H. Rodee
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/11 1934

22. I HEREBY CERTIFY, That I attended deceased from February 22 1934, to 3/11, 1934.

I last saw her alive on 3/11, 1934: death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1932 ? |
| | |
| | |
| | |
| Other **contributory causes** of importance: Bronchial Pneumonia | 1930 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Arnold W. Love M. D.
(Address) 317 Eastman Bldg
Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88037

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucien Lemon

(a) Residence. No. 2102 N. 19th. Street St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma C. Lemon

6. DATE OF BIRTH (month, day, and year) February 14, 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 0 | 27 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Editor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Newton, Kansas
(State or country)

FATHER
13. NAME Wickliff Lemon
14. BIRTHPLACE (city or Terra Haute, Ind.
(State or country)

MOTHER
15. MAIDEN NAME Wilhamena Sanders
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Emma C. Lemon
(Address)

18. BURIAL, CREMATION OR REMOVAL Boise
Place Morris Hill Date 3/13 1934.

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 3-13 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/11 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934., to March 11, 1934
I last saw him alive on March 10, 1934 death is said to have occurred on the date stated above, at 12:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Urgna Nectosis | Not known |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Not known | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) D. W. Anderson M.D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88038

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 77

(No. 520 So. 16th. Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eli A. Barton

(a) Residence. No. 520 So. 16th. St. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla E. Barton

6. DATE OF BIRTH (month, day, and year) November 7, 1847

7. AGE — Years: 86 — Months: 4 — Days: 1 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Joe Davis County, Ill.

MOTHER / FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) " (State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT (Address) Mrs. Ada McGuffin Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 3/11 4, 193..

19. UNDERTAKER (Address) W. McBratney Boise

20. FILED 3-8, 1934 W. T. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/8-34 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1933, to Feb. 8th, 1934.
I last saw him alive on Feb. 7th 1934: death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senilis | |
| (Chronic-Interstitial N.) | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypostatic pneumonia, acute | |
| Prostatitis | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88039

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 76

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Anna Haney.

(a) Residence. No. 201. E. Bannock Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 17. 1844.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 89 | 4 | 21. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Weedsport.
(State or country) New York.

FATHER

13. NAME James Holland.

14. BIRTHPLACE (city or town) Yorkshire.
(State or country) England.

MOTHER

15. MAIDEN NAME Elizabeth. C. Ewins.

16. BIRTHPLACE (city or town) Landoff
(State or country) New Hampshire.

17. INFORMANT Mrs. Mary. J. Asal.
(Address) 201. E. Bannock Street.

18. BURIAL, CREMATION OR REMOVAL
Maquoketa Iowa. Date Mar. 13. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-8, 1934 W. H. Rhodes
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1934, to Death, 193....
I last saw h[illegible] alive on 3-7, 1934; death is said to have occurred on the date stated above, at 3:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia. | 3-6-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Left cerebral thrombosis of lenticulo-striate artery | 3-5-34 |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) K. J. Nist M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88040

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 75
(No. 2602 Bannock St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Kent 75

(a) Residence. No. 2602 Bannock St. St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida L. Kent

6. DATE OF BIRTH (month, day, and year)
January 28, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 1 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Ida L. Kent Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-8-34

19. UNDERTAKER (Address) W. McBratney

20. FILED 3-7, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-6-34

22. I HEREBY CERTIFY, That I attended deceased from March 6 at Mar. 6, 1934
I last saw him alive on 3-6, 1934; death is said to have occurred on the date stated above, at 3 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Left Hemiplegia | 3/6/34 |
| | |
| | |

Other **contributory causes** of importance: Hypertension

Name of operation none Date of
What test confirmed diagnosis? was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Dixie Budge M. D.
(Address) Boise

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88041

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 75

(No. 2120 Bannock St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Johnson

(a) Residence. No. 2120 Bannock St St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | M |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Johnson

6. DATE OF BIRTH (month, day, and year) May 3, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Eric O. Rost Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/6, 1934

19. UNDERTAKER (Address) W. McBratney

20. FILED 3-5, 1934 W. W. McCadden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/4/1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1934, to March 4 1934.
I last saw him alive on March 3 1934.; death is said to have occurred on the date stated above, at 6:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia-Right Lower Lobe | March 1, 1934 |
| complicating Bronchitis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic myocarditis | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. J. M. Hopkins, M. D.
(Address) Boise, Idaho

Ramsey

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88042

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 11

(No. 1440 Grand Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J.F. Rogers

(a) Residence. No. 1440 Grand Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 22-1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buffalo, Mo.
(State or country)

FATHER

13. NAME Henry Patrick Rogers

14. BIRTHPLACE (city or town)
(State or country) Tennesee

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) " " " "
(State or country)

17. INFORMENT
(Address) L. H. Brown Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 3/5, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-5, 1934 W. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 193..., to death, 193...

I last saw him alive on March 2, 1934; death is said to have occurred on the date stated above, at 9.10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | March 2 |

Other contributory causes of importance:
not known

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Robinson, M. D.
(Address) Boise Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88043

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 70

St Lukes Hospital
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma J. Dale

(a) Residence. No. 117 Locust St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Cearley

6. DATE OF BIRTH (month, day, and year) June 14 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 77 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retird Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atchison Kan.

FATHER

13. NAME Benjamin Wilmot

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. C. McGowan Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2/28, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-2, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-21-34, to 2-26-34, 1934

I last saw h— alive on 2/25/34, 1934: death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) General Arteriosclerosis | 1929 |
| (b) Cerebral Thrombosis, Chr. Interstitial Nephritis | 2/18/34 (c) |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmett E. Lanbaugh, M. D.

(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88044

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 60

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Estelle A. Redington

(a) Residence. No. Horseshoe Bend, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | M |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry B. Redington

6. DATE OF BIRTH (month, day, and year)
August 23, 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 46 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ludington, Mich.

MOTHER FATHER

13. NAME John Sweikhart

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Bower

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Harry B. Ludington

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date 3/3, 1934

19. UNDERTAKER (Address) W. McBratney Boise

20. FILED 3-2, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 193?, to 3/1, 1934.
I last saw h[illegible] alive on 3/1, 1934: death is said to have occurred on the date stated above, at 5 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cervix Uteri | about 1931 |
| Other **contributory causes** of importance: | |

Name of operation Hysterectomy Date of Aug 30 1932
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. B. Lemke M. D.
(Address)

RECEIVED

Almond ✓

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88045

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 67

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles. O. Clemons.

(a) Residence. No. Roby Creek, Boise County. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie. H. Clemons.

6. DATE OF BIRTH (month, day, and year) February. 14. 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 0 | 14. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME Hiram. H. Clemons.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Caroline. V. Bunker.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Mrs. Hugh Cook.
(Address) Highland Valley, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Morris hill cemetery, March. 2. 1934.

19. UNDERTAKER Summers and Krebs.
(Address) Boise, Idaho.

20. FILED 3-1, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1933., to 2-28-34., 1934.

I last saw him alive on 2-27-34, 1934.; death is said to have occurred on the date stated above, at 5. a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | 5 days ago |
| Bronchitis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic nephritis | |

Name of operation Broncholotomy. Date of 2-27-34

What test confirmed diagnosis? Almond Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. Gilmand, M. D.
(Address) Boise

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88046

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 97

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susia Hazelton.

(a) Residence. No. Bristol Hotel. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rene Hazelton.

6. DATE OF BIRTH (month, day, and year)
July. 2. 1872.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61. | 8 | 22. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER FATHER

13. NAME Campbell Bothwell.

14. BIRTHPLACE (city or town) Penn.
(State or country)

15. MAIDEN NAME Carolina Obeling.

16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMANT Rene Hazelton.
(Address) Bristol Hotel, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Star Cemetery Date 3-26, 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-26, 1934 W. A. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1934, to 3/24, 1934.

I last saw her alive on 3/24, 1934; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable coronary thrombosis | ? |

Other **contributory causes** of importance:
Patient was moribund when first seen. Died in about 20 minutes.

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Ralph Todd M. D.

(Address) Boise

RECEIVED

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 69

(No. St Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 88047

10 S.P.

2. FULL NAME Jesse Monroe Jackson

(a) Residence. No. 1415 Harrison Blvd St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White-Am. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Irene Spenny Jackson

6. DATE OF BIRTH (month, day, and year) Oct 8- 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Land-owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Bethlehem Illinois

FATHER

13. NAME Henry Clay Jackson

14. BIRTHPLACE (city or town) (State or country) (Illinois (?))

MOTHER

15. MAIDEN NAME Eleanor Sitko

16. BIRTHPLACE (city or town) (State or country) Petersburg Illinois

17. INFORMENT (Address) Edna Jackson Stenger (daughter)

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date 3-2, 1934

19. UNDERTAKER Schroeder & McCann
(Address)

20. FILED 3-2, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933, to Feb 27, 1934

I last saw him alive on Feb 27, 1934; death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Feb 19 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Diabetus Mellitus & Myocarditis | Dec 9, 1933 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Blood & Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Bradbury, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88048

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 96

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen L. Haycraft

(a) Residence. No. 1008 Miller St. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel V. Haycraft

6. DATE OF BIRTH (month, day, and year) January 9 - 1848

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 86 | 2 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER/FATHER

13. NAME Russell W. Crandall

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER/FATHER

15. MAIDEN NAME Regina Cooley

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT (Address) Mrs. Grace Crouch 1008 Miller - Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/28, 1934

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 3-26 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 193 3, to Mar 26, 1934.
I last saw h[e] alive on Mar 25 8:20 pm, 193...: death is said to have occurred on the date stated above, at 12:20 a.m. AM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis at least | 3 years |
| rectal carcinoma unknown | |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? C. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. M. Halverson, M. D.
(Address) Boise, Ida.

No Interment

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88049

**PLACE OF DEATH**

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 95

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alba ~~Barayasarra~~

(a) Residence. No. ..... St. Grandview, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 26-32

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grandview, Ida

FATHER

13. NAME Nemesio Barayasarra

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Victorina Solya

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address) Nemesio Barayasarra Grandview Ida

18. BURIAL, CREMATION, OR REMOVAL Place M. H. Cemetery Date 3-23, 1934. Mountain Home Ida

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho

20. FILED 3-22, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1934, to 3-21, 1934

I last saw him alive on 3-21, 1934; death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis strep | 3-21-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pneumonia | 3-21-34 |
| Retro Pharyngeal abscess | 3-19-34 |

Name of operation Opn abscess Date of 3-21-34

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. W. Almond, M. D.

(Address) Boise

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88050

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 83

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thorwald Holm.

(a) Residence. No. Barber, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15, 1883.

7. AGE — Years: 50 — Months: 9 — Days: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Storekeeper.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Norway.

FATHER

13. NAME: John Holm.

14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Roy J. Holm
(Address) Barber Idaho

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery 3/25/34

19. UNDERTAKER: Summers & Krebs 3/24/34
(Address) Boise, Idaho.

20. FILED 3-23-1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1934, to 3/21, 1934.

I last saw him alive on 3/20, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolism. Coronary Occl. | immediat |
| | |
| | |
| | |
| Other **contributory causes** of importance: Pneumonia. Influenzal type | about 3/16-34 |
| | |

Name of operation: None. Date of

What test confirmed diagnosis: Clinical & autopsy. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Richard D. Symonton, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88051

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Elisha Vance.

(a) Residence. No. 510. S. 13 th Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Mollie. L. Vance.

6. DATE OF BIRTH (month, day, and year) August. 191860.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 73 | 6 | 28/ | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Civil Engineer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Burlington Iowa.

FATHER

13. NAME Elisha Vance.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Clarissa. C. Woodmansee.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mrs. Mollie. L. Vance.
(Address) 510. S. 13 th St, Boise.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date. March. 20, 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 3-21, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 193.34 to Mar. 17th, 193.4.

I last saw him alive on Mar. 17, 193.4: death is said to have occurred on the date stated above, at 9.30 a/m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Myocarditis and arterio sclerosis | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. A. Springer, M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88052

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 91

(No. St. Luke's Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Modena Williams.

(a) Residence. No. 917 Franklin. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William L. Williams.

6. DATE OF BIRTH (month, day, and year): January 12, 1915.

7. AGE — Years: 19 | Months: 2 | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Modena Utah.

FATHER

13. NAME: Ira Hazzard.

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Bertha I. Hutchinson.

16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMANT (Address): William L. Williams. 917 Franklin St. Boise, Ida

18. BURIAL, CREMATION OR REMOVAL: Klamath Falls, Ore. Date Mar. 21 1934.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho

20. FILED 3-21, 1934. W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 193 4., to March 20., 193 4.

I last saw her alive on March 20 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicaemia. | |
| (Blood stream infection) | ? |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Genital Infection. | |
| | |
| | |

Name of operation: NO Date of:

What test confirmed diagnosis? Blood culture. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Hewitt T. Hokin M. D.

(Address) 209-10 Eastman Bldg. Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88053

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 90

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A. Briggs

(a) Residence. No. 912 East Ballentine St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of HARRIETT BRIGGS

6. DATE OF BIRTH (month, day, and year) 6-24-1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 8 | 24 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. MERCHANT- RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Ira Briggs
14. BIRTHPLACE (city or town) (State or country) Not obtainable

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) W. E. Holcher 912 E Ballentine Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place Long Beach, Calif Date 3-20 1934

19. UNDERTAKER (Address) Schreiber & McCanna

20. FILED 3-20, 1934 W H Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 18 1934

22. I HEREBY CERTIFY, That I attended deceased from after death 193 , to , 193
I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably Angina Pectoris | |
| or Cerebral Hemorrhage | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Reno Humbert, M. D.
(Address) Boise Ada

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88054

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 80

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Finley Yaryan.

(a) Residence. No. 1305. Jefferson Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Elizabeth Yaryan.

6. DATE OF BIRTH (month, day, and year) May. 3. 1849.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 84. | 10. | 13. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indianapolis. (State or country) Indiana.

MOTHER FATHER

13. NAME Andrew Yaryan.

14. BIRTHPLACE (city or town) Indiana. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Wagner.

16. BIRTHPLACE (city or town) Indiana. (State or country)

17. INFORMANT Mrs. Hattie Elizabeth Yaryan. (Address) 1305. Jefferson Street.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. Place. March. 18, 1934. Date, 193..

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 3-20, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-16-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1. 02, 1933, to March. 16th, 1934.

I last saw him alive on March 16th 1934; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | 2-3-34 |
| Following Flu | |

Other **contributory causes** of importance:

Senility - Malnutrition due to Impaired assimilation of food

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. Elmer Boyer M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88055

88

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No.

(No. N. Alphonsus Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Gertrude I Glover

(a) Residence. No. St. Jordan Valley
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Holmes D Glover

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME John Carein

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Catherine Mullerick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Holmes D Glover Jordan Valley, Oreg.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 3-17-1934 St. Felicia Cemetery

19. UNDERTAKER (Address) Schreiber & McCann Boise

20. FILED 3-20, 1934 W. R. Rodden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-8-, 1934, to 3-15-, 1934.

I last saw h[illegible] alive on 3-15, 1934: death is said to have occurred on the date stated above, at 3.15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Septicaemia | 3/12/34 |

Other contributory causes of importance:

Myocarditis of Uterus not Malignant

Name of operation Hysterectomy Date of 3/9/34

What test confirmed diagnosis? Path Rpt. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James K Stewart, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88056

**PLACE OF DEATH**
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 87
(No. St. Alphonsus Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Niels Rund
(a) Residence. No. 409 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Not~~

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1841

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 92 | 5 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Ekes, Norway.

FATHER
13. NAME Thorkel Rund
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Eline Rund.
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. L. P. Nielsen 409 W. Jefferson St. Boise
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 3-21, 1934
19. UNDERTAKER (Address) Schreiber & McCann Boise Ida
20. FILED 3-21, 1934 W. R. Rhoden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 19 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1934, to Mar 19, 1934
I last saw him alive on Mar 19, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility, Was 93 yrs old | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo Collister, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88057

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 86

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maria Teresa Grambarrie

(a) Residence. No. Grand View Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 3 1928.

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 5 | 4 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Boise
(State or country) Grandview, Idaho

FATHER

13. NAME John Grambarrie

14. BIRTHPLACE (city or town) Spain
(State or country)

MOTHER

15. MAIDEN NAME Juanita Echevarria

16. BIRTHPLACE (city or town) Boise
(State or country)

17. INFORMENT Julio Echevarria
(Address) Boise

18. BURIAL, CREMATION, OR REMOVAL St. Johns
Place Boise Date Jan. 193

19. UNDERTAKER Schreiber & McLaren
(Address) Boise, Ida.

20. FILED 3-19, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1934, to 3-17, 1934

I last saw h. alive on 3-15, 1934: death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spinal Meningitis | 3-15-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Otitis media | 3-1-34 |
| | |
| | |

Name of operation Spinal puncture Date of 3-15-34

What test confirmed diagnosis? T Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. W. Almond, M. D.

(Address) Boise

Almond

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88058

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion. F. Rudge.

89

(a) Residence. No. 2704. West Jefferson Street. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 50. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie. L. Rudge.

6. DATE OF BIRTH (month, day and year) December. 17. 1875.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58. | 2 | 23. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Deliveryman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sweet Teller Hwd Co.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tacoma, Wash.

MOTHER FATHER

13. NAME William Rudge.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Annie. L. Rudge. 2704. W. Jefferson St.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill cemetery. March/ 18, 1934.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 3-17., 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug ....., 1933., to Mar ....., 1934.
I last saw him alive on Feb. 20., 1934.: death is said to have occurred on the date stated above, at 10:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Angina pectoris | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| High blood pressure | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so, specify.....

(Signed) J. Reno Numbers, M. D.
(Address) Boise Ada

RECEIVED APR 1 6 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of New Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88059

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Garfield Foote

(a) Residence. No. RD#1 - Box 135C St. Kirkland Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | American W | Widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 2 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) West Carlisle
(State or country) Michigan

FATHER

13. NAME Ernest C Foote

14. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

MOTHER

15. MAIDEN NAME Jessie Baragay

16. BIRTHPLACE (city or town) Grand Rapids
(State or country) Michigan

17. INFORMENT Walter C Foote
(Address) Kirkland Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Johnson Funeral Service
(Address) New Meadows

20. FILED APR 14 1934, 193 DR. ALVIN S. THURSTON
COUNCIL, IDAHO
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-12 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw him alive on 4/11/34, 193 ; death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Profuse internal hemorrhage | |
| | |
| | |
| | |

Other contributory causes of importance:
Possible symptom of lung or heart. History of use of possible heart stimulants

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Young, M. D.

(Address) Emergency Hospital

Coroner - Adams County Idaho

RECEIVED APR 16 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88060

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 69

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard Randall Knight

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Alice B. Knight

6. DATE OF BIRTH (month, day and year) July 3, 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) West Penn Maine
(State or country)

FATHER

13. NAME John Knight

14. BIRTHPLACE (city or town) West Penn
(State or country)

MOTHER

15. MAIDEN NAME Martha A Gorish

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs. Alice B Knight
(Address)

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Council Ida Date 3-7, 193 4

19. UNDERTAKER Nott Young
(Address)

20. FILED 4-10, 193 4 DR. ALVIN S. THURSTON
APR 14 1934 Registrar
COUNCIL, IDAHO

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 193 4, to March 5, 193 4

I last saw him alive on March 5, 193 4; death is said to have occurred on the date stated above, at 4:15 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation | |
| | 2/27 |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation 0 Date of 0

What test confirmed diagnosis? Clin. Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? 0 Date of injury .., 193.

Where did injury occur? 0
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? Alvin S Thurston M.D. If so, specify .....

(Signed) ..... M. D.

(Address) Council Ida

RECEIVED APR 1 : 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88061

**PLACE OF DEATH**

County of Adams

City of New Meadows

Registration District No. 71

Primary Registration District No. .....

Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joan Beverly Healy

(a) Residence. No. New Meadows St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | XXXXXXXXX |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXXXXXXXX

6. DATE OF BIRTH (month, day, and year) Feb 18, 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXXXXXXX

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Meadows Ida
(State or country)

FATHER

13. NAME Albert Lee Healy

14. BIRTHPLACE (city or town) Manan Ida
(State or country)

MOTHER

15. MAIDEN NAME Oakley C Pack

16. BIRTHPLACE (city or town) Prosperty W Va
(State or country)

17. INFORMENT Eunice Stewart
(Address) Parma Ida

18. ~~BURIAL~~, ~~CREMATION~~, ~~OR~~ REMOVAL
Place Parma Date Mch 31, 1934

19. UNDERTAKER Johnson Funeral Service
(Address) New Meadows Ida

20. FILED APR 14 1934, 193.... DR. ALVIN S. THURSTON
COUNCIL, IDAHO Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/28/34 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....

I last saw h[illegible] death 3/29/34, 193....: death is said to have occurred on the date stated above, at about 4:30 PM
The principal cause of death and related causes of importance were as follows:

Drowned. Went down bank when car she was riding in went into and landed in River below. Body was found next morning

Date of onset

Other contributory causes of importance:
in river about ½ mile below point where car entered water. No signs of injury.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3/28, 1934

Where did injury occur? Adams County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Car went off highway, landed in water

Nature of injury Child drowned

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robt. Young Coroner M.D.

(Address) Cuprum Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88062

**PLACE OF DEATH**

County of Adams

City of New Meadows

Registration District No. 71

Primary Registration District No. .....

Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oakley C Healy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Lee Healy

6. DATE OF BIRTH (month, day, and year) May 15 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 EX | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Prosperty W Va

FATHER

13. NAME John H Pack

14. BIRTHPLACE (city or town) (State or country) West Virgina

MOTHER

15. MAIDEN NAME Lucy Carter

16. BIRTHPLACE (city or town) (State or country) West Virgina

17. INFORMENT (Address) Eunice Stewart Parma Ida

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place Parma Ida Date Mch 31 1934

19. UNDERTAKER Johnson Funeral Service
(Address) New Meadows Ida

20. FILED 4/10/34, 193.... Alvin S. Thurston
DR. ALVIN S. THURSTON.
COUNCIL, IDAHO

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/28/34 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...; to ....., 193...

I last saw h[illegible] alive on dead 3-28, 193.. ; death is said to have occurred on the date stated above, at 4:30 P m. about

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned in Weiser River. Car went off road down bank. Body found 1/2 mile below point of where car landed in water. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/28, 193.4

Where did injury occur? Adams County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway.

Manner of injury Drowned-car went off highway, landed

Nature of injury in river.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... Was driving auto when injured in accident

(Signed) Walter L Conner Coroner

(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1 6 1934

PLACE OF DEATH

County of Adams

City of New Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 88063

Local Registrar's No. 70

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Lee Healy

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oakley C. Healy

6. DATE OF BIRTH (month, day, and year) August 18th 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Manan
(State or country) Ida

FATHER

13. NAME Elliott Healy

14. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER

15. MAIDEN NAME Molly Redman

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT (Address) Frank Healy New Meadows Ida

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place Parma Ida Date Mch 31, 1934

19. UNDERTAKER Johnson Funeral Service
(Address) New Meadows Ida

20. FILED 4/10/34, 193 Alvin S. Thurston
DR. ALVIN S. THURSTON
COUNCIL, IDAHO Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/28/34 193

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw him alive on dead — 3/28/34, 193: death is said to have occurred on the date stated above, at about 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Injuries to head (possible skull fracture) sustained when car left highway and rolled down bank into river. Body found about 4 weeks before first when car went into river. Evidence was not to

Date of onset

Other contributory causes of importance:

lungs contained no water. Multiple injuries to head, bleeding from ears, back of water indicated skull fracture.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3/28, 1934

Where did injury occur? Adams County.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Car left highway, went down bank into river.

Nature of injury Drn.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Was driving car in business when accident occurred.

(Signed) Robt Young Coroner, M.D.

(Address) Council, Idaho

RECEIVED APR 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88064

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 21

Primary Registration District No. 2161 Local Registrar's No. 48

(No. Bannock County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Cardell 90

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Barber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Dr. H. C. Irwin, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Mar. 8, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Mar. 7, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 4, 1934.

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Mar. 4, 1934.
I last saw him alive on Mar. 4, 1934. death is said to have occurred on the date stated above, at 4P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Renal | |
| Generalized ascites | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardiac - Renal | |
| Hypertension | |

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Irwin M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88065

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 47
(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lyle J. Ashton

(a) Residence. No. 259 Wayne Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22, 1932.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 8 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME J. E. Ashton

14. BIRTHPLACE (city or town) Malad,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Louise Hawkes

16. BIRTHPLACE (city or town) Rexburg,
(State or country) Idaho.

17. INFORMANT J. E. Ashton
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Mar. 6, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 5, 1934. D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 3, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1934., to Mar. 3, 1934.
I last saw him alive on Mar 3., 1934.; death is said to have occurred on the date stated above, at 10.15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Measels | Feb 21 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Broncho pneumonia | Feb 27? |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Richard P. Howard M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

RECEIVED APR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88066

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 46

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Read

(a) Residence. No. 842 North Arthur Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Husband of Lydia Gorringe

6. DATE OF BIRTH (month, day, and year) Febuary 28, 1863.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nephi, (State or country) Utah.

MOTHER FATHER

13. NAME Robert Read

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Jane Ann McCowan

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Lydia G. Read
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Mar. 5, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 5, 1934. D. Clay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 2, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Mar 2, 1934.
I last saw h alive on Jan. 10, 1934. death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88067

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 27
Primary Registration District No. 2161
Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mack Johnson

(a) Residence. No. 717 South 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Fannie Johnson

6. DATE OF BIRTH (month, day, and year) March 16, 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|---|
| | 69 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Zanesville
(State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Mrs Fannie Johnson
(Address) 717 South 3rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem Date March 6, 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 3-6, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to March 2, 1934

I last saw him alive on March 2, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma bladder | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hemorrhage from bladder | |
| | |
| | |

Name of operation Cystotomy Date of Jan 5-1934

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Ida

FORM V. S. No. 5-25 M. 1-10

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. ~~27~~ 83
Primary Registration District No. 2160
File No. 88068
Registered No. 3

**1. PLACE OF DEATH**

County of Bannock,
City of McCammon, Ida.
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

**2. FULL NAME** Donna Lockyear

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) |
|---|---|---|
| Female | white | Infant |

**6. DATE OF BIRTH** Feb (Month) 14 (Day) 1934 (Year)

**7. AGE** ..... Yrs. ..... Mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

**8. OCCUPATION**

(a) Trade, profession or particular kind of work ~

(b) General nature of industry, business or establishment in which employed (or employer) .....

**9. BIRTHPLACE** (State or Country) McCammon, Ida.

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER** (State or Country)

**12. MAIDEN NAME OF MOTHER** Ida Lockyear

**13. BIRTHPLACE OF MOTHER** ~~McCammon~~ Robins, Ida
(State or Country)

**14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Ida Lockyear,

(Address) McCammon, Ida

**15.** Filed Mar 20 - 1934 Canary C. Coffin
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH** March - 13 - 1934
(Month) (Day) (Year)

**17. I HEREBY CERTIFY,** That I attended deceased from Feb - 14 - 1934, to March - 13 - 1934
that I last saw her alive on March - 12 - 1934
and that death occurred on the date stated above, at 6 00 A.M.

The **CAUSE OF DEATH*** was as follows:

Icterus Neonatorum

..... (Duration) ..... Yrs. ..... mos. 14 ds.

Contributory (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. L. Harrigsen, M. D.

3-21-1934 (Address) Dawney, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18. LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

**19. PLACE OF BURIAL OR REMOVAL** McCammon, Ida. | **DATE OF BURIAL** 3 - 15 - 1934

**20. UNDERTAKER** Nash | **ADDRESS**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88069

1. PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 49

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cleveland Pocatello

(a) Residence. No. Pocatello General Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): August 31. 1909

7. AGE — Years: 24 | Months: 6 | Days: 9 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Hammer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bannock Creek Indian Res.

FATHER
13. NAME: Mike Pocatello
14. BIRTHPLACE (city or town) (State or country): Montana

MOTHER
15. MAIDEN NAME: Rebecca Branch
16. BIRTHPLACE (city or town) (State or country): Bannock Creek Indian Reservation

17. INFORMENT (Address): Lucy Hall Pocatello Bannock Creek
18. BURIAL, CREMATION, OR REMOVAL — Place: Bannock Creek Date: Mar 9, 1934
19. UNDERTAKER: H. L. McHan
(Address): Pocatello Idaho
20. FILED Mar 8, 1934 D. C. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 8 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1934, to Mar 8, 1934
I last saw him alive on Mar 7, 1934; death is said to have occurred on the date stated above, at 6:2a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured appendix | |
| Peritonitis | |
| Septicemia | |

Other contributory causes of importance:

| | |
|---|---|
| Ruptured appendix | |

Name of operation Appendectomy Date of 3/5/34
What test confirmed diagnosis? None (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury ...., 193..
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....

(Signed) H. C. Jones, M. D.
(Address) Pocatello Idaho

RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88070

Registration District No. 21

Primary Registration District No. 2161

Local Registrar's No. 55

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Esther Woodworth

(a) Residence. No. 1009 South 3rd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Mar. 11, 1918

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 16 | 00 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Herbert C. Woodworth

14. BIRTHPLACE (city or town) Windsor
(State or country) New York

MOTHER

15. MAIDEN NAME Helen Kent

16. BIRTHPLACE (city or town) Great Bem
(State or country) Penn.

17. INFORMENT (Address) Mrs Nellie Woodworth 1009 South 3rd

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem. Date Mar. 13, 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 3-14, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Mar 10, 1934

I last saw her alive on Mar 10, 1934: death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic endocarditis | 10 days |
| Other contributory causes of importance: | |
| Acute Pyronephritis | 5 days |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) W. W. Brothers, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88071

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2761 Local Registrar's No. 54
(No.) Apt. 7 Riverview Apts, Pocatello, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Judith Patton 90

(a) Residence. No. Apt. 7 Riverview Apts. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Deceased N. H. Patton

6. DATE OF BIRTH (month, day, and year) Oct. 7th, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 5 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Clare
(State or country) Missouri

FATHER
13. NAME Cyrus E. Baker
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT N. A. Patton
(Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Island Junction Colo Date Mar. 14, 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED , 193 D. C. Gay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ~~Oct. 7, 1862~~ March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/11/34, 193, to 3/11/34, 193
I last saw h alive on 3/11/34, 193: death is said to have occurred on the date stated above, at 7: H. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Organic Heart Disease, Mitral | |
| Other contributory causes of importance: None | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NO
(Signed) Ellis Ranck Ley, M. D.
(Address) Pocatello Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88072

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 57

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Francis O'Keefe 131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 4, 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 83 | | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Built Sidewalks

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor -

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT General Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Mar. 14 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 3-14, 1934 D. Clay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 193 4, to 3/13, 193 4
I last saw him alive on 3/13/34 193 : death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio - Renal | |
| Prostatectomy | |

Other contributory causes of importance:

| | |
|---|---|
| Cardio Renal | |
| Prostatectomy | |
| Retention Urine | |

Name of operation Prostatectomy Date of 2/23/34
What test confirmed diagnosis? Urine Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. C. Jones, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88073

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No.

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorethia Henry

(a) Residence. No. 412 South 11th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Oct. 10th, 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

FATHER

13. NAME Arthur Henry

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME Irene Butcher

16. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

17. INFORMENT (Address) Roy Butcher 412 South 11th

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem. Date Mar. 18th 34

19. UNDERTAKER H. L. McHan (Address) Pocatello, Idaho

20. FILED 3-17, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to March 15, 1934.

I last saw her alive on March 15, 1934: death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | March 9 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W C McDougall, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88075

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 27
Primary Registration District No. 2761
Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie S. Callahan

(a) Residence. No. 325 East Gould St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1007

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 4 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME Sam Callahan
14. BIRTHPLACE (city or town) Ennis
(State or country) Texas

MOTHER
15. MAIDEN NAME Mary Gatewood
16. BIRTHPLACE (city or town) White Rock
(State or country) Texas

17. INFORMENT Sam Callahan
(Address) 325 East Gould

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem Date Mar. 23, 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 3-21, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 21, 1934
I last saw her alive on March 20, 1934: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 3/16/34 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) S. P. Hayhurst, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88076

Registration District No. 28

Primary Registration District No. 2761

Local Registrar's No. 68

(No. 346 South Johnson)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Clark Goranson

(a) Residence. No. 346 South Johnson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bruce Goranson

6. DATE OF BIRTH (month, day, and year) Oct. 3, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stanberry, Missouri

FATHER

13. NAME E. P. Clark

14. BIRTHPLACE (city or town) (State or country) Unknown Iowa

MOTHER

15. MAIDEN NAME Jenny Witten

16. BIRTHPLACE (city or town) (State or country) Albany, Missouri

17. INFORMENT (Address) Bruce Goranson 346 South Johnson

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem Date Mar. 27 193 4

Mt. View Cem.

19. UNDERTAKER (Address) H. L McHan Pocatello, Idaho

20. FILED 3 26, 193 4 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 24 193 4

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 193 4, to Mar 24, 193 4

I last saw h~~e~~r alive on Mar 24, 193 4; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Centinuous high blood pressure | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D W Ray, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 70

DO NOT WRITE IN THIS SPACE

State File No. 88077

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dennis Alejo Aguilar

(a) Residence. No. 657 N. 11th St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 17 '33

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

FATHER

13. NAME Antonio Alejo Aguilar

14. BIRTHPLACE (city or town) (State or country) Albuquerque N. Mex.

MOTHER

15. MAIDEN NAME Annie Graham

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMENT (Address) Antonio Aguilar Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Fort Hall Date Mar. 27 1934

19. UNDERTAKER (Address) Downard's Funeral Home Pocatello, Idaho

20. FILED 3-27, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany, 1934, to Mch 26, 1934

I last saw him alive on Mch 24, 1934; death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | 2 mo |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Encephalitis | 9 mo |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. Ray, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 51

DO NOT WRITE IN THIS SPACE

State File No. 88078

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Green

(a) Residence. No. S 5th St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) March 9 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. min. |
|---|---|---|---|---|
| | | | Lived eleven hours | after birth |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello. Idaho

FATHER

13. NAME Marion L. Green.

14. BIRTHPLACE (city or town) (State or country) Rexburg. Ixaho.

MOTHER

15. MAIDEN NAME Hattie Daniels.

16. BIRTHPLACE (city or town) (State or country) Pueblo. Colorado.

17. INFORMENT (Address) M.L. Green. Pocatello. Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Idaho. Date Mar. 9th. 193 34

19. UNDERTAKER (Address) H.L. McHan. Pocatello, Idaho.

20. FILED 3-9, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 8th, 1934, to March 9th, 1934

I last saw her alive on March 9th, 1934: death is said to have occurred on the date stated above, at 7:50 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth - | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F.S. Miller, M. D.

(Address) Pocatello Idaho.

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88079

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy Emily Collins

(a) Residence. No. 847 Pocatello St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. // yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

47

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of James T.

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 45 | 3 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc School teacher
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Wallace Idaho

FATHER
13. NAME James H. Edwards
14. BIRTHPLACE (city or town) (State or country) Flower West

MOTHER
15. MAIDEN NAME May Carter
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) James T. Collins Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountaineer Date May 30 1934

19. UNDERTAKER Leonard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 3-30, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934, to March 28, 1934
I last saw her alive on March 27, 1934: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of left breast and both lungs. | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Raal, M. D.
(Address) Pocatello Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88080

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 216 1/2
Local Registrar's No. 44

(No. 1140 North Garfield Ave. Poca.,)
(If death occurred in a hospital or institution, give its name instead of street and number)

1002

2. FULL NAME Carrol Ruth Davis

(a) Residence. No. Fort Hall, Idaho. St. Fort Hall, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 26, 1933.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Geo. J. Davis

14. BIRTHPLACE (city or town) (State or country) Twin View, Idaho.

MOTHER

15. MAIDEN NAME Jessie T. Nilsson

16. BIRTHPLACE (city or town) (State or country) Alberta, Canada.

17. INFORMANT Geo. J. Davis
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall, Idaho. Date Mar. 4, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 2, 1934. D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 1, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934, to March 1, 1934.
I last saw her alive on March 1, 1934.; death is said to have occurred on the date stated above, at 1.0. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio - Pneumonia | Feb 26. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur? No.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** No.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify D. C. McDougall
(Signed) M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88081

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 65
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thelma Thompson

(a) Residence. No. 242 Mc Kinley Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): January 18, 1921.
7. AGE: Years 13 | Months 1 | Days 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tetonia, Idaho.

FATHER
13. NAME: Milton W. Thompson
14. BIRTHPLACE (city or town) (State or country): Smithfield, Utah.

MOTHER
15. MAIDEN NAME: Mary A. Wardle
16. BIRTHPLACE (city or town) (State or country): South Jordan, Utah.

17. INFORMANT (Address): Mrs. Mary A. Thompson, Pocatello, Idaho.
18. BURIAL, CREMATION OR REMOVAL Place: Pocatello, Idaho. Date: Mar. 18, 1934.
19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.
20. FILED Mar. 17, 1934. D. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 15, 1934.
22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1934, to March 15, 1934.
I last saw h[illegible] alive on 3/14, 1934; death is said to have occurred on the date stated above, at 3a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Polar pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| — | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

RECEIVED 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88082

Registration District No. 20

Primary Registration District No. 2161 Local Registrar's No. 64

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maretta Binggeli

(a) Residence. No. 333 North 13th., Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of Francis L.Binggeli

6. DATE OF BIRTH (month, day, and year) September 25, 1909.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 24 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paradice, (State or country) Utah.

FATHER

13. NAME Walter K. Willes

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Bena Peterson

16. BIRTHPLACE (city or town) Denmark. (State or country)

17. INFORMANT Walter K. Willes
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Logan, Utah. Date Mar. 20, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 17, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 17 1934.

22. I HEREBY CERTIFY, That I attended deceased from July —, 1933, to Mar. 17, 1934.

I last saw h~~er~~ alive on 3/16, 1934; death is said to have occurred on the date stated above, at 12:45 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Shock~~ Acute Myocardial Failure | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Caesarean Section for Labor at Term Shock

Name of operation Caesarean Section Date of 3/16/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Jones, M. D.

(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88083

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 6-2

(No. St Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fannie E. Dunn

(a) Residence. No. 610 North 14th, St. Provo, Utah.
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua F. Dunn

6. DATE OF BIRTH (month, day, and year) November 6th, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at *this* occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Provo (State or country) Utah

MOTHER FATHER

13. NAME Edwin Elliott

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Fannie Anger Peck

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Perry Harrison Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Idaho Date Mar 18 193.4

19. UNDERTAKER Arthur W. Hale (Address) Pocatello, Idaho

20. FILED 3-12 193.4 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1 193.4, to 3-14 193.4
I last saw her alive on 3-14 193.4 death is said to have occurred on the date stated above, at 8:50 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | |
| Coma | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Earl [illegible] M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88085

Registration District No. 28

Primary Registration District No. 2/6/1 Local Registrar's No. 60

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lenorrah Eichelberger

(a) Residence. No. 744 North Harrison Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14 4

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wife of Wm. Eichelberger

6. DATE OF BIRTH (month, day, and year): March 8, 1901.

7. AGE — Years: 33 — Months: 0 — Days: 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

FATHER

13. NAME: A. Haas

14. BIRTHPLACE (city or town) (State or country): Wisconsin, U. S. A.

MOTHER

15. MAIDEN NAME: Margaret Jane Tebo

16. BIRTHPLACE (city or town) (State or country): Wisconsin.

17. INFORMANT (Address): Wm. Eichelberger. Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Mar. 18, 193 4.

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho.

20. FILED: Mar. 17, 193 4. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 15, 193 4.

22. I HEREBY CERTIFY, That I attended deceased from January, 193 4., to March 15, 193 4.
I last saw her alive on March 12, 193 4. death is said to have occurred on the date stated above, at 8:10 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| abruptio placenta uterine hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. C. Ray M. D.

(Address) Pocatello, Idaho.

RECEIVED

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88086

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 56

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

101

2. FULL NAME Francis Glenn Christensen

(a) Residence. No. Bancroft, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs 0 mos 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 1, 1920.

7. AGE — Years: 13 | Months: 5 | Days: 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Blackfoot, Idaho.

FATHER

13. NAME: Harris Christensen

14. BIRTHPLACE (city or town) (State or country): Lago, Idaho.

MOTHER

15. MAIDEN NAME: Robema Bodily

16. BIRTHPLACE (city or town) (State or country): Fairview, Idaho.

17. INFORMANT (Address): Harris Christensen, Bancroft, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Bancroft, Idaho. Date: Mar. 14, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Mar. 12, 1934. J. Croy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 11, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934, to March 11, 1934

I last saw him alive on Mar. 10, 1934; death is said to have occurred on the date stated above, at 12 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Polar pneumonia | 2/23/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Empyema | 3/9/34 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. N. Urquhart M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR ( 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88087

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 216 1
Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyman C. Jones. 119

(a) Residence. No. ..... General Hospital St. ..... Malad, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mabel Evans.

6. DATE OF BIRTH (month, day, and year) April 27 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME David J. Jones.

14. BIRTHPLACE (city or town)
(State or country) Wales.

MOTHER

15. MAIDEN NAME Mary Jones.

16. BIRTHPLACE (city or town)
(State or country) Wales.

17. INFORMENT Mabel Jones
(Address) Malad, Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Mar. 14 1934

19. UNDERTAKER J. Lynn Benson
(Address) Pocatello Idaho.

20. FILED 3-11, 1934 D C Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1934, to Mar 11, 1934

I last saw him alive on March 11, 1934; death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystitis and Cholelithiasis | |
| Acute dilatation of heart | |
| Weakness from long continued suffering - (Lowered resistance.) | |

Other contributory causes of importance:

Operation for stone in common duct.

Name of operation Cholecystectomy Date of 3/10/34

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W Mabey, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88088

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 75

(No. St. Anthonys Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Ernest Keener

(a) Residence. No. 531 E. Halliday St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Adella

6. DATE OF BIRTH (month, day, and year): Jan. 30, 1888

7. AGE: Years: 46 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Secy. Idaho Wholesale Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Arcadia Missouri

FATHER
13. NAME: David Keenan
14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER
15. MAIDEN NAME: Amanda —
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMENT (Address): Mrs. Robt. Keener Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Mountainview Date: Mar. 31, 1934

19. UNDERTAKER (Address): Howard's Funeral Home Pocatello, Idaho

20. FILED 3-31, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar., 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930, to March 30, 1934
I last saw him alive on March 30, 1934: death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of Mesentery Vessels due to Endocarditis. | |
| Other contributory causes of importance: Chronic Endocarditis | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Raaf, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88089

Registration District No.

Primary Registration District No. Local Registrar's No. 69

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Neils Peter Nielson

(a) Residence. No. 218½ South Hayes St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

201

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Harriet Jackson

6. DATE OF BIRTH (month, day, and year): September 17, 1850.

7. AGE — Years: 83 — Months: 6 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Merchant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark.

FATHER

13. NAME: Neils Peter Nielson

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Denmark.

17. INFORMANT (Address): Mrs. N. P. Nielson, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL — Place: Pocatello, Idaho. Date: Mar. 28, 1934.

19. UNDERTAKER (Address): Arthur M. Hall, Pocatello, Idaho.

20. FILED: Mar. 27, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 25, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 1934., to 3-25-, 1934.

I last saw him alive on 3/25-, 1934.; death is said to have occurred on the date stated above, at 7:30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured R femur | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

age -

Name of operation: no Date of

What test confirmed diagnosis? clinical & X Ray Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. J. Young, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88090

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 72

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy B. Hawkins

(a) Residence. No. 840 North Hayes Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow of Wm. C. Hawkins

6. DATE OF BIRTH (month, day, and year) October 19, 1865.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

MOTHER FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Louisa Wilson

16. BIRTHPLACE (city or town) (State or country) Springfield, Ohio.

17. INFORMANT Mrs. Joe Greiler
(Address) San Luis Obispo, Calif.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Mar. 31 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 30, 1934. D. A. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 28, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1934, to Mar. 28, 1934.

I last saw h[illegible] alive on Mar. 28 1934; death is said to have occurred on the date stated above, at 2:05 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Renal | |
| Arthritis | |
| Suppression | |
| Anuria | |
| Coma | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardio-Renal | |
| Arthritis | |

Name of operation None Date of ---

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ---- Date of injury .., 193.

Where did injury occur? ---- (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ----

Manner of injury ----

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ----

(Signed) H. E. Irwin M. D.

(Address) Pocatello, Idaho.

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88091

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 71

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Dona Mae Reese

(a) Residence. No. 254 N. Third Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 9, 1930.

7. AGE: Years 3 | Months 6 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

MOTHER FATHER

13. NAME: H. A. Reese

14. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

MOTHER

15. MAIDEN NAME: Marie F. O'Rourke

16. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

17. INFORMANT: H. A. Reese
(Address): Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Mar 29 193.4

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho

20. FILED Mar. 23, 193.4 D. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 26, 34

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1934, to March 26, 1934.

I last saw her alive on March 26, 1934.: death is said to have occurred on the date stated above, at 10:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | March 18 |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. McDougall, M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88092

PLACE OF DEATH
County of Bannock
City of Bancroft
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 3

(No. ) 128
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Edson Norton

(a) Residence. No. Bancroft Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pluma Hall Norton

6. DATE OF BIRTH (month, day, and year) Apr. 26- 61

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour Miller

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Currie Minn.

FATHER

13. NAME John Norton

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Charlotte J. Tillotson

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mabel Norton Hammond Ind

18. BURIAL, CREMATION, OR REMOVAL
Place Clayton Minn. Date , 1934

19. UNDERTAKER
(Address)

20. FILED Mar 15, 1934 Mrs G G Fitt
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar- 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan- 3-, 1934, to Mar-15-, 1934
last saw him alive on Mar- 15, 1934; death is said to have occurred on the date stated above, at 7:15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | |
| | |
| | |
| | |
| Other contributory causes of importance: Urinary Suppression | |
| | |
| | |

Name of operation Had none Date of
What test confirmed diagnosis? ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) G G Fitt, M. D.
(Address) Bancroft Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88093

PLACE OF DEATH

County of Bannock

City of Virginia

Registration District No. 59

Primary Registration District No. 2160

Local Registrar's No. 8 X

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Lawrence Alma Bennett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ..... mos. Life ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia Idaho

FATHER

13. NAME Thomas Benett

14. BIRTHPLACE (city or town) (State or country) Kaysville Ut.

MOTHER

15. MAIDEN NAME Catherine Warren

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Catherine Bennett Virginia Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place Cambridge ward Date Mar 18, 1934

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Mar 21, 1934 Mary C. Coffin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14 - 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to ....., 193..
I last saw him alive on March, 14, 1934: death is said to have occurred on the date stated above, at 10:20 m. P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. J. Hawthorne, M. D.
(Address) Downey, Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88094

**PLACE OF DEATH**
County of Bannock
City of Downey

Registration District No. 23
Primary Registration District No. 2160
Local Registrar's No. 5

(No. 7420 ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George William Wakley

(a) Residence. No. ( ) Downey St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): Sept 26
7. AGE: Years 17 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: George Nathan Wakley
14. BIRTHPLACE (city or town) (State or country): Downey Idaho

MOTHER
15. MAIDEN NAME: Barbra M. Faust
16. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

17. INFORMENT (Address): Geo Nathan Wakley Downey Ida
18. BURIAL, CREMATION, OR REMOVAL Place Date , 193
19. UNDERTAKER (Address): L. A. McFann Pocatello Idah
20. FILED Mar , 193 April 8 — Mary B. Coffin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 30, 1934
22. I HEREBY CERTIFY, That I attended deceased from at death, to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 3/30/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
possibly arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. K. Naylor, M. D.
(Address) Medical Bldg

RECEIVED APR 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88095

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 38
Primary Registration District No. 2161 Local Registrar's No. 63
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

206

2. FULL NAME Infant Binggeli

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 16, 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, (State or country) Idaho.

MOTHER / FATHER

13. NAME Francis L. Binggeli

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Maretta Willes

16. BIRTHPLACE (city or town) Paradice, (State or country) Utah.

17. INFORMANT Walter K. Willes
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Logan, Utah. Date Mar. 20, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 17, 1934. D. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 16, 1934.

22. I HEREBY CERTIFY, That I attended deceased from July 3, 193.., to Mar 17, 1934.
I last saw h[illegible] alive on 3/16, 1934. Death is said to have occurred on the date stated above, at 12:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocardial Failure | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Shock | |
| | |
| | |

Name of operation Caesarian Section Date of 3/16/34
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88096

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
(No. )
Local Registrar's No. 6
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Petscheider

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day and year): May 18, 1857.

7. AGE: Years 76 | Months 8 | Days 12. | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Cavarina Austria

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country):
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country):

14. Informant: Evelyn Griff
(Address): Lava Hot Springs

15. Filed Mar 31, 1934 Idaho G. G. Fitch Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 30 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to Jan 30, 1934, that I last saw her alive on Jan 30, 1934, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows: Hypertrophic Cirrhosis of Liver.
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Senility.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Examination

(Signed) A. A. Rich M. D.
1-31, 1934 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Lava Hot Springs
Date of Burial: Feb 2 1934

20. Undertaker: None
Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WHERE PARENTS, WITH UNKNOWN INF—THIS IS A PERMANENT RECORD

RECEIVED APR 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88097

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 4
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

740

2. FULL NAME Julius A. Harbach

(a) Residence. No. Murray, Utah. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Husband of Luella Hancock

6. DATE OF BIRTH (month, day and year) Feb. 2, ~~1864~~ 1865.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 69 | 1 | 7 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Mrs. J. A. Horseley
(Address): Salt Lake City, Utah.

15. Filed Mar-31, 1934. Mrs. G. G. Fitz, Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 9 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec March, to 9-, 1934
that I last saw h~~im~~ alive on March 9, 1934
and that death occurred, on the date stated above, at 12:30 P. m.
The CAUSE OF DEATH* was as follows:
Apoplexy.
(duration) yrs. mos. 1 hour
CONTRIBUTORY (Secondary) None Known
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Salt Lake City
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Examination.
(Signed) C A Rich, M. D.
3-9-, 1934 (Address) Lava Hot Spgs.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Salt Lake City, Utah | Mar. 11, 1934. |
| 20. Undertaker Arthur W. Hall | Address Poca., Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

Form V. S. No. 5—20M. 1-1942

554

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 5-3

County of Bear Lake

Primary Registration District No.

File No. 88098

City of Montpelier (No. ....., ..... St.)

Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Maurice Floyd Beck

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar (Month) 15 (Day) 1934 (Year)

7. AGE: ..... yrs. ..... mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Maurice L Beck

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Virginia Phelps

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X F. Marion Beck
(Address) Dixie Idaho

15.
Filed April 4 1934 Beulah Hess
Local Registrar

## MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 20 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-15 1934 to 3-19 1934
that I last saw h[illegible] alive on 3-19 1932
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Convulsions

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory Birth
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. E. Lashley M. D.
3-20 1934 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Paris Idaho | DATE OF BURIAL: Mar. 22 1934

20. UNDERTAKER | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88099

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. 8

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirley Shepherd

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) April 5 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paris
(State or country) Idaho

FATHER

13. NAME R. Arl. Shepherd

14. BIRTHPLACE (city or town) Paris
(State or country) Idaho

MOTHER

15. MAIDEN NAME Nada Jacobson

16. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho

17. INFORMENT R. A. Shepherd
(Address) Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Paris Idaho Date Mar. 30, 1934

19. UNDERTAKER D. B. Price
(Address) Paris Idaho

20. FILED April 4, 1934 Barbara Hess
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1934, to Mar 28, 1934
I last saw her alive on Mar 28, 1934, death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Mar 23 1934 |
| Other contributory causes of importance: Acute Cardiac Failure | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B Carlos O Moore M. D.
(Address) Paris Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88100

**PLACE OF DEATH**
County of Bear Lake
City of Bloomington
Registration District No. 53
Primary Registration District No.
Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum J Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Julia Nelson

6. DATE OF BIRTH (month, day, and year) Sept 9, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Thomas Nelson

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Welker

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mavin Rasmussen Ft Charles Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Date Mar. 13, 1934

19. UNDERTAKER F. P. Hudson
(Address) Bloomington Ida.

20. FILED April 4, 1934 Burdick Hess
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Mar 10, 1934
I last saw him alive on Mar 8, 1934 death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Rectum | |
| Other contributory causes of importance: | |

Name of operation Colostomy Date of 12/4/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O O Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occ TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

ACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88101

County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No.
Local Registrar's No. 5

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan Wyler Gertsch

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Gertsch

6. DATE OF BIRTH (month, day, and year) Dec. 31-1843

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 90 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Henry Wyler

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Barbara Fuchss

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT John Gertsch
(Address) Montpelier Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Paris Date Mar. 5, 1934

19. UNDERTAKER D. B. Price
(Address) Paris Idaho

20. FILED April 4, 1934 Beulah Hess
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934, to Mar 2, 1934
I last saw her alive on Mar 1, 1934; death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Cardeo - Vascular - Renal Disease | |

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Finding Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. O. Moore, M. D.
(Address) Paris Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88102

**PLACE OF DEATH**

County of Benewah

City of St.Maries

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs.Rachiel Murray

(a) Residence. No. 326 S.3rd St. St. St.Maries
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3.SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Widowed |

5a. If married, widowed, or divorced
(or) WIFE of Benjamin Murray

6. DATE OF BIRTH (month, day, and year) July 24, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 9 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Manley

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Goodrich

16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMENT (Address) Mrs.Adams 326 So.3rd St., St.Maries

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date Mar. 29, 1934 Burial

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED Apr. 9, 1934 W. Coberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1934, to 3-26, 1934

I last saw her alive on 3-25, 1934; death is said to have occurred on the date stated above, at 7:50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Purulent Bronchitis | 2 wks |
| Myocarditis | Unknown |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | Unknown |

Name of operation None Date of

What test confirmed diagnosis? Clinical Whether Can autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? No. Surgery
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C.A. Dobbins, M. D.

(Address) St. Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88103

**PLACE OF DEATH**
County of Bear Lake
City of Dingee

Registration District No. 5-2
Primary Registration District No. 2136
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Franklin E. Lounsley

(a) Residence. No. Dingee Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Lynk

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 4 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farmer
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER
13. NAME: Thomas Lounsley
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Ann Eales
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Edwin Lounsley

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER
(Address): J. M. Williams Montpelier Ida

20. FILED April 10th, 1934 W. N. Lyman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to March 3, 1934
I last saw he alive on March 1, 1934; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Leo F. Lindley, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 5-2

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE

State File No. 88104

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Jensen

(a) Residence. No. [illegible] St. Montpelier Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 3 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER

13. NAME: Alfred T. Jensen

14. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

MOTHER

15. MAIDEN NAME: Olive Clayton

16. BIRTHPLACE (city or town) (State or country): Dingle Idaho

17. INFORMENT (Address): Alfred T. Jensen Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Montpelier Date: Jan 4, 1934

19. UNDERTAKER (Address): [illegible] Montpelier Idaho

20. FILED: April 10, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1934, to 3-3, 1934

I last saw h[illegible] alive on 3-3, 1934 death is said to have occurred on the date stated above, at 6:40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Marasmus | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ken F. Lindsley, M. D.

(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 88106

Local Registrar's No.

(No. 7)
(If death occurred in a hospital or institution, give its name instead of street and number.)

4-9

2. FULL NAME Emma S. Fullerton

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Pete Fuller

6. DATE OF BIRTH (month, day, and year) Feb 26 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 11 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Operator
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Charles
(State or country) Idaho

FATHER
13. NAME Andrew Bergreen
14. BIRTHPLACE (city or town)
(State or country) Sweeden

MOTHER
15. MAIDEN NAME Hannah Olsen
16. BIRTHPLACE (city or town)
(State or country) Sweeden

17. INFORMENT Hannah Peterson
(Address) Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Montpelier, Idaho Date Feb 11, 1934

19. UNDERTAKER Thos W Clegg
(Address) Montpelier Idaho

20. FILED April 19 1934 N S Kemp
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1933, to Feb 8, 1934
I last saw h alive on Feb 8, 1934, death is said to have occurred on the date stated above, at 1:10 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Gall Bladder and Liver | |
| Other contributory causes of importance: | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otho Hackley M. D.
(Address) Soda Springs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 88107

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm O. Banks

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Tubbs.

6. DATE OF BIRTH (month, day, and year) June 18 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 7 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tooele (State or country) Utah

FATHER
13. NAME Wm H Banks.
14. BIRTHPLACE (city or town) England (State or country)

MOTHER
15. MAIDEN NAME Margaret Jane Armitage
16. BIRTHPLACE (city or town) England (State or country)

17. INFORMENT Robert Banks (Address) Green River Wyo

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Date Feb 10, 1934

19. UNDERTAKER J. D. McCleary (Address) Montpelier Idaho

20. FILED April 10, 1934 W. H. Ferris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1934, to 2-7, 1934
I last saw alive on 4-2-7, 1934 death is said to have occurred on the date stated above, at 2:15 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. McCleary, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88108

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

Registration District No. 5-2
Primary Registration District No. 2135
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles G. Thompson

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lennie Prentice

6. DATE OF BIRTH (month, day, and year): Nov 28, 1848

7. AGE: Years 85 | Months 2 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: retired
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: John Thompson
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Hoff Simpson
16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMENT (Address): C. G. Thompson Fifth Ward Box 21

18. BURIAL, CREMATION, OR REMOVAL. Place: Montpelier Date: Jan 28, 1934

19. UNDERTAKER (Address): Wm Hellman Montpelier Idaho

20. FILED: Jan 30th, 1934 A. Perry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Jan 25, 1934
I last saw h alive on Jan 25, 1934: death is said to have occurred on the date stated above, at 6.30 A.m.
The principal cause of death and related causes of importance were as follows: Unknown — Senility — Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. D. Galyhus, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88109

County of Benewah
City of Chatcolet
Idaho
Registration District No. 46
Primary Registration District No. 2126
Local Registrar's No. 17

(No. —)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Phebe Buss

(a) Residence. No. (Usual place of abode) Chatcolet, Idaho St.

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: William Buss

6. DATE OF BIRTH (month, day, and year): 1/24/1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|
| 67 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: HOME
10. Date deceased last worked at this occupation (month and year): at present
11. Total time (years) spent in this occupation: not known

12. BIRTHPLACE (city or town) (State or country): Kent, England

FATHER

13. NAME: John Reed
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Eliza Dester.
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mr. C. L. Clark, Chatcolet, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Spokane, Wash. Date: 3/8, 1934

19. UNDERTAKER (Address): E. V. Jaeger, Funeral Director

20. FILED: May 14, 1934 — Fred A. Robertson, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1934, to 3-5, 1934

I last saw he alive on 2-26, 1934; death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Sclerosis | Not known |
| | |
| | |
| | |
| Other contributory causes of importance: Hypertension | Not known |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? —, Date of injury ....., 193

Where did injury occur? Wesseyy (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Lowe M. D.

(Address) St. Maries, Ida.

RECEIVED APR

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of Sanders, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 92
Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 88110

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jenie Melzer

(a) Residence. No. Sanders St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John Melzer

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bay City Mich.

FATHER

13. NAME John Zube

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) John Melzer

18. BURIAL, CREMATION, OR REMOVAL Place Sanders Ida. Date Mar. 14, 1934 Burial

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED Apr. 9, 1934 W. K. Boberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1933, to 3-11, 1934

I last saw her alive on 1-9, 1934; death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma cervix uteri | Fall of 1933 |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, ~~or homicide~~? ..... Date of injury ....., 193.

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Robins, M. D.

(Address) St. Maries, Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 12
Primary Registration District No. 2191
STATE HOSPITAL SOUTH
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 88111

Local Registrar's No. 45

2. FULL NAME JACOB WYBOL (WEIBEL)

(a) Residence. No. (Usual place of abode) St. Bear Lake County (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | SINGLE |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) June 7, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Bern Switzerland

FATHER

13. NAME [illegible] Jacob Weibel

14. BIRTHPLACE (city or town) (State or country) Dorstetten Switzerland

MOTHER

15. MAIDEN NAME Louise Kaufmann

16. BIRTHPLACE (city or town) (State or country) Erlanbach Switzerland

17. INFORMENT (Address) Records of State Hosp. So. Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Blackfoot Date 3-6, 193[illegible]

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Mar 5, 193[illegible] W. M. Walker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 193 1, to Mar. 4, 1934, 193
I last saw him alive on Mar. 4, 1934, 193: death is said to have occurred on the date stated above, at 7-55 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Mitral Insufficiency | |
| Chronic Interstitial Nephritis | 1932 |
| Secondary Anemia to Abdominal Tumor. | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? If so, specify ---

(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement PATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

City of [illegible] Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 46

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Roy Bowman

(a) Residence. No. N. Thanksgiving St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Caucasian

5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~: Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Dorothy M° Bride Bowman

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Barber Shop

10. Date deceased last worked at this occupation (month and year): 2-28-34

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Heber City, Utah

FATHER

13. NAME: J. D. Bowman

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Bertha E. Molton

16. BIRTHPLACE (city or town) (State or country): Elkhorn, Utah

17. INFORMENT (Address):

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date Mar. 9, 1934

19. UNDERTAKER: E. E. Peart (Address) Beaver Ext Utah

20. FILED [illegible], 193[illegible] [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3 - 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1934, to 3 - 6, 1934

I last saw him alive on 3 - 6, 1934; death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 2-28-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Mullen, M. D.

(Address) Beaver Utah

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

Registration District No. 122

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 88113

Local Registrar's No. 47.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leon Ray Schneider

(a) Residence. No. St. Gray Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 19, 1924

7. AGE: Years 9 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

FATHER

13. NAME Miles Schneider

14. BIRTHPLACE (city or town) (State or country) Newton Utah

MOTHER

15. MAIDEN NAME Stella Wilde

16. BIRTHPLACE (city or town) (State or country) Wayan Idaho

17. INFORMENT (Address) Miles Schneider

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Ironland Idaho Date 3-13, 1934

19. UNDERTAKER (Address) E. E. Peck Blackfoot Ida

20. FILED Mar. 12, 1934 Mrs. Hallie E. Estes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 11 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Jan 17, 1934, to Mar 11, 1934

I last saw him alive on Feb 20, 1934: death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart trouble | |
| Rheumatic | 1930 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Peck, M. D.

(Address) Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 257

DO NOT WRITE IN THIS SPACE

State File No. 88114

Local Registrar's No.

marilyn

No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marylan Navarra Lee

(a) Residence. No. 215 E. Jackson St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) May 6, 1931

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Challis, Idaho

FATHER

13. NAME David Lee

14. BIRTHPLACE (city or town) (State or country) Rigby, Idaho

MOTHER

15. MAIDEN NAME Edla Vanderwood

16. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

17. INFORMENT (Address) William N Vanderwood Blackfoot, Idaho 215 E Jackson

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date March 11, 193 4

19. UNDERTAKER (Address) E J Funk Blackfoot, Idaho

20. FILED March 13, 193 4 W M Vales Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/10 193 4

22. I HEREBY CERTIFY, That I attended deceased from 3/9, 193 4, to 3/10, 193 4

I last saw her alive on 3/10/34, 193 : death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| Influenza | |

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Eggleston M.D.

(Address) Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88115

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

Registration District No. 137

Primary Registration District No. 1007

Local Registrar's No. 49

(No.) Eagles Hotel Bldg. N. Broadway

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Jo Ann Polatis

(a) Residence. No. R F D #2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | ✓ |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 2 - 12, 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 4 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) R F D #2 Bingham Co Idaho

FATHER

13. NAME Christian J. Polatis

14. BIRTHPLACE (city or town) (State or country) Blackfoot R F D #2

MOTHER

15. MAIDEN NAME Effie Sumner

16. BIRTHPLACE (city or town) (State or country) Beaverdale

17. INFORMENT (Address) Christian J. Polatis R F D #2 Blackfoot

18. BURIAL, CREMATION, OR REMOVAL Place Shoemaker Cemetery Date March 15 1934

19. UNDERTAKER E T Peck
(Address) Blackfoot Idaho

20. FILED Mar 15, 1934 Mrs Nellie E Eaton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3 - 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 - 5, 1934, to 3 - 13, 1934

I last saw h alive on 3 - 13, 1934: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diphtheria | 2 - 5 - 34 |
| Paralysis of Larynx (Partial) + Myocardial degeneration | |

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) J. O. Humphreys M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Bannock

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 88116

Local Registrar's No. 53

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wayne Parson Anderson

(a) Residence. No. Thomas, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9 192

7. AGE: Years 7 | Months 6 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: In school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Thomas, Idaho

FATHER

13. NAME Phillip Anderson

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME ~~Ingram~~ Cara Lillian Parson

16. BIRTHPLACE (city or town) (State or country) Thomas, Idaho

17. INFORMENT (Address) Kate Christensen Blackfoot Ida R#10 Box 82

18. BURIAL, CREMATION, OR REMOVAL Place Thomas Date March 24 193 4

19. UNDERTAKER (Address) E. T. Peck Blackfoot

20. FILED Mar 26, 193 4 Mrs. Nellie G. Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 25 1934.

22. I HEREBY CERTIFY, That I attended deceased from March 15, 193 4, to Mar 19, 193 4

I last saw him alive on Mar 19, 193 4; death is said to have occurred on the date stated above, at 6 a m.

7 The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet Fever | Mar 9 |
| Cardiac Failure | |
| & Mastoiditis | |
| Other contributory causes of importance: | |
| Duodenal Ulcer | |
| & Mastoiditis | Mar 12 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Dabbs, M. D.

(Address) Blackfoot Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 2007

DO NOT WRITE IN THIS SPACE

State File No. 88117

Local Registrar's No. 54

(No. Blackfoot Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rae Enlow

(a) Residence. No. Blackfoot Idaho St. S. 2nd W.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ted Enlow

6. DATE OF BIRTH (month, day, and year) Dec. 4, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 45 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton, Idaho.

FATHER

13. NAME Levi Joseph Waite

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hannah Mickelsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Hannah Lundgren 421 N. 8th St

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date Mar. 30, 1934

19. UNDERTAKER E. L. Peck (Address) Blackfoot

20. FILED Mar 29, 1934 Mrs Walter Estes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to March 27, 1934.
I last saw h alive on March 27, 1934; death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Embolus | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hysterectomy | |
| | |
| | |

Name of operation Hysterectomy Date of March 24/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) H. L. Mendenhall M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2-14

DO NOT WRITE IN THIS SPACE

State File No. 88118

Local Registrar's No. 55

(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George P. Glover

(a) Residence. No. ..... St. Gooding, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truckman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kentuckey
(State or country)

FATHER

13. NAME J. T. Glover

14. BIRTHPLACE (city or town) .....
(State or country) Kentucky

MOTHER

15. MAIDEN NAME No data.

16. BIRTHPLACE (city or town) .....
(State or country) Kentuckey

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Gooding, Idaho Date ....., 193

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho

20. FILED Mar 28 193 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1933, 193..., to Mar. 27, 1934, 193...

I last saw him alive on Mar. 27, 1934, 193...; death is said to have occurred on the date stated above, at 12-10 a. noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Paralysis of the Insane | About Nov. 14, 33 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical & Wasserman Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. A. Lowe, M. D.

(Address) St. Hosp. So. Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 88119

Local Registrar's No. 56

2. FULL NAME Nellie Sumner

(a) Residence. No. ..... St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of C. C. Sumner

6. DATE OF BIRTH (month, day, and year) --1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ---
(State or country) Wisconsin

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) ---
(State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMENT (Address) RECORDS OF STATE HOSP. SOUTH Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place [illegible] Date [illegible] 193[illegible]

19. UNDERTAKER Byron B. Raymond
(Address) Pocatello Idaho

20. FILED Mar. 28, 193[illegible] [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1934

22. I HEREBY CERTIFY, That I attended deceased from January 18th, 1934, to March 28th, 1934

I last saw her alive on March 28th, 1934; death is said to have occurred on the date stated above, at 9:10PM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Paralysis of the Insane | Sept. 1929 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was [illegible]?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas. R. Lowe Supt. State Hosp. So., M. D.

(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 1007

DO NOT WRITE IN THIS SPACE

State File No. 88120

Local Registrar's No. 57

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Fletcher MacPherson Taylor.

(a) Residence. No. Blackfoot Idaho St. So. Meridian.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of. Alice L. Taylor.

6. DATE OF BIRTH (month, day, and year) Feb 14 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Island Ill.

FATHER

13. NAME Silas Taylor.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Elizabeth McKeen

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Olive L. Taylor Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Greenacre Date April 2d 1934

19. UNDERTAKER (Address) E. J. Peck Blackfoot Ida.

20. FILED Mar. 30, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from [redacted], 1934, to 3/28/34

I last saw h[illegible] alive on 3/28/34, 193[illegible]; death is said to have occurred on the date stated above, at 7:20 [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 3/15/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. A. Eagan M.D.

(Address)

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88121

**PLACE OF DEATH**
County of Bingham
City of Shelley

Registration District No. 12
Primary Registration District No. 2194
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 59

2. FULL NAME Gayle Frederick Cederberg

(a) Residence, No. .... St. ....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 14. 1933.

| 7. AGE Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|
| | 9 | 14 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Firth Ida

PARENTS

10. NAME OF FATHER William H. Cederberg
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Gothenburg Neb.
12. MAIDEN NAME OF MOTHER Bertha Frederickson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ridgeland Ida

14. Informant W. F. Cederberg
(Address) Firth Idaho

15. Filed March 26, 1934 M. Baker Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 28 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1934 to March 28, 1934
that I last saw him alive on March 26, 1934
and that death occurred, on the date stated above, at 3.45 P. m.
The CAUSE OF DEATH* was as follows:

Dont know

.... (duration) .... yrs. .... mos. 3 ds.

CONTRIBUTORY (Secondary) ....
.... (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) F. M. Cederberg, M. D.
March 29, 1934 (Address) Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or ~~Removal~~ | Date of Burial |
|---|---|
| Firth, Idaho. | March 30 1934 |
| 20. Undertaker | Address |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88122

**PLACE OF DEATH**

County of Bingham
City of Shelley

Registration District No. 12
Primary Registration District No. 2194
Local Registrar's No. 58

(No. ) 161 2nd
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bobbie Harris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 27, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 0 | 0 | 7 |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Babe
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Idaho

PARENTS

10. NAME OF FATHER Glate Sheldon Harris
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Teton city Idaho
12. MAIDEN NAME OF MOTHER Nellie Josephine Beckstrand
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Mrs L Harris
(Address) Shelley Idaho

15. Filed Apr. 1, 1934 Mrs Nalure E Patrick Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 28 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-27- 1934, to 3-27- 1934,
that I last saw her alive on 3-27- 1934,
and that death occurred, on the date stated above, at 2 a.m.
The CAUSE OF DEATH* was as follows: Premature birth

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Unknown
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Edwin Cutler M. D.
3-28- 1934 (Address) Box 86 - Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Cedar Butt Preis Ida | 3-29 1934 |
| 20. Undertaker L M Malden | Address Rigby |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88123

Registration District No. 12

Primary Registration District No. 1207 Local Registrar's No. 60.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Henry McDonald

(a) Residence. No. 589 North Lincoln St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 77 | 10 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) High Forest Minn.

FATHER

13. NAME Thomas Seafield McDonald

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Susan Gord.

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) J W McDonald Co Blackfoot Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Groveland Cem. Date April 2 1934

19. UNDERTAKER (Address) V & T Peik Blackfoot Ida

20. FILED Mar. 31, 1934 Wm. Adler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933, to 3-30, 1934

I last saw him alive on 3-30, 1934; death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of rectum & bladder | 9-22-33 |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. O. Dunnington, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 20 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88124

**PLACE OF DEATH**

County of Bingham
City of Blackfoot
Registration District No. 4
Primary Registration District No. 1997
Local Registrar's No. 57
(No. Blackfoot Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Turpin

(a) Residence. No. Thomas, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 19, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or 20 min. |
|---|---|---|---|
| ✓ | ✓ | ✓ | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER

13. NAME Allen C Turpin

14. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

MOTHER

15. MAIDEN NAME Elizabeth Ann Kunz

16. BIRTHPLACE (city or town) Taylorsville (State or country) Idaho

17. INFORMENT (Address) A. C. Turpin, Blackfoot, Idaho R2

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Thomas Date 3-20, 1934

19. UNDERTAKER (Address) E J Peck Blackfoot

20. FILED Mar 20 1934 Mrs Helen E Tate Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1934, to March 19, 1934

I last saw her alive on March 19, 1934; death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature. 6 Months | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. W. Mitchell, M. D.

(Address) Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 22 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88125

**PLACE OF DEATH**
County of Bingham
City of Blackfoot R 1

Registration District No. 6-6
Primary Registration District No. 6-6-4
Local Registrar's No. 22

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stanley Platte Stringham

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 14 1934

7. AGE: Years | Months | Days: 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Blackfoot R 1 Idaho

FATHER
13. NAME: Platte Stringham
14. BIRTHPLACE (city or town) (State or country): Malden Utah

MOTHER
15. MAIDEN NAME: Ruby Jones
16. BIRTHPLACE (city or town) (State or country): Malden Utah

17. INFORMENT (Address): Platte L Stringham Blackfoot R 1

18. BURIAL, CREMATION, OR REMOVAL: Place Blackfoot Cem Date March 23 1934

19. UNDERTAKER (Address): Platte L Stringham Blackfoot R 1

20. FILED Mar 23, 1934 Mrs Hallie E Hatch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 23 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to March 23, 1934
I last saw him alive on March 18, 1934; death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Icterus Neonatorum | March 20, 1934 |

Other contributory causes of importance:

| | |
|---|---|
| Premature birth end of 7th mo | |

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fort Hall Reservation.
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121-R
Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE
State File No. 88128

Local Registrar's No. 36

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Noble

31

(a) Residence. No. Ft. Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Bannock Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nettie Noble

6. DATE OF BIRTH (month, day, and year): 1884

7. AGE: Years 50 | Months - - - - | Days - - - - | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own farm
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Ft. Hall Reservation

FATHER

13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): Nettie Peterson Noble, Ft. Hall Reservation

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Pres. Mission Cem Date: Jan. 9, 1934

19. UNDERTAKER: Brown- Eldredge
(Address): Blackfoot, Idaho

20. FILED: Apr. I, 1934, 193 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from: No Doctor in attendance, 193, to ....., 193.....

I last saw h....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1930 |

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) C. O. Mathewson, M. D.

(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88129

**PLACE OF DEATH**

County of Fort Hall Reservation.

City of No Hospital

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 37

(No. Fort Hall Reservation, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jake Turnambucco.

(a) Residence. No. Ft. Hall Reservation, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Shoshone Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6. DATE OF BIRTH (month, day, and year): I847

7. AGE: Years 87 | Months - -- -- | Days - - - - | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Own farm

10. Date deceased last worked at this occupation (month and year): 1944

11. Total time (years) spent in this occupation: 47

12. BIRTHPLACE (city or town) (State or country): Not known

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): John Wettenbonne, Ft. Hall Reservation

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Butte Cemetery Date: Jan. 25, 1934

19. UNDERTAKER (Address): Mc. Hann Mortuary, Pocatello, Idaho

20. FILED Apr. I, 1934 193 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 2I 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | I/I/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. D. Whitteman, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall Reservation.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 12I-R

Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE

State File No. 88130

Local Registrar's No. 38

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen Pohipe

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

32

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) April 6, 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | IO | - - - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER

13. NAME Dewey Pohipe

14. BIRTHPLACE (city or town) (State or country) Lemhi Reservation

MOTHER

15. MAIDEN NAME Irene Honena

16. BIRTHPLACE (city or town) (State or country) Lemhi Reservation

17. INFORMENT (Address) May Pohipe Ft. Hall Reservation

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Butte Cemetery Date Feb. 9, 1934

19. UNDERTAKER Brown- Eldredge (Address) Blackfoot, Idaho

20. FILED Apr. 1, 1934 193 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1934, to Feb. 5, 1935

I last saw him alive on Feb. 4, 1934: death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tubercular Meningitis | I/3/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Ft. Hall, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88131

**PLACE OF DEATH**
County of Fort Hall Reservation
City of

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 39

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred George

(a) Residence. No. Fort Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Aug. 13, 1928

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 5 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

FATHER

13. NAME Sherman George

14. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

MOTHER

15. MAIDEN NAME Edna Tendoy

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

17. INFORMENT (Address) Edna George, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Presby Mission Date Feb. 24, 1934

19. UNDERTAKER Brown-Eldredge
(Address) Blackfoot, Idaho

20. FILED Apr. 1, 1934 Mrs. Helen E. Eustace
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 6 Wks |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. J. Middleman, M. D.
(Address) Fort Hall, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88132

**PLACE OF DEATH**

County of Fort Hall Reservation

City of

Registration District No. XXX 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 40

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Venus Punkin.

(a) Residence. No. Fort Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Shoshone 4/4 | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | 4 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res

FATHER

13. NAME Andrew Punkin

14. BIRTHPLACE (city or town) (State or country) Fort Hall Res

MOTHER

15. MAIDEN NAME Ellen Lewis

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res

17. INFORMENT (Address) Andrew Punkin Fort Hall, Idaho

18. BURIAL, ~~CREMATION,~~ OR REMOVAL Place Ross Park Date March 4, 1934

19. UNDERTAKER Agency Carpenter (Address) Fort Hall, Idaho

20. FILED Apr. 1, 1934, 193 Wm. Walker Whitacre Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | I Wk. |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. Mittleman, M. D.

(Address) Fort Hall, Idaho

RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall Reservation.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88133

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 42

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pohe Schoolboy.

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Bannock 4/4 | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lincln Schoolboy

6. DATE OF BIRTH (month, day, and year) 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 84 | - - - | - - - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Eva Towersap
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Butte Cemetery Date March 4, 1934

19. UNDERTAKER E.T.Peck
(Address) Blackfoot, Idaho

20. FILED Apr. 1, 1934, 193 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 2 wks. |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. J. Middlemast M. D.

(Address) Fort Hall, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88134

**PLACE OF DEATH**

County of Fort Hall Reservation.

City of

Registration District No. I2I-R

Primary Registration District No. 2194-R

Local Registrar's No. 43

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Pohononos.

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | S |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): I856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | - - - | - - - - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Melina Edmo, Fort Hall, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Butte Cemetery Date: March 9, 1934

19. UNDERTAKER: Brown- Eldredge (Address): Blackfoot, Idaho

20. FILED Apr. I, 1934 193 W. Nelson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 2 wks. |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. L. Mittleman, M. D.

(Address) Fort Hall, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88135

**PLACE OF DEATH**

County of Fort Hall Reservation.
City of Fort Hall

Registration District No. 12I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 4I

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pahvitse Sambo

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year) 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | - - - - | - - - - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ft. Hall Idaho

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Ralph Dixie, Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Gibson Cemetery Date: March 4, 1934

19. UNDERTAKER: Agency Carpenter,
(Address) Fort Hall, Idaho

20. FILED Apr. 1, 1934, 193 Wm Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1934, to March 2, 1934
I last saw him alive on March 2, 1934: death is said to have occurred on the date stated above, at 7:45A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Colitis | 6 wks. |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. L. Middleman M. D.
(Address) Fort Hall, Idaho

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gingham

City of Shelley.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88136

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 44

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Eva Gyettrup White

(a) Residence. No. Shelley Rt #1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth 29 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. C. White

6. DATE OF BIRTH (month, day, and year): August 9, 1904

7. AGE: Years 29 Months 6 Days 14 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lethbridge Canada

FATHER

13. NAME: Carl Gyettrup

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Catherine Petersen

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Glenn Gyettrup Shelley Rt #1

18. BURIAL, CREMATION OR REMOVAL. Place: Borden Cem. Date: Feb 26 1934

19. UNDERTAKER (Address): Idaho Falls Idaho

20. FILED Mar. 10 1934 W. M. Nielsen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1934, to Feb. 22, 1934, I last saw her alive on Feb. 22 1934; death is said to have occurred on the date stated above, at 6-30 A. m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Five days ago. |
| Intoxication | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .. 193.
Where did injury occur? Shelley Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. home
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. C. Bell M. D.

(Address) Shelley Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Aberdeen, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88137

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 3

(No. 4 Miles North West of Aberdeen, Ida
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rulon John Clayson

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 16 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spanish Fork,
(State or country) Utah.

FATHER

13. NAME W. T. Clayson

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Hazel Losee

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT W. T. Clayson
(Address) Aberdeen Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Idaho Date Apr. 3 1934.

19. UNDERTAKER A. W. Davis,
(Address) Am. Falls, Idaho.

20. FILED Mar 30, 1934 M. E. Conner
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28., 1934., to Mar. 29., 193.4.
I last saw him alive on Mar 28., 193.4.: death is said to have occurred on the date stated above, at 2. P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | Mar 25, '34 |
| Broncho-Pneumonia | Mar 26, '34 |
| Other **contributory causes** of importance: | |
| Congenital heart disease since birth | |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. E. Conner M. D.
(Address) Aberdeen, Ida

RECEIVED APR

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Caney

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88138

Registration District No. 57

Primary Registration District No. 2025 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nora Gillson Keller — wright 17

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John O. Keller

6. DATE OF BIRTH (month, day, and year): April 13-1899

7. AGE — Years: 34 | Months: 11 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Louisville Kentucky

FATHER

13. NAME: Ed Gillson

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Mary Dunn

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): John O. Keller

18. BURIAL, CREMATION, OR REMOVAL
Place: Picabo Ida. Date: Mar 18 1934

19. UNDERTAKER (Address): L. Hanna Hailey Ida.

20. FILED 4-1-, 1934 H. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4 P. ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound in head - Self inflicted - Suicide - No inquest held - | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert H. Wright M. D.

(Address) Blaine Co. Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 88139

**PLACE OF DEATH**

County of Bonners — Registration District No. 85 — Local Registrar's No. 3

City of Priest River — Primary Registration District No. 2185

(No. Nordman Star Route)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. **FULL NAME** Elmer W. Ericson

(a) **Residence.** No. Nordman Star Route St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Esther

6 DATE OF BIRTH (month, day and year) March 11, 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 51 | 0 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Minnesota

PARENTS

10 NAME OF FATHER Eric Robert Ericson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Carrie Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Mrs. Esther Erickson

(Address) Nordman Star Route, Priest River Ida.

15 Filed March 21, 1934 Beryl E. Ross Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 17 (Month) (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1931, to March 17, 1934, that I last saw him alive on March 16, 1934, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Died Suddenly

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. E. Schlotthauer M. D.

Mar. 17, 1934 (Address) Newport, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Spokane, Wash. | 3/20/ 1934 |
| **20. Undertaker** | **Address** |
| Hazen & Jaeger | Spokane. Wn. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88140

PLACE OF DEATH
County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2/85
Local Registrar's No. 2
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Oliver Trepus

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude M. Trepus.

6. DATE OF BIRTH (month, day and year) Feb. 7. 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 73 | 1 | 6 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Own Farm
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Freeport Illinois

PARENTS

10. NAME OF FATHER John Trepus

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada

12. MAIDEN NAME OF MOTHER Catherine Tucker

13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York ~~Unknown~~

14. Informant (Address) Elmer Trepus Seattle, Wash.

15. Filed March 14. 1934 Boyle Rost Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 13 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to Mar. 13, 1934.
that I last saw him alive on Mar. 12, 1934
and that death occurred, on the date stated above, at 5:00 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Omentum and liver

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Findings
(Signed) Harold C. Sowers, M. D.
Mar. 14, 1934 (Address) Priest River, Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Priest River, Idaho | Mar. 15, 1934 |
| 20. Undertaker | Address |
| L. G. Moon | Sandpoint Idaho, |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88141

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

Registration District No. 76

Primary Registration District No. 2155

Local Registrar's No. 26

(No. Pace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Perry

(a) Residence. No. Near G.N. Dep't St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 74 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Bruce Funeral Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date 3/30, 1934

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED Mar. 30, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/28 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 24, 1934, to Mch 28, 1934

I last saw him alive on Mch 27, 1934: death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 1933 |
| Other contributory causes of importance: Arteriosclerosis | 1930 |

Name of operation no Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1934

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88142
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 25

(No. 802 N. 5th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph D. Peacock

(a) Residence. No. 802 N. 5th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Delia E. Peacock

6. DATE OF BIRTH (month, day, and year) April 28, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 10 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumber Piler

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber Mill

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation 18yrs.

12. BIRTHPLACE (city or town) (State or country) Essex County New York

FATHER

13. NAME Joseph D. Peacock

14. BIRTHPLACE (city or town) (State or country) Yorkshire England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Roy D. Peacock
(Address) 802 N. 5th Ave. Sandpoint, Ida.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint, Idaho Date 3/27..., 1934

19. UNDERTAKER D. D. Moon
(Address) Sandpoint, Idaho.

20. FILED Mar 27 1934. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5:00a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Crushed by Conveyor | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, how?.....

(Signed) W. C. Bonner, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 24

DO NOT WRITE IN THIS SPACE
State File No. 88143

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John L. Wolf

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Wolf

6. DATE OF BIRTH (month, day, and year) Sept. 1, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Salem
(State or country) Ohio

MOTHER FATHER

13. NAME Ludwig Wolf

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mary Wolf
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview
Place Sandpoint, Ida. Date 3/25, 1934

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED Mar 24, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1934, to 3/22, 1934.
I last saw h.. alive on 3/21, 1934: death is said to have occurred on the date stated above, at 12:30p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| old age | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible] M. D.
(Address) Sandpoint, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88144

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 23

(No. 1222 Superior St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Henry Groves

(a) Residence. No. 1222 Superior St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Alverta Groves

6. DATE OF BIRTH (month, day and year): Jan. 18, 1865.

7. AGE: Years 69 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Veterinary

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Mar. 1934

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: John Henry Groves

14. BIRTHPLACE (city or town) (State or country): Pa Holland

MOTHER

15. MAIDEN NAME: Margaret McMannus

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. W. T. Windom Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL: Pine view Cem
Place Sandpoint, Ida. Date 3/21., 193.4

19. UNDERTAKER (Address): K. G. Moon Sandpoint Idaho.

20. FILED Mar. 21, 193.4 Viola Albers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 1934 to 3/19, 1934

I last saw him alive on 3/19, 1934: death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular-Renal disease | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Stackhouse M. D.

(Address) Sandpoint, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 88145

State File No.....

Registration District No. 78

Primary Registration District No. 2155, Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Isabelle Westerman

(a) Residence. No. 1008 Lake St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Westerman

6. DATE OF BIRTH (month, day, and year) Sept. 38, 1906.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 27 | 5 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME F. O. La Gare

14. BIRTHPLACE (city or town) (State or country) Joseph Oregon

MOTHER

15. MAIDEN NAME Iva V. Glenn

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT F. O. La Gare (Address) Spokane Wash.

18. BURIAL, CREMATION OR REMOVAL Place Spokane Wash. Date 3/20, 1934

19. UNDERTAKER L. D. Moon (Address) Sandpoint Idaho

20. FILED Mar. 20., 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/18 1934

22. I HEREBY CERTIFY, That I attended deceased from March July 1934.., to March 16., 1934..

I last saw her alive on Mar. 16, 1934.; death is said to have occurred on the date stated above, at 7. P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock following labor | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) P. W. Greene M. D.

(Address) Sandpoint, Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88146

Registration District No. 76
Primary Registration District No. 8155 Local Registrar's No. 21
(No. Kootenai Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Wickstrand

(a) Residence. No. Kootenai St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 12 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME John Wickstrand

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Betty Larson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) John Wickstrand Kootenai

18. BURIAL, CREMATION, OR REMOVAL Place Talkeetna Date 3/8, 1934

19. UNDERTAKER Townhill Co.
(Address) Sandpoint Idaho

20. FILED Mar 6, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Mar 5, 193...

I last saw h... alive on Mar 1, 193...: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Myocarditis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. Fullerton, M. D.

(Address) Sandpoint

Coroner Bonner Co Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88147

Registration District No. 8 80

Primary Registration District No. 2137 Local Registrar's No. 4

(No. 117)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann Gardner Prather

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Prather

6. DATE OF BIRTH (month, day, and year): Feb 20, 1907

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 27 | 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Davenport Iowa

FATHER

13. NAME: David Potter

14. BIRTHPLACE (city or town) (State or country): Weatherfield Ill.

MOTHER

15. MAIDEN NAME: Anna Warren

16. BIRTHPLACE (city or town) (State or country): Lyons Iowa

17. INFORMANT (Address): Mrs. C. R. Briggs Rock Island, Ill.

18. BURIAL, CREMATION OR REMOVAL
Place: Davenport Iowa Date: 3/21, 1934

19. UNDERTAKER (Address): L. L. Morrow Sandpoint Ida.

20. FILED 3-19, 1934 John Larson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/18 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to March 18, 1934.

I last saw h[illegible] alive on Sept 15, 1932: death is said to have occurred on the date stated above, at 3:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pleurisy effusion | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: Lipiodol Date of: 3/14

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) [illegible] M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Clarkfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 257

DO NOT WRITE IN THIS SPACE

State File No. 88148

Local Registrar's No. 57

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Noval H Wray

(a) Residence. No. Clarkfork Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 26 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Caroline Smith

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Alvira Wray

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Caroline Wray Pickering Missouri

18. BURIAL, CREMATION, OR REMOVAL Place Clarkfork Date Mar 31, 1934

19. UNDERTAKER Townsend Co (Address) Sandpoint Ida

20. FILED March 30, 1934 John Larson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1934, to Mar 6, 1934

I last saw him alive on March 6, 1934: death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Mar 6 1934 |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Coss, M. D.

(Address) Sandpoint Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Boman

City of Clarkfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88149

Registration District No. 80

Primary Registration District No. 4157 Local Registrar's No. 1

(No. Clarkfork, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Mc Clung

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmira Mc Clung.

6. DATE OF BIRTH (month, day, and year) Dec 21 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 85 | 2 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME David Mc Clung.

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Strong

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Olyver J Mc Clung Hauser Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Clarkfork Date Mar 12 1934

19. UNDERTAKER Turnbull & Co
(Address) Sandpoint Idaho

20. FILED March 14th, 1934 John Larson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| old age | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) P. J. Odom, M. D.

(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88150

**PLACE OF DEATH**

County of Boone

City of Clarkfork

Registration District No. 5

Primary Registration District No. 2457

Local Registrar's No. 3

(No. Clarkfork Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glen S Hatcher

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 35 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME E A Hatcher

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Ritchie

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) J O Hatcher Clarkfork

18. BURIAL, CREMATION, OR REMOVAL Place Clarkfork Date 3/19, 1934

19. UNDERTAKER Terrell & Co

(Address) Sandpoint

20. FILED 3-18-1934 John Larson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 19 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Nephritis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) Sandpoint Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88151

Registration District No. 80

Primary Registration District No. 2157

Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME John Joseph Donovan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Donovan

6. DATE OF BIRTH (month, day, and year) January 6, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 66 | 2 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Accountant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Jan 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Campbell New York

MOTHER

13. NAME John Donovan

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Elnora Roach

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs Rose Donovan Hope Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hope, Idaho Date 3/17, 1934

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho

20. FILED 3-16, 1934 John Larsen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/14 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to —, 193—.
I last saw h— alive on —, 193—: death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Mch 14 1934 |
| Died Suddenly | |

Other **contributory causes** of importance:

Name of operation na Date of .....
What test confirmed diagnosis? na Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....
(Signed) Wm F Tyler M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

13 19

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88153

Registration District No. 73

Primary Registration District No. 214-0

Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia C. Neal

(a) Residence. No. 595 Chamberlain St. Idaho Falls, Ida.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mar 13, 1934

7. AGE — Years: 0 | Months: 0 | Days: 0 | If LESS than 1 day, 7 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida

MOTHER

13. NAME: Vincent Neal

FATHER

14. BIRTHPLACE (city or town) (State or country): Spokane Wash

MOTHER

15. MAIDEN NAME: Luella Cuthbert

16. BIRTHPLACE (city or town) (State or country): Rigby Ida.

17. INFORMANT (Address): Vincent Neal

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls. Date: 3/14, 1934

19. UNDERTAKER (Address): V. F. McHan, Idaho Falls Ida.

20. FILED Mar. 14., 1934. Jay Freeman, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1934, to Mar 13, 1934
I last saw h[illegible] alive on Mar 13, 1934: death is said to have occurred on the date stated above, at 10. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (6 mo. gestation) | |

Other **contributory causes** of importance:

Name of operation: Clinical Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott M.D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88154

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 3170

Local Registrar's No. 44

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie F. Newlund.

(a) Residence. No. R 2 Box 6. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred Newlund.

6. DATE OF BIRTH (month, day, and year): 5-5-1870

7. AGE: Years 63 | Months 9 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Housewife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arvingsos. (State or country) Sweden.

FATHER

13. NAME: Hagstrom

14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMENT (Address): Alfred Newlund R R 6 Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL: Place Idaho Falls Date 3/15, 1934

19. UNDERTAKER: V. F. McFarland (Address) Idaho Falls Idaho

20. FILED Mar 13, 1934 (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on ....., 193...; death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dead broken and sunken chest. | |
| History of Myocarditis | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. P. Lodingsund M.D.

(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88155

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2-N-D
Local Registrar's No. 46

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Carl Smith.

(a) Residence. No. 495-8 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma Smith.
6. DATE OF BIRTH (month, day, and year): Oct 27 1858
7. AGE: Years 75; Months 4; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Stone Mason.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 1930.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stockholm Sweden.

FATHER
13. NAME: Carl Carlson.
14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER
15. MAIDEN NAME: Christiania Smith.
16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMENT (Address): Alma Smith. 495-8 St.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls. Date: 10-14, 1934
19. UNDERTAKER (Address): V. F. McFarland Idaho Falls Idaho.
20. FILED Mar 14, 1934 (Mrs.) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-12-1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw him alive on ..., 193...: death is said to have occurred on the date stated above, at 8:35 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia. | 1 wk. |
| Chronic nephritis | |

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. L. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88156

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Lee Mc Gavin

(a) Residence. No. 126 - 12th St.
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Robert Mc Gavin

6. DATE OF BIRTH (month, day, and year): May 13 1863

7. AGE — Years: 70 | Months: 9 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tooele Utah

FATHER

13. NAME: Spander Lee

14. BIRTHPLACE (city or town) (State or country): U. S.

MOTHER

15. MAIDEN NAME: Mary Rowe

16. BIRTHPLACE (city or town) (State or country): U. S.

17. INFORMANT (Address): Mrs. Jessie Loveland, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls Date: Mar 14 1934

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED: 3-17-34, 193.. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 10 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 193.., to Mar 10, 1934.

I last saw her alive on 3/10, 1934.; death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch Myocarditis | 4yrs |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocardial Decompensation | 2 Months |

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88157

**PLACE OF DEATH**

County of Bonneville
City of Ririe 1 1/2 Miles West
Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 40

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Marsoll

(a) Residence. No. St. Ririe
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 12 1934
7. AGE: Years 1 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Arthur Marsoll
14. BIRTHPLACE (city or town) (State or country): Wyoming

MOTHER
15. MAIDEN NAME: Cora Moore
16. BIRTHPLACE (city or town) (State or country): Bonneville Co. Idaho

17. INFORMENT (Address): Arthur Marsoll Ririe R 1 & 2
18. BURIAL, CREMATION, OR REMOVAL Place: Shelton Cemetery Date: 3-13, 1934
19. UNDERTAKER (Address): Ririe Idaho
20. FILED: 3/14, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 13 1934
22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1934, to 3-13, 1934
I last saw him alive on 3-12, 1934: death is said to have occurred on the date stated above, at 12-11 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 3-8 |

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) Ririe Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88158

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 214-2
Local Registrar's No. 49

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David W. Haderlie.

(a) Residence. No. R.D. 1 Idaho Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Florence Haderlie

6. DATE OF BIRTH (month, day, and year): Nov 20-1885

7. AGE: Years 48 | Months 3 | Days 23. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): March 13 1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Provo Utah

FATHER
13. NAME: Charles Haderlie.
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Shriess.
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs. D. W. Haderlie Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date 3-15 1934
19. UNDERTAKER: V. F. McHaye
(Address): Idaho Falls Idaho
20. FILED Mar 16, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-13 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
that I saw h[illegible] on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury March 13, 1934
Where did injury occur? near Idaho Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on Farm
Manner of injury Self-inflicted Gunshot
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Fred Dexter Coroner
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

(RECD APR 7 1934)

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88159

Registration District No. 73

Primary Registration District No. 219 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth LaVel Olsen

(a) Residence. No. R.F.D #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 16 1932

7. AGE: Years 1 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Hagerman Ida

FATHER

13. NAME: Robert H. Olsen

14. BIRTHPLACE (city or town) (State or country): Ephraim Utah

MOTHER

15. MAIDEN NAME: Eva Lee

16. BIRTHPLACE (city or town) (State or country): Tooele Utah

17. INFORMANT (Address): Mrs. J. N. Hansen Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Ida. Date Mar. 16 1934

19. UNDERTAKER (Address): Jack Dood Idaho Falls

20. FILED 3/17 1934 C. A. Summers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1934, to March 14 1934.

I last saw him alive on Mar 14 1934; death is said to have occurred on the date stated above, at 6 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 5 days ago |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Obstretical Paralysis | since birth |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) F. W. Call M. D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88160

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2-1-4-6
Local Registrar's No. 1-1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hester Elizabeth Miller.

(a) Residence. No. 326 N. Ridge Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: dr James Edgar Miller
6. DATE OF BIRTH (month, day, and year): April 22 18[illegible]
7. AGE: Years 72 | Months 10 | Days 25 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Mar 1-1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blackburn Missouri

FATHER
13. NAME: Samuel Martin
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Saunderson
16. BIRTHPLACE (city or town) (State or country): Kentucky.

17. INFORMENT (Address): dr J. E. Miller Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls. Date: 3-20, 1934
19. UNDERTAKER (Address): V. F. McFarland Idaho Falls. Ida.
20. FILED: Mar. 17, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-17 1934.
22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1934, to 3/17, 1934
last saw h[illegible] alive on 3/16, 1934: death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 3/10/34 |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | ? |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88161

PLACE OF DEATH
County of Bonneville
City of Idaho Falls. Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 4-2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Catherina Laubhan.

(a) Residence. No. R.D. # 6. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of: Carl Laubhan

6. DATE OF BIRTH (month, day, and year): April 27 1871

7. AGE: Years 62. Months 6 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Housewife.
10. Date deceased last worked at this occupation (month and year): Oct. 15, 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Airlowa. Russia.

FATHER
13. NAME: Peter Marten
14. BIRTHPLACE (city or town) (State or country): Russia.

MOTHER
15. MAIDEN NAME: Catherine Hoffner
16. BIRTHPLACE (city or town) (State or country): Russia.

17. INFORMENT (Address): Carl Laubhan Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL. Place: Idaho Falls. Date: Mar. 21, 1934
19. UNDERTAKER (Address): R. F. McTeer Idaho Falls Idaho
20. FILED: Mar 19, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 18 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1933, to March 18, 1934
I last saw h[illegible] alive on Dec 6, 1933: death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Stomach | |
| Other contributory causes of importance: | |

Name of operation — Date of —
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88162

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 53
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion D. Miller

(a) Residence. No. Rt # 6 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 5, 1933
7. AGE: Years: 8 Months: Days: 12 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls,

FATHER
13. NAME: Robert L. Miller
14. BIRTHPLACE (city or town) (State or country): Gooding Ida.

MOTHER
15. MAIDEN NAME: Esther Wilde
16. BIRTHPLACE (city or town) (State or country): Clyde, Idaho

17. INFORMANT (Address): Robert L. Miller Rt. 6 Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL
Place: Gooding Date: Mar 20 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED: Mar 19, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1934, to 3-17-, 1934

I last saw him alive on 3-17-, 1934: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 3-13-34 |
| both lungs | |
| Other **contributory causes** of importance | |
| Gastro-enteritis, | 3-12-34 |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Edwin Cutler, M. D.
(Address) Box 86 Shelley, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 72

Primary Registration District No. 2 1 9 0

DO NOT WRITE IN THIS SPACE

State File No. 88163

Local Registrar's No. 3-4

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Henry Wackerli.

(a) Residence. No. 270 - 10 Ith. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie E Wackerli dec.

6. DATE OF BIRTH (month, day, and year) 8-23-186[illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer

10. Date deceased last worked at this occupation (month and year) 27 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delmar Jct. Iowa

FATHER

13. NAME Melchoir Wackerli

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Margarette Bollinger

16. BIRTHPLACE (city or town) (State or country) Delmar Jct. Iowa

17. INFORMENT (Address) Bert Wackerli Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 3-25-, 1934

19. UNDERTAKER V. F. McHan. (Address) Idaho Falls Idaho

20. FILED Mar 23, 1934 Guy Fenimore, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-21-1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1934, to Mar 21, 1934

That I last saw him alive on Mar 21, 1934; death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration (Arteriosclerosis) | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Asthma (about 30 years duration) | |
| | |

Name of operation Date of

What test confirmed diagnosis? Stethoscope Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W S Warner M.D., M. D.

(Address) Idaho Falls, Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88164

PLACE OF DEATH

County of Canyon

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2 1 2

Local Registrar's No. 1-1

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ross L. McCarty

(a) Residence. No. ... St. Rt # 5

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie McCarty

6. DATE OF BIRTH (month, day, and year): March 26 1879

7. AGE: Years: 54 | Months: 11 | Days: 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER / FATHER

13. NAME: David McCarty

14. BIRTHPLACE (city or town) (State or country): U.S.

15. MAIDEN NAME: ? Howard.

16. BIRTHPLACE (city or town) (State or country): N. D.

17. INFORMANT (Address): Mrs. Elsie McCarty Rt # 5 Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL. Place: Idaho Falls. Date: Mar 24 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls.

20. FILED 3/24, 1934. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934 to March 21, 1934.

I last saw him alive on March 21 1934; death is said to have occurred on the date stated above, at 2:05 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas involving | March 18, 1934 |
| Meninges | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry L. Willson, M. D.

(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

DO NOT WRITE IN THIS SPACE

State File No. 88165

Registration District No. 73

Primary Registration District No. 2.V.D. Local Registrar's No. 1-k

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Pauline Steele

(a) Residence. No. ..... St. Iona, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jesse G. Steele

6. DATE OF BIRTH (month, day and year): Sept. 17, 1894

7. AGE — Years: 39 — Months: 6 — Days: 7 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oneida Co. Idaho

MOTHER FATHER

13. NAME: Bryant Hawks.

14. BIRTHPLACE (city or town) (State or country): U. S.

MOTHER

15. MAIDEN NAME: Annie Hamble

16. BIRTHPLACE (city or town) (State or country): U. S.

17. INFORMANT (Address): Jesse G. Steele Iona, Ida

18. BURIAL, CREMATION OR REMOVAL — Place: Iona, Ida. Date: Mar 25 1934

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls.

20. FILED 3/27, 1934 — Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933, to Mar 23, 1934.

I last saw her alive on 22 Mar, 1934: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of uterus | June 1933 |
| Other **contributory causes** of importance: Uremia Poisoning Metastasis Kidney Rodium + Cautery Cervix | March 10 1934 |

Name of operation: Cautery Cervix Date of: Aug 1933

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.

(Address) Idaho Falls

RECEIVED APR 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88166

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 58
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

103

2. FULL NAME Elizabeth Bankhead Moss

(a) Residence. No. 210 - 4th Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Walter Moss

6. DATE OF BIRTH (month, day, and year): March 12, 1857

7. AGE — Years: 77 — Months: 0 — Days: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Vandalia Missouri

FATHER

13. NAME: J. B. Smelzer
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Elizabeth Holman
16. BIRTHPLACE (city or town) (State or country): Nashville Tennessee

17. INFORMANT (Address): Mrs. Harry Hemley Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Vandalia Mo. Date: Mar. 30, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Idaho

20. FILED: Apr. 2.6, 1934. Eug. Summers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 25 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to March 25, 1934.
I last saw her alive on March 24 1934.; death is said to have occurred on the date stated above, at 4:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Hemorrhage | March 27 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ~ Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. H. Clark, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88167

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 3 1 1 0 Local Registrar's No. 1 9
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olaf Holstrom

(a) Residence. No. Driggs Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | divorced |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Holstrom

6. DATE OF BIRTH (month, day, and year) April 27 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 | 11 | 6. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumber Jack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Camps
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arvosland Sweden

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Signe Holstrom Yakima Wash.
18. BURIAL, CREMATION, OR REMOVAL Place Fall Idaho Date 3-27, 1934
19. UNDERTAKER (Address) W. F. McNam Idaho Falls Idaho
20. FILED 3/26, 1934 Compumund Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-23 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1934, to Mar. 23, 1934
I last saw h alive on Mar. 23, 1934: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronal Hemorrhage | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation L Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? V Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury L
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No
(Signed) M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 19 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88168

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 61
(No. L. D. S. Hospital (Idaho Falls))
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vernon Mitchell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 9 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Minta Killen

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Ly. Lic. & Legals Blackfoot

18. BURIAL, CREMATION, OR REMOVAL
Place Masonic of Idaho Date March 2 1934

19. UNDERTAKER E. J. Peck (Address) Blackfoot

20. FILED Mar 2 4, 193 4 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 4, 193 4, to March 25, 193 4

I last saw him alive on March 25, 193 4 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured ileum | March |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Repair bowel Date of March 25

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Orville Lewis, M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88169

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2 1 1 P
Local Registrar's No. 62

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Le Roy Smith

(a) Residence. No. Lundberg Cabins St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 19-34

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| No | 2. | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls. Idaho.
(State or country)

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) New York City N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Gladys Bradshaw

16. BIRTHPLACE (city or town) Clayton Wash.
(State or country)

17. INFORMENT Chas Smith Idaho Falls Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 3-30, 1934

19. UNDERTAKER W. M. Hayes Idaho Falls Ida
(Address)

20. FILED 3-30, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-29 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934, to March 29, 1934

I last saw him alive on March 29, 1934: death is said to have occurred on the date stated above, at 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 3/28/34 |

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Physical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. E. Smyth, M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88170

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2114
Local Registrar's No. 63

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Monte L. Wilson

(a) Residence. No. Woodville Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) June 17 1929

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | 9 | 12. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho.

FATHER

13. NAME Geo Daniel Wilson

14. BIRTHPLACE (city or town) (State or country) Woodville Idaho.

MOTHER

15. MAIDEN NAME Bessie Manguem

16. BIRTHPLACE (city or town) (State or country) Woodville Ida

17. INFORMENT (Address) George D. Wilson Firth Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 4-1, 1934

19. UNDERTAKER (Address) V. F. M. Farr Idaho Falls Idaho

20. FILED 4-2-34, 193 4 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1934, to 3-29, 1934

I last saw him alive on 3-29, 1934: death is said to have occurred on the date stated above, at 6:40 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet Fever | 3/25/34 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Cutler M.D. M. D.

(Address) Box 86 Idaho

RECEIVED APR 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88171

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 64

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward C. Lemmon

(a) Residence. No. 4th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie Lemmon

6. DATE OF BIRTH (month, day, and year): Nov 6 1875

7. AGE: Years 58 | Months 4 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Realestate & Insurance

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER FATHER

13. NAME: Joseph Lemmon

14. BIRTHPLACE (city or town) (State or country): Missouri

15. MAIDEN NAME: Nancy Jane Neal

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Mrs. C. C. Lemmon Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Idaho Falls Date April, 193 4

19. UNDERTAKER (Address): Jack A. Waldo Idaho Falls, Idaho

20. FILED Apr 5, 193 4 C. J. Hammond Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 30 1934

22. I HEREBY CERTIFY, That I attended deceased from October, 193 1, to March 30, 193 4.

I last saw him alive on March 10 193 4: death is said to have occurred on the date stated above, at 12-30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 1931 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | 1933 |
| | |

Name of operation: Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry R. Willson M. D.

(Address) Idaho Falls, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88172

## PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 21-0 Local Registrar's No. 64-5
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John H. Marshall
(a) Residence. No. Swan Valley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Isabelle Marshall

6. DATE OF BIRTH (month, day, and year) July 11, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Railroad
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Engineer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME ? Marshall
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) John Marshall Jr. Irwin, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Irwin, Idaho Date April 3, 1934

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED April 2, 1934 J. J. Summard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1934, to Apr 1, 1934
I last saw him alive on Apr 1, 1934 death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Mar 10-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Prostatic hypertrophy Obstructive Atrophy of kidneys. Uremia. | Mar 16-34 |

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

RECEIVED FEB 19 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88173

PLACE OF DEATH
County of BONEVILLE
City of IDAHO FALLS.

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.
(No. L.D.S HOSPITAL IDAHO FALLS IDAHO)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MAX. WILLIAM MAROTZ.

(a) Residence. No. GREEN TIMBER IDAHO St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (Write the word.) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MRS MAX MAROTZ

6. DATE OF BIRTH (month, day and year) MARCH 22th 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 11 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) PRUSSIA GERMANY

PARENTS

10. NAME OF FATHER GUSTAF. MAROTZ.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) GERMANY
12. MAIDEN NAME OF MOTHER DK.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) GERMANY.

14. Informant CARL. MAROTZ.
(Address) ASHTON IDAHO.

15. Filed 2/17/34, 19 LEWIS KISER Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month) 2/16/34 (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1934, to Feb 16, 1934, that I last saw h... alive on Feb 16, 1934, and that death occurred, on the date stated above, at 6 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Acute Appendicitis Embolus
& Gangrenitory, & Acute
Dilatation of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of Feb 9 1934
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) R. L. Hampton M. D.
Feb 16, 1934 (Address) Ashton Idaho

19. Place of Burial, Cremation, or Removal: ASHTON IDAHO — Date of Burial: 2/18/34 19

20. Undertaker: LEWIS KISER — Address: ASHTON IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88174

**PLACE OF DEATH**
County of BONEVILLE.
City of IDAHO FALLS

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No. .....
(No. L.D.S HOSPITAL IDAHO FALLS.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** CLIFFORD CHRISTOFFERSON

(a) Residence. No. ASHTON IDAHO St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| MALE | WHITE | SINGLE |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) AUG. 23rd. 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 22 | 5 | 11 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) ASHTON IDAHO

PARENTS

10. NAME OF FATHER JOHN. T . CHRISTOFFERSON
11. BIRTHPLACE OF FATHER (city or town) (State or Country) MANTI UTAH
12. MAIDEN NAME OF MOTHER INA BELL
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ELSINORE UTAH

14. Informant JOHN.T CHRISTOFFERSON
(Address) ASHTON IDAHO.

15. Filed 2/5/34, 19.... LEWIS KISER Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH FEB. 4th 1934
(Month) (Day) 19.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1934, to Feb 4 1934
that I last saw h... alive on Feb 4 1934
and that death occurred, on the date stated above, at 5.30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Double Lobar Pneumonia

.....(duration) .....yrs. .....mos. 8 ds.

CONTRIBUTORY .....
(Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) [signature] M. D.
Feb 6 1934 (Address) Ashton Idaho

19. Place of Burial, Cremation, or Removal ASHTON IDAHO — Date of Burial 2/7/34 19....

20. Undertaker LEWIS KISER — Address ASHTON IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88175

PLACE OF DEATH
County of Butte
City of Arco

Registration District No.
Primary Registration District No.
(No. )
Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Marie Clarke Leevana

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Leevana

6. DATE OF BIRTH (month, day and year) Sept. 25 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denver Colo.

PARENTS

10. NAME OF FATHER Clarke

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Holt

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Black Hawk Co. Iowa

14. Informant David Leevana
(Address) Moore, Idaho

15. Filed Apr 12, 1934 Ruth E. Rinaldo Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 26 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1934, to Mar 26, 1934
that I last saw her alive on Mar. 26, 1934
and that death occurred, on the date stated above, at 12-58 A m.

The CAUSE OF DEATH* was as follows:
Influenza Pneumonia
(duration) yrs. 1 mos. 5 ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam
(Signed) A. E. Egbert, M. D.
Apr. 12, 1934 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Arco Ida | March 28 1934 |
| 20. Undertaker | Address |
| G Garnier | Arco Ida |

Carefully supplied. AGE should be stated EXACTLY, PHYSICIANS in plain terms, so that it may be properly classified. Exact statement of OCCUPA- See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 88176

**PLACE OF DEATH**
County of Lost
City of Arco

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 3
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Rubie Pearl Mathie

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day and year) May 16 - 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 10 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer X

9. BIRTHPLACE (city or town) (State or country) Rexburg, Idaho

PARENTS

10. NAME OF FATHER Ferd Mathie
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rexburg Ida
12. MAIDEN NAME OF MOTHER Lucile Brown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Howe Ida

14. Informant (Address) Fred Mathie

15. Filed Apr 12 1934 Ruth E Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 20, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 6 1934, to Mar. 20 1934
that I last saw her alive on Mar. 20 1934
and that death occurred, on the date stated above, at 12 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no What test confirmed diagnosis? Physical Exam

(Signed) W. H. Abbott, M. D.
Apr. 12, 1934 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal: Howe, Idaho — Date of Burial: March 23 1934

20. Undertaker: G Larsen — Address: Arco Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Camas
City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 88177

Local Registrar's No. 58

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James William Burnes

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie Dell Bolt

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mail Carrier, Rural route,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar 4 34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pontiac Dell

FATHER

13. NAME James Raskey Burnes

14. BIRTHPLACE (city or town) (State or country) Adams Co Ohio

MOTHER

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) (State or country) Adams Co Ohio

17. INFORMENT (Address) Elsie D. B Burnes

18. BURIAL, CREMATION, OR REMOVAL Removal
Place Gooding Idaho Date Mar 8, 1934

19. UNDERTAKER Vance McCann
(Address) Fairfield Idaho

20. FILED Mar 10, 1934 W B Parkinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1934, to Mar 7, 1934
I last saw him alive on Mar 7, 1934 death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Mar 4 |
| Apoplexy | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W B Parkinson, M. D.
(Address)

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88178

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1008
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Fowler

(a) Residence. No. Aven St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white. | widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 8 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) W. Grant Chapel Aven St. Caldwell, Ida
18. BURIAL, CREMATION, OR REMOVAL Place 320 Canyon Hill Cem. Date 3-12, 1934
19. UNDERTAKER D. V. Peckham (Address) Caldwell Ida
20. FILED 3/15/34 193 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 10 193 4

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Mar. 10, 1934
I last saw h[illegible] alive on mar 10, 1934; death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Mar 10 34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chr Myocarditis | |
| Myocarditis | |
| | |
| | |

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. M. Staley M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88179

**PLACE OF DEATH**
County of Canyon
City of Middleton / Caldwell
Registration District No. 1
Primary Registration District No. 2006
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Daniel Sylvester Henry

(a) Residence. No. Caldwell R#1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bertha Henry

6. DATE OF BIRTH (month, day, and year) Dec 18 - 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 2 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dade Co
(State or country) Mo.

FATHER
13. NAME P. H. C. Henry.
14. BIRTHPLACE (city or town) N Carolina
(State or country)

MOTHER
15. MAIDEN NAME Amanda Linke
16. BIRTHPLACE (city or town) Cape Jarado
(State or country) Mo.

17. INFORMENT Bertha J. Henry
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 3-16-, 1934

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 3/16, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/11/34, 193 to 3/14, 193 4
I last saw h alive on 3/13, 193 : death is said to have occurred on the date stated above, at 9:20 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| apoplexy. | 2/11/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. G. Newberry, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Cole.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 5 1934

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 88180

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rothburn Manson Endecott

(a) Residence. No. Caldwell, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Samuel Endecott

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Neoma Anthony

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Harvey Endecott Caldwell Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date 3 / 18, 1934

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 3/19, 1934 M. Manwaring Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 16 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to March 16, 1934

I last saw h... alive on March 16, 1934; death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage and Shock, Accident | 3/15 34 |
| Crush from seat of Letcher & fall on frame supplied Liver & Colored Chest | |

Other contributory causes of importance:

Name of operation Abd. Opening Location Incision for Exploratory Date of 3/15-34

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/15, 1934

Where did injury occur? Canyon County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Crush from seat of Letcher

Nature of injury Ruptured Liver

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Working on Letcher

(Signed) [illegible] M. D.

(Address) Caldwell Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 88181

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Sarah Frances McAdoo

(a) Residence. No. 1509 Fillmore St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 1-1851

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 83- | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ellenborough
(State or country) Wis

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Chestnut

16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMENT Mrs Perle M Janney
(Address) San Francisco Calif

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Mch 23-34

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 3/24, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 20-34

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934, to Mar 20, 1934

I last saw him alive on Mar 20, 1934; death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular | Several |
| Renal Disease | years. |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Newkerk, M. D.

(Address) Caldwell Ida

RECEIVED APR 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88182

**PLACE OF DEATH**

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 1014

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Herbert Langdon

(a) Residence. No. Caldwell R#3 Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 29-1911

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 4 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur de Laine
(State or country) Idaho

FATHER

13. NAME Robert Langdon

14. BIRTHPLACE (city or town)
(State or country) Wisc

MOTHER

15. MAIDEN NAME Nellie Carl

16. BIRTHPLACE (city or town)
(State or country) Wisc

17. INFORMENT Lavina Brown
(Address) Caldwell Ida R#3

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Cem Date 4-8, 1934

19. UNDERTAKER C. W. Buckman
(Address) Caldwell Idaho

20. FILED 4/9, 1934 M. Montgomery
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1934 to Apl 6, 1934
I last saw h alive on Apl 4, 1934: death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Apl 3-34 |
| Other contributory causes of importance: Mitral Insufficiency | Jan 1-34 |
| of Thrain | |

Name of operation? Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. G. Neuber M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88183

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No.

(No. 608 Dearborn)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Himler

(a) Residence. No. 608 Dearborn St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Charles Himler

6. DATE OF BIRTH (month, day, and year): Oct 28 - 1843

7. AGE: Years 90 | Months 5 | Days 5 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: Joseph Garver

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Anna Welty

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMENT (Address): J. C. Himler, Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Caldwell Date: 4 - 5 1934 Canyon Hill

19. UNDERTAKER (Address): Mrs. Minnie M. Tyler, Nampa, Idaho

20. FILED: 4/7, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3/29 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1934, to Mar 29, 1934

I last saw her alive on Mar 27, 1934: death is said to have occurred on the date stated above, at 9:25 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Vascular Renal disease | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. A. Newberry M. D.

(Address) Caldwell Ida.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 88184

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Ausney Brock

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ora Bell Brock.

6. DATE OF BIRTH (month, day, and year) Oct 31-1912.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 21 | 4 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Morton Brock

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Anna Henson

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Morton Bros. Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Co. Date 3-31, 1934

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 4/4, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 193[illegible], to Mar 28, 1934

I last saw h[illegible] alive on Mar 28, 1934; death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 3/23/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Influenza | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. A. Newberry, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 88185

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Razey Hopkins

(a) Residence. No. Huston, Idaho R#2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Harold Hopkins

6. DATE OF BIRTH (month, day, and year) Sept 16 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 28 | 6 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coffee Mo.

FATHER

13. NAME N. E. Razey

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Rose Harris

16. BIRTHPLACE (city or town) (State or country) Dane Co.

17. INFORMENT (Address) Harold Hopkins Huston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date April 2, 1934

19. UNDERTAKER (Address) C. F. Peckham Caldwell Idaho

20. FILED 4/3, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 30 1934

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1934, to March 30, 1934

I last saw h alive on March 30, 1934: death is said to have occurred on the date stated above, at 12:55a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Right Lung Lobar pneumonia | Mar 23, |
| March 12—Premature rupture | |
| Membranes- Mar. 15 prolapsed | |
| Cord and Delivery 1a.m. March 16. | |
| Other contributory causes of importance | |
| T.B. post partum hemorrages, March 16. | |

Name of operation None Date of

What test confirmed diagnosis? Physicians Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. R. Whettenberger M.D.

(Address) Caldwell, Idaho

RECEIVED [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88186

Registration District No. 1
Primary Registration District No. 2005 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles M. Swetland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 3 - 1870
7. AGE — Years: 63 — Months: 11 — Days: 5 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nevada

MOTHER'S FATHER'S
13. NAME: C.M. Swetland
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER'S
15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT (Address): U. E. Swetland Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Wilson Ida Date: 3-27, 1934

19. UNDERTAKER (Address): F. K. Robinson Nampa Ida

20. FILED 3/27, 1934 M. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1934, to 3/24, 1934
I last saw h....alive on 3/24, 1934. death is said to have occurred on the date stated above, at 8 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Lobar Pneumonia | 3/20 to 3/25 |
| Left Pleurisy | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? Yes.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Newberry M. D.
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88187

**PLACE OF DEATH**
County of Canyon
City of Caldwell Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Keen

(a) Residence No. 610 Fillmore St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10 - 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 10 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) —

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Mrs J H Altizer Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 3-12-, 1934

19. UNDERTAKER Paul L. Cage (Address) Caldwell Ida

20. FILED 3/13, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Mar 10, 1934
I last saw h alive on Mar 10, 1934; death is said to have occurred on the date stated above, at 6 9 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | last known |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. A. Neuberry M. D.
(Address) Caldwell Ida

Form V. S. No. 5 20M.1-16-12

# CERTIFICATE OF DEATH

Registration District No. 124
Primary Registration District No. 2202
File No. 88188
Registered No. 226

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Kuna, Rt. 1 (No. Kuna Rt. 1 St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stanley Reaman

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (Write the word.): Single

6. DATE OF BIRTH: Feb. 9 1934 (Month) (Day) (Year)

7. AGE: ~~#~~ yrs. ~~#~~ mos. 2 ds.
IF LESS than 1 day how many .....hrs. or .....mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kuna, ~~Ada~~ Canyon County Idaho

10. NAME OF FATHER: Herbert Cris Reaman

11. BIRTHPLACE OF FATHER (State or Country): Calhoun Co., Iowa

12. MAIDEN NAME OF MOTHER: Lillian Ada Miller

13. BIRTHPLACE OF MOTHER (State or Country): Sac Co., Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Herbert O. Reaman
(Address): Kuna Idaho R. 1.

15. Filed 2-12 1934 Geo. N. Whitaker Local Registrar

## MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. 11 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 9 1934, to Feb 11 1934, that I last saw him alive on Feb 10 1934, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
due to birth injury.

(Duration) yrs. mos. 2 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Samuel A Swayne M. D.
2-12-1934 (Address) Nampa, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kuna Cemetery — DATE OF BURIAL: 2-12-1934

20. UNDERTAKER: Father — ADDRESS: Kuna Rt. 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRS. & BORS. 19760

RECEIVED APR [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88189

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2007
Local Registrar's No. 30

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola Mattison

(a) Residence. No. Parma Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 3/27-34

7. AGE — Years | Months | Days | If LESS than 1 day, 5 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parma Ida.

FATHER
13. NAME Archie Mattison
14. BIRTHPLACE (city or town) (State or country) York Nebraska.

MOTHER
15. MAIDEN NAME Pearl Stuthert
16. BIRTHPLACE (city or town) (State or country) Imperial Neb.

17. INFORMENT (Address) Archie Mattison

18. BURIAL, CREMATION, OR REMOVAL Place Roswell Cemetery Date 3-28, 1934

19. UNDERTAKER (Address) Caldwell Idaho in charge

20. FILED 4-4, 1934 Ethel Jurries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1934, to 3/27, 1934
I last saw her alive on 3/27, 1934; death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Separation of Placenta | |
| Other contributory causes of importance: | |

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. M. Mitchell, M. D.
(Address) Parma Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88190

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Seth Middlebrook

(a) Residence. No. 104-16th Ave No St. 113
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17-33

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Ida.

FATHER

13. NAME James Driskill Middlebrook

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Ida Viola Hughey

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT (Address) J. O. Middlebrook Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 3/29., 1934

19. UNDERTAKER (Address) F. K. Peterson Nampa Ida

20. FILED Apr. 3 1934. Lydia A. Parkyes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pleuro-Pneumonia | |
| with Acute Enteritis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. O. Hall, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88191

## PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johns Ed Johnson

(a) Residence. No. 407 6th Ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 10/16/65

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** (retired)

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER

13. NAME Nichols Johnson

14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER

15. MAIDEN NAME Mandolyn Peterson

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT (Address) Fred Johnson Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kearney Neb. Date....., 193..

19. UNDERTAKER (Address) F. N. Robinson Nampa, Ida.

20. FILED Mar 27 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-24., 193.4., to 3-8., 193.4.
I last saw him alive on 3-7., 193.4. death is said to have occurred on the date stated above, at 5 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |
| ✓ | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. C. Clinton M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88192

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Madison Woodruff

(a) Residence. No. 1503-7th St. So. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-12-70

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Railroad
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Employe
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER FATHER

13. NAME Wm. M. Woodruff
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Wood
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs F. M. Woodruff Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. R. Date 3-15, 1934
F.K. Robinson

19. UNDERTAKER (Address) Nampa, Ida.

20. FILED Mar. 27, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to 3-12, 1934
I last saw him alive on 3-12, 1934; death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophy prostate | |
| Uremia (Coma) | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertrophy Prostate | |
| Calculus formation Bladder | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Horace Bilbrad M. D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88193

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 34

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cornelious Murphy

(a) Residence. No. 3rd St. & 1st St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-22-58

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** (retired)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME C.Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT C.W.Dewey
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Nampa, Ida. Date. 3-26., 1934

19. UNDERTAKER F.K.Robinson
(Address) Nampa, Ida.

20. FILED Mar. 27. 1934. Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18., 1934., to March 22 1934.

I last saw him alive on 3/22., 1934.; death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Uraemia and pneumonia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertrophy prostate | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace B. Belknap M. D.
(Address) Nampa Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RESERVED FOR BINDING MARGIN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88194

**PLACE OF DEATH**
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 29

(No. 115-18th Ave. No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cordelia May Johns

(a) Residence. No. 115-18th Ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Wm. H. Johns

6. DATE OF BIRTH (month, day, and year) May 28th 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME John L. Stephens

14. BIRTHPLACE (city or town)
(State or country) Penna.

MOTHER

15. MAIDEN NAME Cordelia B. Green

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMENT Mrs. Wm. H. Johns
(Address) Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa, Ida. Date 3-5, 1934

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho

20. FILED Mar 27, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1933, to March 2, 1934

I last saw he alive on March 2, 1934: death is said to have occurred on the date stated above, at 9:35 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Swayne, M. D.

(Address) Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ... 193...

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88195

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 80

(No. Old Folks Home, 16 ave & 5 St)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Myrtle Moore

(a) Residence. No. 111 13 Ave No St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of: Jim J. Moore

6. DATE OF BIRTH (month, day, and year): Feb 10 1879

7. AGE: Years 55; Months; Days 25; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Amoa Mo.

FATHER

13. NAME: Preston Stanford

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Earl Moore Nampa Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Nampa Idaho Date: March 24 1934

19. UNDERTAKER (Address): W. D. Gaiff Nampa Idaho

20. FILED: Mar. 29, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1934, to Mar. 7, 1934.

I last saw h alive on Mar 7, 1934.: death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 3-6-34 |

Other contributory causes of importance: Chronic Nephritis

Name of operation: Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) V. C. Reed M. D.

(Address) Nampa Ida.

RECEIVED APR 9 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88196

Registration District No. 7

Primary Registration District No. 1906 Local Registrar's No. 37

(No. 121 Garland)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Cline

(a) Residence. No. 121 Garland St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd Cline

6. DATE OF BIRTH (month, day, and year) Jan. 9th 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 39 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Chris Christenson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Floyd Cline Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Kohlerdown
Place Nampa, Ida. Date 3-30, 1934

19. UNDERTAKER Mrs. Nina M. Talbot
(Address) Nampa, Idaho

20. FILED April 5, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A. a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably Tuberculosis of the lungs | |

Other contributory causes of importance:

History of case-contracted severe cold in lungs 3/23. No physician in attendance

Name of operation None Date of no

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Talbot Coroner, M. D.

(Address) Nampa, Idaho

RECEIVED APR 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88197

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 36

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathryn Ziegler

(a) Residence. No. 12th.Ave. Road-One mile south St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 12/30/20

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 13 | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** In school

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME Ralph G.Ziegler

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Edyth L.Berry

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT Ralph G.Ziegler
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 4/5/34 193..

19. UNDERTAKER Fille Funeral Home
(Address) Nampa, Ida.

20. FILED Apr. 3, 1934. Lydal Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/3 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 193.4., to 4-2, 193.4.

I last saw her alive on 4-2, 193.4.: death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Concussion | |

Other **contributory causes** of importance:

| | |
|---|---|
| Fracture of Skull. | |

Name of operation. Decompression Date of 4-2-34

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? A., Date of injury.., 193.
Where did injury occur? 3-30-34 Nampa Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** On highway
Manner of injury. Hit by car
Nature of injury. Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. C. Horton, M. D.
(Address) Nampa Ida.

RECEIVED APR 3 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88198

**PLACE OF DEATH**

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 38

(No. 412 - 20th ave. So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore Lee Gregory

(a) Residence. No. 412 - 20th ave. So St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 31st - 34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 19 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Oscar Gregory

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Della Hill

16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMENT Mrs. Bert Hill
(Address) Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Rohlerlawn
Place Nampa, Ida. Date 4 - 2, 1934

19. UNDERTAKER Mrs. Nina M. Fallen
(Address) Nampa, Idaho

20. FILED Apr. 5, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934, to Apr 1, 1934

I last saw him alive on Apr 1, 1934: death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |

Other contributory causes of importance: Syphilis at birth

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Horace Bulkley, M. D.
(Address) Nampa Ida.

RECEIVED

Form V. S. No. 5 20M.1-16-12

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 7

County of Canyon

Primary Registration District No. 2006

File No. 88199

City of Nampa (No. ....., ..... St.)

Registered No. 91

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME (Male) Workman.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) |
|---|---|---|
| Male | White | Single |

6. DATE OF BIRTH: March (Month) 11 (Day) 1934 (Year)

7. AGE: # yrs. # mos. # ds. IF LESS than 1 day how many ~~#~~ *hrs. or* 15 *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Melba, Canyon Co, Idaho

10. NAME OF FATHER: Golden S. Workman

11. BIRTHPLACE OF FATHER (State or Country): Twin Falls Co. Idaho

12. MAIDEN NAME OF MOTHER: Bertie Isabelle Beline

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Golden S. Workman
(Address) Melba, Idaho.

15.
Filed Mar 27 1934 Lyda Rodgers Local Registrar

## MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 11 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 11 1934, to Mar 11 1934, that I last saw h~~im~~ alive on Mar 11 1934 and that death occurred on the date stated above, at 3:15 P.M.

The CAUSE OF DEATH* was as follows:
Hydrocephalic Fetus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel A Swanson M. D.
19 ..... (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

| 19. PLACE OF BURIAL ~~OR REMOVAL~~ | DATE OF BURIAL |
|---|---|
| Melba Idaho | 3/12 1934 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| F. K. Robinson | Nampa, Ida. |

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED APR - 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88200

Registration District No. 117

Primary Registration District No. 9196 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida May Lowry

(a) Residence. No. 1007 N. Overland St. Huntington ... do
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lowry

6. DATE OF BIRTH (month, day, and year) July 2- 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 3-22-34

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) ..... (State or country) Indiana

FATHER

13. NAME Noah Kuer

14. BIRTHPLACE (city or town) ..... (State or country) Penn

MOTHER

15. MAIDEN NAME Harriet Snader

16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Samuel M. Kuer (Address) 1007 N. Overland

18. BURIAL, CREMATION OR REMOVAL Place Huntington Idaho Date 3/26/..., 1934

19. UNDERTAKER H. C. Cannon (Address) Burley Ida.

20. FILED 3/26..., 1934 Laura Green Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 ..., 1934., to Mar 24 ..., 1934.
I last saw her alive on Mar 24, 1934. death is said to have occurred on the date stated above, at 7 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Mar 24 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arterio-Sclerosis | |
| Hypertension | |

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) H. H. Ware M. D.

(Address) Burley

RECEIVED APR 7 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Near Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88201

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 15

(No. 161a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [redacted] Pearle

(a) Residence. No. Florence Pearle St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | ✓ |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Mar. 19-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day.... hrs. or 20 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Burley Ida
(State or country)

FATHER

13. NAME Jesse Fielding Pearle

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Mable Emerine Smith

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT [redacted] Pearle
Address Burley Ida R Fd # 2

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 3/19 1934

19. UNDERTAKER D. C. Johnson
(Address) Burley Ida.

20. FILED Mar 19 1934 Laura [redacted]
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1934, to Mar 19, 1934

I last saw her alive on Mar. 19, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Premature Birth | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. H. Deem M. D.

(Address) Burley Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88203

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 13

(No. - )
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Hepsum Hankson Ward

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret L. Wicket Ward

6. DATE OF BIRTH (month, day, and year) Feb 15. 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | — | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Willard Ut.

FATHER

13. NAME George Wesley Ward

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary L Dankerson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Margaret L. Ward Burley

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 3-14, 1934

19. UNDERTAKER (Address) Leo. R. Jacobs Burley

20. FILED 3/15, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-14. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933, to Mar 13, 1934
I last saw him alive on Mar 13, 1934; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valv. Ht Dis - | |
| Mitral insuffic. | About 5 yrs. |
| Other contributory causes of importance: | |
| Ch. Brights Disease | About 2 yrs |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edward Fraser, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Malta

STATE OF IDAHO Ket
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE
State File No. 88204
Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred C. Vasburg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 21 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Jerome Vasburg

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Anna Robinson

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Cecil V Vasburg

18. BURIAL, CREMATION, OR REMOVAL Place Burley Cem Date Mar 14, 1934

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 3/13/, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 11 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to March 9 et, 1934
I last saw h alive on March 9, 1934: death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac insufficiency | |
| Other contributory causes of importance: | |
| Dropsy | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W F Kreiling, M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88205

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Luella F. Allen.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alfred Allen

6. DATE OF BIRTH (month, day, and year) Feb. 22-1883;

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | --- | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -------

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Stillwater
(State or country) Oaklahoma.

FATHER

13. NAME Geo. M. Comstock

14. BIRTHPLACE (city or town) .....
(State or country) United States

MOTHER

15. MAIDEN NAME Martha Briesentine

16. BIRTHPLACE (city or town) .....
(State or country) United States

17. INFORMENT Iva. D. Olson
(Address) Burley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 3--13, 1934

19. UNDERTAKER O. P. Pierce
(Address) Burley

20. FILED 3-13, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 4- 1934, to Mar 5- 1934.

I last saw h..... alive on Mar 5- 1934; death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebrum - Hemorrhage | History about one year |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Leland Haggin, M. D.

(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88206

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 10

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jas Banner

(a) Residence. No. ... Delco District St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 2-1934

7. AGE — Years | Months | Days: 1 | If LESS than 1 day, hrs. or ... min.: 6

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

FATHER

13. NAME Leo Elgin Banner
14. BIRTHPLACE (city or town) Upton
(State or country) Utah

MOTHER

15. MAIDEN NAME Bertha Shoop Stock
16. BIRTHPLACE (city or town) Rexburg
(State or country) Idaho

17. INFORMANT Leo E. Banner
(Address) Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 3-4-, 1934

19. UNDERTAKER Burley Mortuary
(Address) Burley Ida.

20. FILED 3/4 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 193.4, to 3-3, 1934.

I last saw h... alive on 3-2-, 193.4; death is said to have occurred on the date stated above, at 11:30 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Failure to establish respiratory function. | |
| Asphyxiation | |
| Premature birth | |
| Premature Child | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Nelson Frazier M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88207

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza John Moore 97

(a) Residence. No. Emerson Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 6-1905

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 28 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 3/2/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Draper Utah

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) Draper Utah

MOTHER

15. MAIDEN NAME Clara Willetts

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Clara Moore
(Address) Emerson Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Ida. Date 3/6, 1934

19. UNDERTAKER D. C. Johnson
(Address) Burley Ida.

20. FILED 3/6, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934, to Mar 2, 1934

I last saw him alive on Mar 2, 1934; death is said to have occurred on the date stated above, at 11:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Mar 2-1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also *the following:*
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. M. E. Dean M. D.

(Address) Burley Ida.

RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88208

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wade Otis Rasmussen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) J. 6. 8-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 1 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

MOTHER FATHER

13. NAME Harold A. Rasmussen

14. BIRTHPLACE (city or town) Springdale
(State or country) Idaho

15. MAIDEN NAME Emily Paul [illegible]

16. BIRTHPLACE (city or town) Kentucky
(State or country) Idaho

17. INFORMANT Harold A. Rasmussen
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sunnyside Date 3/4, 1934

19. UNDERTAKER W. E. Simpson
(Address) Burley Idaho

20. FILED 3/3, 1934 Laura Greer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1934, to 3/2, 1934

I last saw h[illegible] alive on 3/1/, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchitis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) [illegible], M. D.

(Address) .....

RECEIVED MAR 9 - 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88209

Registration District No.

Primary Registration District No. Local Registrar's No. 7

(No. 2 Fremstad's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jens Peter Jensen

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Jensen
6. DATE OF BIRTH (month, day and year): June 29 - 1884
7. AGE: Years 49 | Months 6 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1-20-34
11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: Sig Jensen
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Josefine Christensen
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Hilda Eckman Heber Utah

18. BURIAL, CREMATION OR REMOVAL
Place: Hey Funeral Home Date 2/19/1934

19. UNDERTAKER (Address): D. C. Johnson Burley Ida

20. FILED 2/17/1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): February 17 1934

22. I HEREBY CERTIFY, That I attended deceased from January 23, 193.4., to Feb. 17, 193.4.
I last saw him alive on Feb. 16, 193.4.; death is said to have occurred on the date stated above, at 2:20 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Endocarditis (Bacterial) | 3 wks. |
| | |
| | |
| | |
| Other **contributory causes** of importance: Bilateral Pyelitis | 6 wks. |
| | |
| | |

Name of operation: None Date of: None
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Leland B. Bayman M. D.
(Address) Burley, Ida.

RECEIVED APR 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88210

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 22

(No. 6 )
(If death occurred in a hospital or institution give its name instead of street and number.)

131

2. FULL NAME Susanah Miller

(a) Residence. No. R.2 B. 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jonas Miller

6. DATE OF BIRTH (month, day, and year) Sept 13, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 4 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Samuel Showalter
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Wilbur Miller Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Rose Creek Cem. Date 3/26, 1934

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 3/26, 1934 H. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to March 22, 1934
I last saw her alive on March 22, 1934: death is said to have occurred on the date stated above, at 8:15 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| about 6 yrs ago | |
| Ist Degree Burns | |
| (Apoplexy) causing | |
| Paralysis | |
| Died During Convulsion | |
| Other contributory causes of importance: | |
| albumin (Chronic | |
| Brights) | |

Name of operation ~ Date of ~
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193..
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ~

(Signed) W. S. Robertson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OR [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88211

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 21

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

121

2. FULL NAME Charles Lindska

(a) Residence. No. ..... St. Nez Perce Co., Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Unascertained |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About 65 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date March 7, 1934

19. UNDERTAKER T. A. Billberg, Hosp. Attdt. (Address) Orofino - Idaho.

20. FILED 3/7, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to March 1, 1934

I last saw him alive on March 1, 1934: death is said to have occurred on the date stated above, at 10:40 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Paranoid Condition

Name of operation No Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John Lorne McKelway, M. D.
(Address) Orofino - Idaho

RECEIVED APR 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88212

**PLACE OF DEATH**

County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 20

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geraldine Ruth McDougal

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 28 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 13 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Hiram McDougal

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Bessie Nolan

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Hiram McDougal Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 3/7, 1934

19. UNDERTAKER (Address) W. A. Lukens Orofino

20. FILED 3/7, 1934 W. A. Lukens Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1934, to March 6, 1934
I last saw her alive on March 5, 1934; death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Complication following Diphtheria | |
| Other contributory causes of importance: | |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1934

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88213

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 19

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida B. Bailey

(a) Residence. No. 616 Front St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. 13 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bailey

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wife of laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Paul, (State or country) Minnesota.

FATHER

13. NAME Aleck Kerr

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Ida Boyer

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Town Cemetery Date 3-4, 1934
Courtesy

19. UNDERTAKER Courtesy Funeral Home (Address) Coeur d'Alene Idaho.

20. FILED 4/2, 1934 H. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 1 1934

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1934, to March 1, 1934

I last saw her alive on February 28, 1934; death is said to have occurred on the date stated above, at 7:35 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance | |
| Manic-depressive psychosis, | |
| manic type | |

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Louise McKelway, M. D.

(Address) Orofino - Idaho.

RECEIVED APR 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88214

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 23

(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Grace Luttropp

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Fred Luttropp

6. DATE OF BIRTH (month, day, and year): Dec 25 1881

7. AGE: Years 52 | Months 3 | Days 3 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: Henry Groves
14. BIRTHPLACE (city or town) (State or country): Newyork

MOTHER

15. MAIDEN NAME: Mary Whipple
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMENT (Address): Fred Luttropp Orofino

18. BURIAL, CREMATION, OR REMOVAL Place: Orofino Date: Mar 29, 1934

19. UNDERTAKER: W.A. Shaw (Address): Orofino

20. FILED 3/29, 1934 W.A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 28 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934, to March 28, 1934
I last saw her alive on March 28, 1934; death is said to have occurred on the date stated above, at 9 54 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | March 28-34 |
| Other contributory causes of importance: Herpes Loster | March 21-34 |

Name of operation none Date of .....
What test confirmed diagnosis Spinal Fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) R B Pappenhagen, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 88218

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**
County of Challis Custer
City of Challis,
Registration District No. 10 8
Primary Registration District No. 2186
Local Registrar's No. 168
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Wm Grinnell

(a) Residence. No. Challis Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 9-22-1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 5 | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Great Barrington Mass.

PARENTS

10. NAME OF FATHER Wm Grinnell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Katherine
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant (Address) Thos E. Jones. Challis, Idaho

15. Filed March 29, 1934 Ina McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 25 1934
(Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 found dead in Cabin 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Aneurism of ascending aorta
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Edema of Lungs
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? yes
What test confirmed diagnosis? signs of aorta
(Signed) C. L. Kerby, M. D.
April 9, 1934 (Address) C. L. Kerby

19. Place of Burial, Cremation, or Removal: Challis Idaho. Date of Burial: March 27, 1934
20. Undertaker: Wm Doebler. Address: Salmon Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEI...

**PLACE OF DEATH**
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88219

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 167

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emmett H. Hosford

(a) Residence. No. — Challis Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace N. Hosford

6. DATE OF BIRTH (month, day, and year) May 2 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 71 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel mngr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Wm Hosford.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Mosier.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Lawrence Hosford Challis Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Challis Idaho Date March 9, 1934

19. UNDERTAKER (Address) Wm E. Dachtler Salmon Ida.

20. FILED March 8, 1934 Edna McKenney Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw him alive on March 6, 193..: death is said to have occurred on the date stated above, at 5.25 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N. V. Date of injury No., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) C. C. Kirtley M. D.
(Address) Challis Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 88220

RECEIVED

**PLACE OF DEATH**
County of Custer
City of Mackay

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 178
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** William H. Murray

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Edith Stinson Murray

6. DATE OF BIRTH (month, day and year) June 12, 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 73 | 10 | 8 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (city or town) Scotland
(State or country)

PARENTS

10. NAME OF FATHER James Alexander Murray
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant Edith Murray
(Address) Mackay Idaho

15. Filed Apr 9, 1934 Rose Nowacki Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH 4 (Month) – 4 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/4/34, 19..., to 4/4/34, 19...
that I last saw him alive on 4/4/34, 19...
and that death occurred, on the date stated above, at 1 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Myocarditis

(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Chronic Gastritis
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Carol A. Lawrence, M. D.
....., 19... (Address) Mackay Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Mackay-Ida | 4-6 1934 |
| 20. Undertaker Garner Mortuary | Address Arco-Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Elmore
City of Hammett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE
State File No. 88221

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

100 0

2. FULL NAME George Barber

(a) Residence. No. Hammett Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie Ann Barber.

6. DATE OF BIRTH (month, day, and year) Sept 26 - 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-11-1934

11. Total time (years) spent in this occupation 50 Years.

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Sanders Barber.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan Crabaugh.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Clinton Barber Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Date 3-18, 1934

19. UNDERTAKER G. S. Barber.
(Address)

20. FILED March 17, 1934 Mrs Mary Sullivan
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1934, to Mar 16, 1934
I last saw h. alive on Mar. 16, 1934: death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral bronchopneumonia | Mar 12 34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | Unknown |
| Nephritis, chronic | Unknown |

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Henry C. Kirkpatrick, M. D.
(Address) Mtn. Home, Idaho.

RECEIVED MAR 16 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88222

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.
(No. Trendelenburg Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Nellie White

(a) Residence. No. Glenns Ferry Ida St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Joe B White
6. DATE OF BIRTH (month, day and year): 10-1861
7. AGE: Years 72; Months 8; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: at home
10. Date deceased last worked at this occupation (month and year): March 13
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Terre Haute Indiana

FATHER
13. NAME: Jones.
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Barbara Longnecker ~~Dont Know~~
16. BIRTHPLACE (city or town) (State or country): dont know

17. INFORMENT (Address): Joe B White
18. BURIAL, CREMATION, OR REMOVAL: Glenns Ferry Ida Date 3-18, 1934
19. UNDERTAKER (Address): M. Jones & Son Glenns Ferry Ida
20. FILED 3-17, 1934 Mrs Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 15 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1934, to Mar 15, 1934
I last saw her alive on Mar 15, 1934; death is said to have occurred on the date stated above, at 8:25 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | Mar 13 '34 |
| Other contributary causes of importance: | |
| Diabetes Mellitus | Unknown |
| Arteriosclerosis | Unknown |

Name of operation: Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Henry C. Rutford, M. D.
(Address) Mtn Home, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88223

Local Registrar's No.

## PLACE OF DEATH

County of Elmore
City Glenns Ferry Ida
Registration District No. 35
Primary Registration District No. 2021
(No. ) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Valdi Mary Bassett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month) January 6 1934

7. AGE — Years: 3 1/2 hrs. — Months: — Days: — If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (city or town) Glenns Ferry Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Fred Albert Bassett
11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)
12. MAIDEN NAME OF MOTHER Elva Emily Eaton
13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)

14. Informant Fred A. Bassett
(Address) Glenns Ferry Idaho

15. Filed June 8, 1934 Mrs Mary Sullivan
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 7 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934, to Jan 7, 1934
that I last saw her alive on Jan 7, 1934
and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:
Prematurity
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) asphyxia pallida
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical

(Signed) Valdi B. Friendling M. D.
Jan 8, 1934 (Address) Glenns Ferry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Glenns Ferry Idaho | 1-8 1934 |
| 20. Undertaker | Address |
| Fred Bassett | Glenns Ferry Ida |

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88224

**PLACE OF DEATH**

County of Elmore

City of Mtn Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Velma King

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo P. King

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 0 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Arkansas
(State or country)

FATHER

13. NAME John N. Hassett

14. BIRTHPLACE (city or town) South Carolina
(State or country)

MOTHER

15. MAIDEN NAME Nellie Nuff

16. BIRTHPLACE (city or town) Miss.
(State or country)

17. INFORMENT John N. Hassett
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Mt. Home, Ida. Date March 2, 1934

19. UNDERTAKER .....
(Address)

20. FILED Mar 3, 1934 .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/26/34 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6.1. P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wounds Upon a Gunfielding the Hands of Geo P King | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Phil T. Gree, M. D.

(Address) Coroner

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88225

**PLACE OF DEATH**

County of Elmore

City of Mt. Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A King

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Marred. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruby Gosset King

6. DATE OF BIRTH (month, day, and year) Unknown.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc** .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) —

FATHER

13. NAME —

14. BIRTHPLACE (city or town) —
(State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMENT Coroners Inquest
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Mt. Home Ida Date 2-28, 1934

19. UNDERTAKER E. J. Barker
(Address) Mt. Home Idaho

20. FILED Mar 3, 1934 A. Thurber
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Came to his death by means of Gun Shot wounds inflicted by a 30-30 Carbine Marlin rifle held in his own hands and discharged by him with intent to Commit Suicide. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2/26 1934

Where did injury occur? Elmore Co, Mt Home, Elmore Co.
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas. F. Green Coroner, M. D.

(Address) Mt. Home, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88226

**PLACE OF DEATH**

County of Elmore

City of Mtn. Home

Registration District No. 34

Primary Registration District No. 2024 Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Emma Garrett

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John N. Garrett

6. DATE OF BIRTH (month, day, and year) July 4, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Miss.
(State or country)

FATHER

13. NAME W. A. Huff

14. BIRTHPLACE (city or town) .....
(State or country) Miss.

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT ~~Housekeeper~~ J. N. Garrett
(Address) Mountain Home, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Mt. Home, Ida. Date March 2, 1934

19. UNDERTAKER E. C. Gaither
(Address) Mtn. Home, Idaho

20. FILED Mar 3, 1934 A. H. Anderson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/26/34 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun Shot wounds from a Gun held by The Hands of Geo P Burg | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Fred F Green, M. D.

(Address) Coroner

RECEIVED MAR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88227

PLACE OF DEATH
County of Elmore.
City of Mountain Home
Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 6
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

98.

2. FULL NAME Mary Louise Brooks
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F. | white. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 2-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 14 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Mountain Home. (State or country) Idaho

PARENTS

10. NAME OF FATHER Irving Brooks.
11. BIRTHPLACE OF FATHER (city or town) Arkansas (State or Country)
12. MAIDEN NAME OF MOTHER Wilma Heath.
13. BIRTHPLACE OF MOTHER (city or town) Idaho. (State or County)

14. Informant Wilma Heath.
(Address)

15. Filed Mar 3, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 16, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-6-, 1934, to 2-16-, 1934
that I last saw her alive on 2-16-, 1934
and that death occurred, on the date stated above, at 6:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Laryngitis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) L. E. Evans, M. D.
3-1-, 1934 (Address) Mtn. Home Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| | 2-17 1934 |

| 20. Undertaker | Address |
|---|---|
| G. S. Gasher. | Mtn. Home. |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88230

**PLACE OF DEATH**
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 3020
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Conrad Helfrich

(a) Residence. No. Mountain Home St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Helfrich

6. DATE OF BIRTH (month, day, and year) 3 - 11 - 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 75 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Probate Judge

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) March 5, 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grass Valley, Calif.

FATHER

13. NAME Helfrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT Nellie Helfrich
(Address)

18. ~~BURIAL~~, ~~CREMATION~~, ~~OR~~ REMOVAL
Place Portland, Ore. Date March 8 1934

19. UNDERTAKER E. S. Barker
(Address) Mt. Home Ida.

20. FILED Mar 7, 1934 H. H. Anderson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3 - 6 - 193 4

22. I HEREBY CERTIFY, That I attended deceased from 3 - 6 - 193 4, to 3 - 6 - 193 4

I last saw him alive on 3 - 6 - 193 4; death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. E. Evans, M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88231

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Burnett

(a) Residence. No. ..... Glenns Ferry St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 71 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address):

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Home Cem. Date 2-3, 1934

19. UNDERTAKER: J. S. Barker
(Address) Mt. Home Ida.

20. FILED Feb 10, 1934 M. Rudios
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1933, to Feb. 2, 1934
I last saw him alive on Feb. 2, 1934: death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | Unknown |

Other contributory causes of importance:

| | |
|---|---|
| Arterio sclerosis | |
| Myocarditis. | |

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry C. Rickford, M. D.
(Address) Mountain Home, Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88232

**PLACE OF DEATH**
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Wayne DeForest.

(a) Residence. No. Brunean, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 9-17-1924
7. AGE: Years 9; Months 5; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ida.

FATHER
13. NAME: Walter D. DeForest.
14. BIRTHPLACE (city or town) (State or country): Cal.

MOTHER
15. MAIDEN NAME: J. McShane.
16. BIRTHPLACE (city or town) (State or country): Idaho.

17. INFORMENT (Address): Mrs. J. McShane Brunean Ida.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Home Cem. Date 2-4, 1934
19. UNDERTAKER (Address): L. S. Barker Mt. Home, Ida.
20. FILED Feb 10, 1934 M. Andrews Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 2 1934
22. I HEREBY CERTIFY, That I attended deceased from January 26, 1934, to Feb. 2, 1934
I last saw him alive on Feb. 2, 1934; death is said to have occurred on the date stated above, at 9:20 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Osteomyelitis | Jan. 28/34 |
| Other contributory causes of importance: | |
| Septicemia | 1/28/34 |
| Abscessed hand | 1/26/34 |

Name of operation Other drainage of hip Date of Jan. 30. 34
What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Henry C. Rifford, M. D.
(Address) Mountain Home, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88233

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2107
Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Leora Johnson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 7 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | 10 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHILD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME George J. Johnson

14. BIRTHPLACE (city or town) (State or country) Hyde Park Utah

MOTHER

15. MAIDEN NAME Eldora Gaily

16. BIRTHPLACE (city or town) (State or country) Fairview Idaho

17. INFORMENT (Address) Geo. J. Hohnson Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Mar 8, 1934

19. UNDERTAKER M.W. Hendricks (Address) Preston

20. FILED April 8, 1934 G. W. Stoker Reg. Dist.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1934, to Mar 7, 1934
I last saw her alive on Mar 7, 1934; death is said to have occurred on the date stated above, at 12-50 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra-Cranial Hemorrhage | Mar 7. 1934 |

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Snow L. Dance, M.D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

...1934

...STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88234

**PLACE OF DEATH**

County of Fremont
City of St. Anthony

Registration District No. 07
Primary Registration District No. 0179
Local Registrar's No. 121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Ephriam Hobbs

(a) Residence. No. ..... St. St. Anthony, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 28th 1934

7. AGE — Years | Months | Days: 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St. Anthony Idaho

MOTHER

13. NAME: Alvin M. Hobbs
14. BIRTHPLACE (city or town) (State or country): St. Anthony Ida.
15. MAIDEN NAME: Kirkseel Nyborg
16. BIRTHPLACE (city or town) (State or country): Mt. Pleasant Utah

17. INFORMANT (Address): A. M. Hobbs.

18. BURIAL, CREMATION OR REMOVAL
Place: Wilford Ida. Date: Mar. 7 1934

19. UNDERTAKER (Address): Father A. M. Hobbs

20. FILED April 9 1934. Sarah Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934, to Mar. 6, 1934.
I last saw him alive on Mar. 6, 1934; death is said to have occurred on the date stated above, at 4:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstructive Jaundice | Birth |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Premature Birth | |
| | |
| | |

Name of operation: — Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. M. Kelly M. D.
(Address) St. Anthony, Ida.

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88235

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 124

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertram Julius Allen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or) WIFE~~ of Son of Mr & Mrs John Julius Allen

6. DATE OF BIRTH (month, day, and year) August 31 1917

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 16 | 7 | 2 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dubois Idaho

**MOTHER FATHER**

13. NAME John Julius Allen

14. BIRTHPLACE (city or town) (State or country) Leeds Utah

15. MAIDEN NAME Ada Glover

16. BIRTHPLACE (city or town) (State or country) Farmington Utah

17. INFORMANT (Address) Mrs. Ada Allen St Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 4/4, 1934

19. UNDERTAKER (Address) H. M. Hanson St Anthony Idaho

20. FILED April 7, 1934 Sarah Musk Registrar

April 7

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1934, to April 2, 1934.
I last saw him alive on April 2 1934; death is said to have occurred on the date stated above, at 11:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Contusion and Skull fracture (Auto-Motorcycle-Train Collision) | |

Other **contributory causes** of importance:
Beginning Secondary Meningitis and Inhalation Pneumonitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/26 1934
Where did injury occur? Fremont Co. (Specify city or town, county, and state) Ashton
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway
Manner of injury Auto-motorcycle-train collision
Nature of injury Fractured skull - brain contusion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Allison M. D.
(Address) St. Anthony Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88236

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Carol Green

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 4th, 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho.

FATHER

13. NAME Austin David Green

14. BIRTHPLACE (city or town) Marysville,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Ida Wealthy Lake

16. BIRTHPLACE (city or town) Idaho Fall,
(State or country) Idaho.

17. INFORMENT Mrs Austin D. Green
(Address) St. Anthony Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Anthony Date 4/3/34, 193...

19. UNDERTAKER .....
(Address) St. Anthony, Idaho.

20. FILED April 7, 1934 Sarah Munk
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1933, to 4-1-, 1934

I last saw her alive on 4-1-, 1934; death is said to have occurred on the date stated above, at 2½ a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma of Uterus | Oct. 33 |

Other contributory causes of importance:

Name of operation Laparotomy Date of Nov. 33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. M. Kelly, M. D.

(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Fremont

City of Chester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 88237

Local Registrar's No. 122

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geraldine Palmer

(a) Residence. No. Chester St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 13 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| — | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parker Idaho

FATHER

13. NAME William Elmer Palmer

14. BIRTHPLACE (city or town) (State or country) Chester Idaho

MOTHER

15. MAIDEN NAME Margaret Williams

16. BIRTHPLACE (city or town) (State or country) St. Charles Utah

17. INFORMENT (Address) Margaret Palmer Chester Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date 4/8, 1934

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED April 10 1934 Sarah Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h— alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Death Due Plausible | |
| Very Sudden, | |

Other contributory causes of importance:

Perhaps due to fall from Chair

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Hansen (Coroner) M. D.

(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 88238

Local Registrar's No. 125

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nannie Francis Tuck

(a) Residence. No. St. Anthony Idaho. St. 1010

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If ~~single~~ widowed, or divorced
(or) WIFE of John W. Tuck

6. DATE OF BIRTH (month, day, and year) Oct. 29th, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 4 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pitsburg County
(State or country) Virginia

FATHER

13. NAME O. Hogan

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Malinda Scott

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMENT (Address) Mrs E. A. Hackworth St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Teton Date 3/26/34 193

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED April 7, 193 Sarah Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. January 15, 1934, to Mar. 23 193 4

I last saw he alive on Mar. 23 193 4; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Mar. 20. |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Cancer of Peritoneum

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) P. W. Kelly M. D.

(Address) St. Anthony Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of FREMONT
City of MARYSVILLE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1026
Primary Registration District No. ____

DO NOT WRITE IN THIS SPACE
State File No. 88239

Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Hoem

(a) Residence. No. ____ Marysville Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 54 | ~~1~~ | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Dk

14. BIRTHPLACE (city or town) (State or country) Dk

MOTHER

15. MAIDEN NAME Dk

16. BIRTHPLACE (city or town) (State or country) Dk

17. INFORMENT (Address) MRS. John Holm MARYSVILLE IDAHO

18. BURIAL, CREMATION, OR REMOVAL
Place ____ Date ____, 193

19. UNDERTAKER Percy J. Fuller
(Address) St Maries

20. FILED 1/25/34, 193 LEWIS KISER
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-17-34, 193, to 1-24-34, 193

I last saw him alive on 1-24-34, 193: death is said to have occurred on the date stated above, at 4.40 ~~A~~ P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1- Influenzal Pneumonia | 1-16-34 |

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Contracted in CWA Camp

(Signed) W. W. Doty M. D., M. D.

(Address) Osburn, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88241

**PLACE OF DEATH**
County of FREMONT
City of FARNUM

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No. ....
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** SARAH.M. BROWN.

(a) Residence. No. .... St. ....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| ~~FEMALE~~ | WHITE | ~~WIDOWED~~ |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WIDOWED

6. DATE OF BIRTH (month, day and year) APRIL 8th 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 81 | 9 | 16 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) ORONOCO
(State or country) VIRGINIA

PARENTS

10. NAME OF FATHER PETER MASON

11. BIRTHPLACE OF FATHER (city or town) ....
(State or Country) VIRGINIA

12. MAIDEN NAME OF MOTHER ANNA SORRELL.

13. BIRTHPLACE OF MOTHER (city or town) ....
(State or County) VIRGINAI

14. Informant JAMES WHITEMORE
(Address) FARNUM IDAHO.

15. Filed 1/25th 1934, 19.... LEWIS KISER
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 (Month) 25 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....
that I last saw h.... alive on ...., 19....
and that death occurred, on the date stated above, at 6 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
DIED WITHOUT MEDICAL ~~ATTENTION~~. ~~BEEN~~ BEDFAST FOR SIX MONTHS.
.... (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) ....
.... (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....
(Signed) Lewis Kiser Reg. M. D.
1/25, 1934 (Address) Ashton Idaho

19. Place of Burial, Cremation, or Removal: FARNUM IDAHO — Date of Burial: 1/26th1934
20. Undertaker: LEWIS KISER.ASHTON IDAHO — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88242

1934

**PLACE OF DEATH**

County of FREMONT.

City of SQUIRREL IDAHO

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** JOHN. E. CARLSON.

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| MALE | WHITE | MARRIED. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of RUBY PEARL CARLSON.

6. DATE OF BIRTH (month, day and year) JAN. 9th/ 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 0 | 12 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work TIMBER WORKER& FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) SWEDEN.
(State or country)

PARENTS

10. NAME OF FATHER JOHN CARLSON.

11. BIRTHPLACE OF FATHER (city or town) SWEDEN.
(State or Country)

12. MAIDEN NAME OF MOTHER DK.

13. BIRTHPLACE OF MOTHER (city or town) SWEDEN.
(State or County)

14. Informant JOHN. A. CARLSON.
(Address) SQUIRREL IDAHO.

15. Filed 1/22/34, 19..... LEWIS KISER
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 21 (Month) (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 21, 1934, that I last saw h... alive on Jan 21, 1934, and that death occurred, on the date stated above, at 9 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. L. Stange, M. D.

Jan 21, 1934 (Address) Ashton Idaho.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| ASHTON IDAHO | 1/24/34 19 |

| 20. Undertaker | Address |
|---|---|
| LEWIS KISER. | ASHTON IDAHO |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88243

**PLACE OF DEATH**
County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** JOSEPH HOLLIS EGBERT

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (Write the word.) |
|---|---|---|
| MALE | WHITE | MARRIED. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MRS HOL. EGBERT

6. DATE OF BIRTH (month, day and year) AUG. 20th 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 5 | 22 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ST JOSEPH.
(State or country) NEV.

PARENTS

10. NAME OF FATHER ROBERT NEWTON EGBERT

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) NAUVOO ILL.

12. MAIDEN NAME OF MOTHER HANNAH REBECCA FULLER

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) DECATUR ILL.

14. Informant MR RUSSEL EGBERT
(Address) ASHTON IDAHO.

15. Filed 2/13/34, 19.....

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2/13/34, 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-6-'34, 19....., to 2-12-34, 19.....
that I last saw him alive on 2-12-34, 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) W. W. Daty, M.D., M. D.
2-13-34, 19..... (Address) Ashton

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| ASHTON IDAHO | 2/14/34 19 |

20. Undertaker LEWIS KESER Address ASHTON IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88244

**PLACE OF DEATH**
County of FREMONT.
City of ASHTON

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** ~~Mark~~ LARET EGBERT

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word.):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 12/28/33

7. AGE — Years: 1 | Months: | Days: 19 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): MARYSVILLE IDAHO

PARENTS

10. NAME OF FATHER: ZERA NEWTON EGBERT
11. BIRTHPLACE OF FATHER (city or town) (State or Country): MARYSVILLE IDAHO
12. MAIDEN NAME OF MOTHER: SARAH LOUISE HOWARD
13. BIRTHPLACE OF MOTHER (city or town) (State or County): CHESTER IDAHO

14. Informant: ZERA EGBERT
(Address): MARYSVILLE IDAHO

15. Filed 2/16/34, 19..... Lewis Kiser Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH: 2/16/34 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-12-34, 19..... to 2-16-34, 19.....
that I last saw h~~e~~r alive on 2-16-34, 19.....
and that death occurred, on the date stated above, at 3 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Erysipelas

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?.....
Did an operation precede death? no Date of.....
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) W. W. Dietz, M.D, M. D.
2-16-34, 19..... (Address) Salem

19. Place of Burial, Cremation, or Removal: ASHTON IDAHO. Date of Burial: 2/17/34 19

20. Undertaker: LEWIS KISER Address: ASHTON IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 88245

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**
County of Fremont
City of Ashton

Registration District No. 10
Primary Registration District No. 6 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Arthur J Campbell

(a) Residence. No. 5 Juniper Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, ~~or Divorced (write the word.)~~ |
|---|---|---|
| Male | White | MArried |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriet L. Campbell

6. DATE OF BIRTH (month, day and year) Aug 1 - 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, .....hrs. or .....min. |
|---|---|---|---|---|
| | 57 | 6 | 7 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Leavenworth Kansas

PARENTS

10. NAME OF FATHER A. F. Campbell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) .....
12. MAIDEN NAME OF MOTHER Constance Kestavan
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ark

14. Informant Harriet L. Campbell (Address) Squirrel Idaho

15. Filed 1-16-34 19..... Lewis Kiser Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH 1 (Month) - 15 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-13-34, 19..., to 1-15-34, 19...
that I last saw him alive on 1-13-34, 19...
and that death occurred, on the date stated above, at 6.45 AM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1- Coronary Thrombosis

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) W. W. Doty, M. D.
1-17-34, 19... (Address) Ashton, Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Ashton Idaho | 1-18-34 19 |
| 20. Undertaker | Address |
| Lewis Kiser | Ashton Idaho |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 88246

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**
County of FREMONT
City of FARNUM

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No. .....
(No. .....)
*(If death occurred in a hospital or institution, give its name instead of street and number.)*

2. **FULL NAME** CHRISTINA HENDRICKSON

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of IVER HENDRICKSON

6. DATE OF BIRTH (month, day and year) JULY6th 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 7 | 18 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) DENMARK

PARENTS

10. NAME OF FATHER PETER MADSEN

11. BIRTHPLACE OF FATHER (city or town) (State or Country) DENMARK

12. MAIDEN NAME OF MOTHER ~~CHRISTENCHRIST~~ KATHERINE CHRISTOFFERSON

13. BIRTHPLACE OF MOTHER (city or town) (State or County) DENMARK

14. Informant LESTER HENDRICKSON
(Address) FARNUM IDAHO

15. Filed 2/26/34 LEWIS KISER Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH FEB. (Month) 25th/1934 (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1934, to Feb 25, 1934, that I last saw h.. alive on Feb 25, 1934, and that death occurred, on the date stated above, at 3-A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cancer of right breast

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) C. A. Thayer, M. D.
Feb 25, 1934 (Address) Ashton Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| ASHTON IDAHO. | 2/27th1934 |

20. Undertaker LEWIS KISER Address ASHTON IDAHO

RECEIVED APR 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88247

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

## PLACE OF DEATH

City ~~or~~ County of Emmett
City ~~or~~ County of Ada

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Woods

(a) Residence. No. Ola St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Edith Woods

6. DATE OF BIRTH (month, day, and year): June 9 - 1887

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Stockman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: Joseph Woods
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Anna Sheldon
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Edith Woods Ola Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sweet Idaho Date 3/15, 1934

19. UNDERTAKER (Address): C. D. Buckendorf Emmett Idaho

20. FILED ....., 193... J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 193X, to March 13, 193X.
I last saw him alive on March 12 193X.: death is said to have occurred on the date stated above, at 12-30 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 3-12-34 |
| Coronary Thrombosis | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. Reynolds, M. D.
(Address) Emmett

FORM V. S. No. 5-25 M. 1-39.

RECEIVED MAR 10 1934

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. .....

Local Registrar's No. 88248

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

**1. PLACE OF DEATH**

County of Ada

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No. .....

Primary Registration District No. 6

(No. ..... St.)

**2. FULL NAME** Lois Helen Holcomb

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

**3. SEX** Female

**4. COLOR OR RACE** White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (Write the word) Single

**6. DATE OF BIRTH** Nov 8 (Month) (Day) 1925 (Year)

**7. AGE** 8 Yrs. 4 Mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

**8. OCCUPATION**

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business or establishment in which employed (or employer) .....

**9. BIRTHPLACE** (State or Country) St Anthony Ida

**10. NAME OF Father** Wm N. Holcomb

**11. BIRTHPLACE OF FATHER** (State or Country) Hadley Neb

**12. MAIDEN NAME OF MOTHER** Ena Steinman

**13. BIRTHPLACE OF MOTHER** (State or Country) Polen Germany

**14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Wm N. Holcomb

(Address) Emmett Idaho

**15.** Filed 3-14- 1934 J. L. Reynolds Local Registrar

## MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH** 3 - 11 1934 (Month) (Day) (Year)

**17. I HEREBY CERTIFY, That I attended deceased from** Mar. 8 1934, to Mar. 11th 1934, that I last saw her alive on Mar 10th 1934, and that death occurred on the date stated above, at 9-30 A.M.

**The CAUSE OF DEATH* was as follows:**

Lobar Pneumonia

.....

.....

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) Chorea

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Reynolds M. D.

3/14 1934 (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18. LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

**19. PLACE OF BURIAL OR REMOVAL** Emmett Cemetery

**DATE OF BURIAL** 3-14 1934

**20. UNDERTAKER** Jane L. Cave

**ADDRESS** Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 88249

Local Registrar's No. 267

(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Waustrom

(a) Residence. No. Gooding St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Karin Waustrom

6. DATE OF BIRTH (month, day, and year): May 18 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 9 | 12 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: -
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Alfta Sweden

FATHER
13. NAME: Eric Waustrom
14. BIRTHPLACE (city or town) (State or country): alfta Sweden

MOTHER
15. MAIDEN NAME: Christine -
16. BIRTHPLACE (city or town) (State or country): alfta Sweden

17. INFORMENT (Address): Gus Waustrom

18. BURIAL, CREMATION, OR REMOVAL
Place Gooding Date 3-4, 1934

19. UNDERTAKER: A E Thompson
(Address) Gooding Idaho

20. FILED 3-31, 1934 J A Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1934, to 3-2-, 1934
I last saw him alive on 3-2, 1934: death is said to have occurred on the date stated above, at noon m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | 7 |
| Uremic suppression | 1 7 |
| Uremic convulsions | 3-2 |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J A Cromwell, M. D.
(Address) Gooding Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88250

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 266

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond William Homer

(a) Residence. No. Gooding St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 25 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding Ida

FATHER

13. NAME John W. Homer

14. BIRTHPLACE (city or town) (State or country) Smithfield Utah

MOTHER

15. MAIDEN NAME Norma Farrer

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Father - (John W Homer)

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 3-9, 1934

19. UNDERTAKER Olson & Sons
(Address)

20. FILED 5-31-, 1934 J H Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1934, to 3-7, 1934

I last saw him alive on 3-7, 1934; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital heart disease | birth |
| "Blue baby" | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J H Cromwell, M. D.

(Address) Gooding

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU-PATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 88251

Local Registrar's No. 271

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Van Fuller

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16-1838

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 95 | 3 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Southern States
(State or country)

FATHER

13. NAME Hump Fuller

14. BIRTHPLACE (city or town) Don't Know
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town)
(State or country) " "

17. INFORMENT Mrs. Grace Shaffer (Daughter)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED 4-1-, 193 J. H. Counsell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 193

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old Age | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. E. Hanner, Coroner, M. D.

(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88252

**PLACE OF DEATH**
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 270
(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Mrs O. L. Chelley

(a) Residence. No. Edie Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmal
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Oliver L. Chelley

6. DATE OF BIRTH (month, day, and year): Mar 25 1866

7. AGE: Years 68 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
13. NAME: John Harris
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs. Robt Smith

18. BURIAL, CREMATION, OR REMOVAL Place: Spokane Date 3-27 1934

19. UNDERTAKER (Address):

20. FILED 3-31-, 1934 J. H. Crouncell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-25 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1934, to March 25, 1934
I last saw h[illegible] alive on March 25, 1934; death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion of brain | 3 P.M. |
| Basal Skull fracture | 3-25-34 |
| Accident - Automobile wreck | |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-25, 1934
Where did injury occur? 6 miles west of Gooding on highway no 30
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place - i.e. on highway
Manner of injury Accidental - Car wreck
Nature of injury Cerebral concussion & skull fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) Gooding Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88253

**PLACE OF DEATH**
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 269
(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl Delose Knight

(a) Residence. No. ____ Gooding, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Mattie A. Knight

6. DATE OF BIRTH (month, day, and year) May 11, 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| 51 | 51 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) Dec. 20, 1933

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) Carbondale
(State or country) Kansas

FATHER

13. NAME Isaac A. Knight

14. BIRTHPLACE (city or town) ____
(State or country) Evansville, Ind.

MOTHER

15. MAIDEN NAME Marie E. Kurtz

16. BIRTHPLACE (city or town) ~~Not Given~~
(State or country) Evansville Ind.

17. INFORMENT Mrs. Earl Knight
(Address) Gooding Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Bellwood Date 3-25, 1934

19. UNDERTAKER E. Thompson
(Address) Gooding Idaho

20. FILED 4-1, 1934 J. H. Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933, to 3-23, 1934
I last saw him alive on 3-23, 1934; death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholelithiasis | about 4 years |
| Cholecystitis | |
| Cholecystectomy | 3-20-34 |
| Peritonitis | 3-21-34 |

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 3-20-34
What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. H. Cromwell, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88254

**PLACE OF DEATH**
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 268

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Young Mason

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) June 13-1902
7. AGE: Years 31 - Months 8 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth Utah

FATHER
13. NAME Jesse G. Mason
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Laura L. Estep
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Jesse G. Mason

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED 3-31-, 193 J. A. Conway Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-4- 193

22. I HEREBY CERTIFY, That I attended deceased from 3-4-, 193, to 3-4-, 193
I last saw h. alive on , 193: death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally Killed in automobile wreck | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? Hiway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Auto wreck
Nature of injury Instantly fatal

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Manning Coroner M. D.
(Address) Gooding Idaho

FORM V. S. No. 5-25 M. 1-19.

RECEIVED 1934

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of White Bird

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 103

Primary Registration District No. 2181

(No. ..... , ..... St.)

File No. 88255

Registered No. 70

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Betty Louise Shuck.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Feb. 27 1934 (Month) (Day) (Year)

7. AGE: ..... Yrs. ..... Mos. 19 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business or establishment in which employed (or employer) —

9. BIRTHPLACE (State or Country) Grangeville Idaho.

10. NAME OF FATHER Monte Shuck.

11. BIRTHPLACE OF FATHER (State or Country) Idaho.

12. MAIDEN NAME OF MOTHER Neva Rhoades.

13. BIRTHPLACE OF MOTHER (State or Country) Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Monte Shuck.

(Address) White Bird, Idaho.

15. Filed Apr. 6 1934 B Chapman Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 18 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 17 1934 to March 18 1934 that I last saw her alive on March 1 1934 and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

This baby on road to my office died. I feel it was a thymus death, due to history.

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Dupation) ..... yrs. ..... mos. ..... ds.

(Signed) Harley F. Orr M. D.

3/18 1934 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grangeville Idaho. DATE OF BURIAL: 3-28 1934

20. UNDERTAKER: Hancock Grangeville Ida. ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED APR 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88256

**PLACE OF DEATH**

County of Idaho
City of Grangeville
Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 75
(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. James Lyon 91b

(a) Residence. No. White Bird St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Lyon

6. DATE OF BIRTH (month, day, and year) June 5, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME James Lyon

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Sarah Kelsey

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Minnie Lyon
(Address) Enterprise, Oregon

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Joseph, Oregon Date 3/19/1934

19. UNDERTAKER Adams Undertaking
(Address) Grangeville, Idaho

20. FILED Apr 10, 1934 R. C. Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1934, to 3-17, 1934

I last saw him alive on 3-17, 1934 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Nephritis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) R. C. Chapman, M. D.
(Address) Grangeville, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR [illegible] 1934

# PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 74

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 88257

2. FULL NAME Wysiness Ledford

(a) Residence. No. Kooskia St. 111

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2. 1900

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 34 | 2 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) F. McNeil Lewiston Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Boston Wash Date 3/12 1934

19. UNDERTAKER (Address) Gleason Auto Grangeville Idaho

20. FILED Apr. 6 ..., 1934 B. C. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-19 ....., 1934, to 3-10 ....., 1934.

I last saw him alive on 3-10..., 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Gastric Ulcer | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) B. C. Chapman, M. D.

(Address) Grangeville

RECEIVED APR 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88258

Registration District No. 10 3

Primary Registration District No. 2181

Local Registrar's No. 72

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charley Eckler

(a) Residence. No. Co. Poor Farm Grangeville St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| unknown | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Apr 1, 1934

19. UNDERTAKER Gilmore & Gilmore (Address)

20. FILED Apr 6, 193 4 B. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar., 193 3., to Mar 31., 193 4.

I last saw h. alive on Mar 30., 193 4.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) B. C. Chipman, M. D.

(Address) Grangeville Ida.

RECEIVED APR 11 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE
State File No. 88259

Local Registrar's No. 71

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada H. Smith

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) May 2, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Chris Herrold

14. BIRTHPLACE (city or town) Ind
(State or country)

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Ada Cyr
(Address) Grangeville, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ xxxxxxxxxxxx
Place Grangeville Date March 14, 193

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Apr 16, 1934 Dr. B. Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 26 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw ~~her~~ alive on Feb. 26, 193~~4~~. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) B. Chapman M. D.
(Address) Grangeville, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE

State File No. 88260

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Creg Harbison

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mollie Harbison

6. DATE OF BIRTH (month, day, and year): 2/11/60

7. AGE — Years: 74 | Months: 1 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Richmond Missouri

FATHER

13. NAME: David Harbison

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Eliza Creg

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Mollie Harbison Grangeville

18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville Date: March 23 1934

19. UNDERTAKER (Address): C. A. Hancock Grangeville Idaho

20. FILED: Apr. 6., 1934. B. C. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/22/1934

22. I HEREBY CERTIFY, That I attended deceased from Consultation only 3-20-, 193.., to 3-22-, 1934.

I last saw h...alive on 3-21-, 1934.: death is said to have occurred on the date stated above, at 3-35-a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Renal Cardiovascular disease | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: ..... Date of: .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Neely F. Orr M. D.

(Address) Cottonwood, Ida.

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Idaho

City of Fenn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88261

Registration District No. 105

Primary Registration District No. 2134 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Etta Chase

(a) Residence. No. 8 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Geo. R. Chase

6. DATE OF BIRTH (month, day, and year): 12/19/1887

7. AGE: Years 46 | Months 2 | Days 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Alcester S. D.

MOTHER

13. NAME: John Callan

14. BIRTHPLACE (city or town) (State or country): Minnesota

15. MAIDEN NAME: Ruth Sedgwick

16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Geo. R. Chase

18. BURIAL, CREMATION OR REMOVAL
Place: Evansville Date: March 16 1934

19. UNDERTAKER (Address): C. A. Hancock Evansville Idaho

20. FILED 3/14, 1934. W. F. Orr per J. G. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/14/1934

22. I HEREBY CERTIFY, That I attended deceased from 1924 to present time, 193..., to ..., 193.4.

I last saw her alive on ..., 1934.: death is said to have occurred on the date stated above, at 8-35 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis with valvular disease | 1924 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Nephritis with hypertension | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley F. Orr, M. D.

(Address) Caldwell Idaho

RECEIVED APR 5 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88262

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 9

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Logan Wortman

(a) Residence. No. Cottonwood Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 15 1861

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 72 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pattensburg
(State or country) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Dakie Kincaid
(Address) Cottonwood Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 3-6, 1934

19. UNDERTAKER Glenn Allor
(Address) Grangeville Idaho

20. FILED 3-26, 1934 W. F. Arr
per D.B. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 24, 1934.

I last saw him alive on March 23 1934: death is said to have occurred on the date stated above, at 8:40 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (Lobar) | 3-20-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Influenza | |
| Arteriosclerosis | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. D. Shannon, M. D.

(Address) Grangeville, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Idaho
City of Clearwater

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE
State File No. 88263

Local Registrar's No. 363

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Brotnov

(a) Residence. No. St. Clearwater Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Elizabeth Brotnov

6. DATE OF BIRTH (month, day, and year) Oct 1-1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 4 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb 16 34
11. Total time (years) spent in this occupation 17½

12. BIRTHPLACE (city or town) (State or country) Hawley Minn.

FATHER
13. NAME Mikal Brotnov
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Margaret Brotn
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mamie Elizabeth Brotnov Clearwater Ida

18. BURIAL, CREMATION, OR REMOVAL Place Clearwater Date Feb 18, 1934

19. UNDERTAKER (Address) Jo Tunary Moscow

20. FILED Feb 18, 1934 J M Robertsons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1934, to Feb 17th, 1934
I last saw him alive on Feb 17, 1934: death is said to have occurred on the date stated above, at 345 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion of brain due to falling tree | |
| Other contributory causes of importance: Injured at 4 PM - unconscious and died 345 a m | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury Feb 16, 1934
Where did injury occur? Clearwater Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Cutting trees for firewood in woods
Manner of injury By falling tree
Nature of injury Blow on head

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify farmer falling tree
(Signed) H W W Whitworth, M. D.
(Address) Stites Idaho

FORM V. S. No. 5-25 M. 1-19

RECEIVED

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
(No. ..... , ..... St.)

File No. 88264
Registered No. 5

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Idaho

City of Ferdinand

2. FULL NAME Franck Clemens Frei

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED |
|---|---|---|
| M. | W. | Single (Write the word.) |

6. DATE OF BIRTH: Feb. (Month) 7 (Day) 1934 (Year)

7. AGE: — Yrs. — Mos. 16 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ferdinand, Ida.

10. NAME OF FATHER Wm Frei

11. BIRTHPLACE OF FATHER (State or Country) Switzerland

12. MAIDEN NAME OF MOTHER Elizabeth Staab

13. BIRTHPLACE OF MOTHER (State or Country) Perham, Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Frei
(Address) Ferdinand

15. Filed Mar. 2 1934 H. J. Orr per D.B. Local Registrar

## MEDICAL CERTIFICATE OF DEATH 206

16. DATE OF DEATH: Feb. (Month) 23 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1934, to Feb. 23 1934, that I last saw him alive on Feb. 22 1934, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage, due to birth injury. Neglected transverse Presentation — Version podalic.
..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Healey F. Orr, M. D.
2/23 1934 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? .....
Former or usual residence .....

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Ferdinand, Ida. | Feb. 25 1934 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Father Keyes | Ferdinand |

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED APR 5 193

FORM V. S. 10-A—REVISED 1933

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2182
File No. 88265
Registered No.

1. PLACE OF DEATH
County of Idaho
City of Cottonwood (Grace Lodge of Consolation Institution)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Lena Hanes
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word.)

6. DATE OF BIRTH: May (Month) 27 (Day) 1856 (Year)

7. AGE: 78 Yrs. 9 Mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Aachen, Germany

10. NAME OF FATHER: Louis Rutten

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Elizabeth

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mike Lanagan
(Address) Ferdinand, Idaho

15.
Filed Mar. 1 1934
W. F. Orr
per J.B. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

131

16. DATE OF DEATH: March (Month) 1 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan - 15 1934 to March 1 1934
that I last saw h.er alive on Mar. - 1 1934
and that death occurred on the date stated above, at 8:30 A.M.
The CAUSE OF DEATH* was as follows:
Chronic Pyonephrosis
Myocarditis

(Duration) 3 Yrs. ..... mos. ..... ds.
Contributory (Secondary) Senility
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harley F. Orr, M. D.
3/1 1934 (Address) Cottonwood Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lewiston, Ida. | 3-5 1934 |
| 20. UNDERTAKER | ADDRESS |
| Glenn Ailor | Lewiston |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88266

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 7

## PLACE OF DEATH

County of J Dohs
City of Green Creek

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marcella Dorene Margaret Proulmon

(a) Residence. No. Greencreek Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 | 10 | 23 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Greencreek Idaho

PARENTS

10. NAME OF FATHER Joseph J. Proulmon

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Effingham Illinois

12. MAIDEN NAME OF MOTHER Mary Lucy Nuckolls

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Green Creek Idaho

14. Informant Joe Wossmuller
(Address) Green Creek Idaho

15. Filed Mar 12, 1934 N. J. Orr per I. B. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 11 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November, 1933, to Feb, 1934, that I last saw her alive on Feb 2, 1934 and that death occurred, on the date stated above, at 6 00 m.

The CAUSE OF DEATH* was as follows:

Eclampsia interfered Nephritis
Acute Parenchymatous.
N. J. Orr
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)
Scarlet Fever (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Nampa

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Autopsy no

(Signed) J. D. Shumack, M. D.

Mar. 12, 1934 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, ~~Cremation, or Removal~~ | Date of Burial |
|---|---|
| Green Creek, Idaho | Mar 13 1934 |
| **20. Undertaker** | **Address** |
| Father Baerlocher | Green Creek Ida. |

RECEIVED MAR 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88267

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 15
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

13

2. FULL NAME Frank Sylvester Clifford.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 8, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 0 | 1 | 16 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Babe
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Millville, Utah.

PARENTS

10. NAME OF FATHER Melvin Clifford.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Grant, Idaho.
12. MAIDEN NAME OF MOTHER Elva Clifford.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Millville, Idaho.

14. Informant Melvin Clifford
(Address) Lorenzo, Idaho. R. #1

15. Filed Mar 24, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 24, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1934 to Mar 24, 1934
that I last saw h. on alive on Mar 24, 1934
and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:
Acute Gastro-enteritis

.....(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Anderson, M. D.

Mar 24, 1934 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Shelley, Idaho. | 3/26/34 19 |

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88268

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Jane Hart.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John W. Hart.

6. DATE OF BIRTH (month, day and year) March 21, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 11 | 18 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Centerville, Utah.

PARENTS

10. NAME OF FATHER Chas. Hogge.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Ann Stanger.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant John W Hart
(Address) Rigby, Idaho.

15. Filed Mar 11, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 10, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1934, to Mar 10, 1934
that I last saw her alive on Mar. 10, 1934
and that death occurred, on the date stated above, at 4 P.M. m.
The CAUSE OF DEATH* was as follows:
Immediate cause
Myocardial failure
Ca of Stomach.
(duration) 6 yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? X-ray
(Signed) W. C. Hillwest, M. D.
3/12, 1934. (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Annis, Idaho. | 3/13.34 19 |
| 20. Undertaker A B Eckersell. | Address Rigby |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88269

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marilynne Eckersell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 5 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 16, 1924

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 9 | 5 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho.

PARENTS

10. NAME OF FATHER Adam Berdett Eckersell.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rigby, Idaho.

12. MAIDEN NAME OF MOTHER Pearl Thomson.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rexburg, Idaho.

14. Informant C W Eckersell
(Address) Rigby, Idaho.

15. Filed March 14th 34, 19.... C W Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13th 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 19th, 1934, to March 13th, 1934
that I last saw her alive on March 13th, 1934
and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:
Acute Myocarditis &
Endocarditis

(duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Rheumatic fever
(duration) yrs. 5 mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Symptoms & W. R. Test

(Signed) ..... M. D.
March 14, 1934 (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho. | 3/17 1934 |

20. Undertaker C W Eckersell — Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED ... R 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 88270

PLACE OF DEATH

County of Jefferson
City of Rigby
Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 14
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elda Long

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 7. 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 2 | 15 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Rigby.
(State or country) Idaho

PARENTS

10. NAME OF FATHER Glenn Christenson Long
11. BIRTHPLACE OF FATHER (city or town) Rexburg
(State or Country) Idaho
12. MAIDEN NAME OF MOTHER Hazel Almeda Hymas
13. BIRTHPLACE OF MOTHER (city or town) Perry
(State or Country) Idaho

14. Informant L C Long
(Address) Rigby Idaho RI

15. Filed 3-27, 1934 C O Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March (Month) 22 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934 to Mar 22, 1934
that I last saw h[illegible] alive on Mar 18, 1934
and that death occurred, on the date stated above, at 1:55 AM m.
The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) hydrocephalus
(duration) yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical
(Signed) H P Ray Kate[illegible] M. D.
Mar 22, 1934 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Sugar City, Idaho | 3-24 1934 |
| 20. Undertaker | Address |
| L M Madden | Rigby Ida |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88271

Registration District No. 22
Primary Registration District No. 1412 Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Hutton Emery

(a) Residence. No. Kendrick St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Rogers

6. DATE OF BIRTH (month, day, and year) April 24 1883

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 50 | 10 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Bookkeeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Bank
10. Date deceased last worked at this occupation (mo. and yr.) 2/28/34
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Oxford Iowa

FATHER
13. NAME Charles T. Emery
14. BIRTHPLACE (city or town) (State or country) Quincy Ill.

MOTHER
15. MAIDEN NAME Marguret Hutchison
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) J. H. Emery. Marlin Wash

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Clarkston Wn Date 3/13, 1934

19. UNDERTAKER (Address) H.R. Merchant Clarkston Wn

20. FILED Mar 12, 1934 B.P. Neabit
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1933., to Mar. 10., 1934.
I last saw him alive on Mar. 10 1934.: death is said to have occurred on the date stated above, at 6:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Pneumonia | |
| Emphysema | 1931 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Uremia | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis Ex. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Thomas Emery M. D.
(Address) Kendrick, Idaho

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88272

**PLACE OF DEATH**

County of LATAH

City of KENDRICK

Registration District No. 63

Primary Registration District No. 2143

Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HERMAN HUBERT SPARBER

(a) Residence. No. [redacted] St.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of [redacted] PAULINE SPARBER

6. DATE OF BIRTH (month, day and year) March 13th 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____hrs. or ____min. |
|---|---|---|---|---|
| | 85 | | 15 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer his own

9. BIRTHPLACE (city or town) (State or country) GERMANY

PARENTS

10. NAME OF FATHER ERNEST SPARBER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) GERMANY

12. MAIDEN NAME OF MOTHER FREDRICA FALKNER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) GERMANY

14. Informant MRS PAULINE SPARBER

(Address) KENDRICK, IDAHO

15. Filed MAR 29th, 1934 B. F. Nesbit. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 28 th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1933, to May 5, 1933 that I last saw him alive on May 5, 1933 and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Arteriosclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. ex.

(Signed) D A Christensen M. D.

Mar 30, 1934 (Address) Kendrick, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| KENDRICK CEMETERY | |
| 20. Undertaker J. J. PICKERD | Address TROY, Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6 1
Primary Registration District No. 1 6 1 1 Local Registrar's No. 26

DO NOT WRITE IN THIS SPACE
State File No. 88273

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dale La Verne Larson

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred, yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 16, 1934

7. AGE — Years | Months | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Moscow, Idaho

MOTHER/FATHER

13. NAME: Truman A. Larson
14. BIRTHPLACE (city or town) (State or country): Deadwood, S. Dakota

15. MAIDEN NAME: Sylvia Spring
16. BIRTHPLACE (city or town) (State or country): Ervin, Wash.

17. INFORMANT (Address): Truman A. Larson, Moscow, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Spokane, Wash. Date: 3/29, 1934

19. UNDERTAKER (Address):

20. FILED: 4/9, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/28 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16 1934, to 3-28, 1934
I last saw him alive on 3-27, 1934: death is said to have occurred on the date stated above, at 10.9 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enlarged Thymus | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Was a Blue baby at birth | |
| | |

Name of operation: none Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Joseph H. Wilson M. D.
(Address) Moscow, Ida.

RECEIVED APR 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88274

Registration District No. 61

Primary Registration District No. 10 11 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Dahl Ostroot

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth 51 yrs. mos. ds.

50

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E.E. Ostroot

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1872

7. AGE — Years: 61 — Months: 6 — Days: 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER

13. NAME Peter Dahl

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME Lene Ulvemidet

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): E.E. Ostroot, Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date 4/2, 1934

19. UNDERTAKER (Address): [illegible]

20. FILED 4-9, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1934, to March 30, 1934.
I last saw her alive on March 29, 1934; death is said to have occurred on the date stated above, at 1:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma uterus | |
| Broad ligament | 1933 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |
| | May 1933 |

Name of operation Hysterectomy & Exploration Date of Feb. 1934

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury .., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.

(Address) Moscow, Ida.

RECEIVED APR [illegible]

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88276

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 18
(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Johann

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 1, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho

FATHER

13. NAME Benard Theo. Johann

14. BIRTHPLACE (city or town) (State or country) Genesee, Ida.

MOTHER

15. MAIDEN NAME Gertrude Springer

16. BIRTHPLACE (city or town) (State or country) Genesee, Ida.

17. INFORMANT Benard Theo. Johann
(Address) Genesee, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Genesee Date 3/4/..., 1934

19. UNDERTAKER .....
(Address)

20. FILED 4-9.., 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/1/34, 193..., to 3/2/34, 193...
I last saw him alive on 3/2/34 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) D. O. [illegible] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88277

Registration District No. 6-1

Primary Registration District No. 10-11 Local Registrar's No. 19

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Garner Miller

(a) Residence. No. 232 N. Jefferson st. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelyn DePew Miller

6. DATE OF BIRTH (month, day, and year): June 2, 1866

7. AGE: Years 67 | Months 9 | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Dean of the School of Forestry

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: at University of Idaho

10. Date deceased last worked at this occupation (mo. and yr.): 2/28/34

11. Total time (years) spent in this occupation: 17 years

12. BIRTHPLACE (city or town) (State or country): Lanark Ill.

FATHER

13. NAME: Isaiah Miller

14. BIRTHPLACE (city or town) (State or country): Hagerstown Md.

MOTHER

15. MAIDEN NAME: Isabel Jane Mofett

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): MRs. F.G. Miller Moscow, Idaho

18. [illegible] FOR REMOVAL
Place Seattle Date 3/9, 1934

19. UNDERTAKER (Address): H.R. Short Moscow, Idaho

20. FILED 4-7, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/8 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1934, to March 8, 1934.

I last saw him alive on March 7 1934; death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio Vascular renal disease with Cardiac decompensation | 1 Week |
| Pneumonia Influenza | " " |

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. none
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Joseph C. Wilson M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88278

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 20

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Jane Veatch

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Veatch

6. DATE OF BIRTH (month, day, and year)
Mar. 20, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 11 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bay City, Mich.

FATHER

13. NAME David Y. Atkins

14. BIRTHPLACE (city or town) (State or country) Clyde, Mich.

MOTHER

15. MAIDEN NAME Mary Jane Heary

16. BIRTHPLACE (city or town) (State or country) Ann Arbor, Mich.

17. INFORMANT Fred Veatch
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 3/18, 1934

19. UNDERTAKER .....
(Address)

20. FILED 4-9, 1934 .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/16/1934

22. I HEREBY CERTIFY, That I attended deceased from August, 1933, to Mar. 16, 1934.
I last saw her alive on Mar. 13, 1934: death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Lead | |
| of Pancreas | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Jaundice | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) D. Armstrong, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

FILED

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88279

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 21

(No. Latah County Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

1-a

2. FULL NAME Ande Meyer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 12, 1852

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) County records

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Genesee, Idaho Date 3/21, 1934

19. UNDERTAKER (Address)

20. FILED 4-9, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/18 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-11-34, to 3-18-34

I last saw him alive on 3-11-34; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 3-18-34 |
| With Paralysis | |
| of Extremities | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation... none Date of... Clinical

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Joseph G. Wilson M. D.

(Address) Moscow, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

## PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88280

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Tierney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Tierney

6. DATE OF BIRTH (month, day, and year)
Jan. 20, 1858

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cresco,
(State or country) Iowa

MOTHER FATHER

13. NAME Martin Drew

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mike Tierney
(Address) Moscow, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 3/20, 1934.

19. UNDERTAKER .....
(Address)

20. FILED 4-9, 1934 J. Lundquist Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-18-, 1934, to ....., 193....
I last saw her alive on ....., 193.... death is said to have occurred on the date stated above, at 3:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pike had just died when I was called to see her. Death was sudden & probably due to Cerebral hemorrhage | |
| Other **contributory causes** of importance: or Coronary occlusion | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph G. Wilson, M. D.
(Address) Moscow, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 88281

Local Registrar's No. 2K

(If death occurred in a hospital or institution, give its name instead of street and number) Gritman Hospital (No. )

2. FULL NAME Carrie Muriel Cameron

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur R. Cameron

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1905

7. AGE — Years: 28 | Months: 5 | Days: -- | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blaine, Idaho

FATHER

13. NAME Peter Petersen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Laura Mortensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Arthur R. Cameron Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 3/27, 193 4

19. UNDERTAKER (Address)

20. FILED 4-9, 193 4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 25, 193 4

22. I HEREBY CERTIFY, That I attended deceased from March 22, 193 4, to March 25, 193 4

I last saw her alive on March 22, 193 4; death is said to have occurred on the date stated above, at 4:20 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Complications | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |
| | |

Name of operation: Blood Culture Date of: Mar 23 34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address) Moscow Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88282

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 25

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Flora Pearl Hunt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas J. Hunt

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Colfax (State or country) Wash.

FATHER

13. NAME Dave A. Beasley

14. BIRTHPLACE (city or town) ..... (State or country) Ten.

MOTHER

15. MAIDEN NAME Nancy Lloyd

16. BIRTHPLACE (city or town) ..... (State or country) Oregon

17. INFORMANT ..... (Address) T.J. Hunt Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Colfax, Wash. Date 3/31, 193 4

19. UNDERTAKER ..... (Address) .....

20. FILED 4/9, 193 4 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 193 4, to 3-28, 193 4

I last saw her alive on 3-28, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | fme 3-25-34 |
| Cirrhosis | 1 Week |
| Diabetes Mellitus | fme 1916 |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation... none Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Joseph E. Wilson, M. D.
(Address) Moscow, Ida.

RECEIVED MR 15 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88284

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah E Bellomy

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: W.S. Bellomy

6. DATE OF BIRTH (month, day, and year): Feb 8 1872

7. AGE — Years: 62 | Months: 0 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): W. Virginia

FATHER

13. NAME: Rudolph Hooser

14. BIRTHPLACE (city or town) (State or country): W Virginia

MOTHER

15. MAIDEN NAME: Susan Torgerson

16. BIRTHPLACE (city or town) (State or country): W Virginia

17. INFORMANT (Address): William S Bellomy

18. BURIAL, CREMATION OR REMOVAL
Place: Buckeye Cem Date: Mar 9, 1934

19. UNDERTAKER (Address): John J Pickerd

20. FILED Mar 8, 1934 Lucy M Pickerd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1927, 193..., to March 5th, 1934

I last saw h[illegible] alive on March 5 1934; death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | 1925 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. H. Weigel M. D.

(Address) Troy Idaho

RECEIVED 28 15

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE

State File No. 88285

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Wesley Read

164

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 6 - 1854

7. AGE — Years: 79 | Months: 4 | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Read

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Hester Truax

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): W. E. Durbin

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Mar. 9 1934

19. UNDERTAKER (Address): John J. Puckett Troy

20. FILED Mar. 8, 1934. Lucy M. Puckett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1934, to March 7th, 1934.
I last saw him alive on March 6 1934.: death is said to have occurred on the date stated above, at 7.A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of ..... No

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) Basil A. Weyer, M. D.

(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILED

**PLACE OF DEATH**

County of Latah

City of 3 mi. S.E. OF Farmington Wash.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 88286

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Layton Rowley

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar, 23.1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 0 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) Jan, 1933

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Castle Rock Wis.

FATHER

13. NAME W.L.Rowley

14. BIRTHPLACE (city or town) (State or country) Yorkville Ills,

MOTHER

15. MAIDEN NAME Sarah Ann Bennett

16. BIRTHPLACE (city or town) (State or country) Penn,

17. INFORMENT (Address) E.M.Rowley Farmington Wash

18. BURIAL, CREMATION, OR REMOVAL Place Oakesdale Wash, Date Apr. 8, 1934

19. UNDERTAKER D.D.Kimball (Address) Palouse Wash,

20. FILED April 8th, 1934 J.W. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24th, 1934, to April 6th, 1934

I last saw him alive on March 24th, 1934: death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | 1932. |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J.W. Thompson, M. D.

(Address) Potlatch, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Latah

City of Onaway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 88287

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredie Lee Needham

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 21. 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Onaway
(State or country) Idaho

FATHER

13. NAME Leroy Needham

14. BIRTHPLACE (city or town) Colfax
(State or country) Wash.

MOTHER

15. MAIDEN NAME Gorgian Cram

16. BIRTHPLACE (city or town) Penawawa
(State or country) Wash.

17. INFORMENT Leroy Needham
(Address) Onaway Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Idaho Date March 20 1934

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED March 24th, 1934 J. F. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~April 14th~~ March 17, 1934, to March 18th, 1934

I last saw him alive on ~~April 15th~~ March 15th, 1934; death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | March 12 |

Other contributory causes of importance:

✓

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

✓ If so, specify

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Near Princeton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
88288
State File No.

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matilda Curtis Depee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yr 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Embury Depee

6. DATE OF BIRTH (month, day, and year) Feb. 12. 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 1 | none | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home

10. Date deceased last worked at this occupation (month and year) Feb. 1934

11. Total time (years) spent in this occupation one

12. BIRTHPLACE (city or town) (State or country) Garland Kansas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Embury Depee Princeton Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash. Date March 15 1934

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash.

20. FILED March 15th, 1934 J. W. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 12 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6th, 1934, to March 12th, 1934

I last saw her alive on March 10th, 1934: death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy. | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F C Gibson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
88289
State File No.

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Zedeker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kittie Zedeker

6. DATE OF BIRTH (month, day, and year) Oct, 11. 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) April 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Muscatine
(State or country) Iowa

FATHER

13. NAME Zedeker

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Kittie Zedeker
(Address) Garfield Wash,

18. BURIAL, CREMATION, OR REMOVAL
Place Freeze Date April 11. 1934

19. UNDERTAKER D.D. Kimball
(Address) Palouse Wash,

20. FILED April 9th, 1934 J. M. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h... ✓ alive on ✓, 193...: death is said to have occurred on the date stated above, at 5.30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hypotency | 1933 |
| Coma | 1934 |
| Died Suddenly in Attack - | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J.M. Thompson, M. D.
(Address) Potlatch

RECEIVED APR 1 1934

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency, 1919.

# Washington State Board of Health

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Record No. 88290

Registered No.

1. PLACE OF DEATH

County of Latah

City or Town of Harrison

Registration Dist. No. 65 No. Primary dist. 2145 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Edith Jorgen Idaho 74

(a) Residence: No. 4 - mile E. on Harrison St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Jorgen

6. DATE OF BIRTH (month, day, and year) 1-25-1874

7. AGE 60 Years 1 Months 20 Days If LESS than 1 day, hrs, or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Latah County (State or country) Idaho

FATHER

13. NAME Charles F. Price

14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER

15. MAIDEN NAME Harriet J. King

16. BIRTHPLACE (city or town) Oregon (State or country)

17. INFORMANT J. J. Jorgen Harrison Wash (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Harrison Date 3-14, 1934

19. UNDERTAKER L. M. Snyder Harrison Wash (Address)

20. FILED 4/11, 1934 W. Jr. Thompson Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1934 to March 17, 1934

I last saw h alive on March 17, 1934, death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorage | |

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) J. J. Jorgen, M. D.

(Address) Harrington Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Lemhi

City of Leadore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 88291

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward McRea

(a) Residence. No. Leadore St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Vreeland

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|---|
| | 66 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Rancher

10. Date deceased last worked at this occupation (month and year) Mar. 1934

11. Total time (years) spent in this occupation 43 years

12. BIRTHPLACE (city or town) (State or country) Austin Peoria

FATHER

13. NAME George McRea

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Edward McRea Jr. Route 1 Leadore

18. BURIAL, CREMATION, OR REMOVAL Place Junction Cemetery Date Mar 9, 1934

19. UNDERTAKER W. C. Doelle (Address) Salmon Idaho

20. FILED April 11, 1934 Chas E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-17- 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 10-P- m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. C. Doelle Coroner M.D.

(Address) Salmon, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88292
State File No.

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Wyant

(a) Residence. No Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Clarance M. Wyant

6. DATE OF BIRTH (month, day, and year): Jan 29-1867

7. AGE: Years 67 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: about 30

12. BIRTHPLACE (city or town) (State or country): Union Neb

FATHER

13. NAME: William Statler
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Lucinda Statler
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Ella Wyant Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Salmon Ida Date: 3/18th, 1934

19. UNDERTAKER (Address): Ann C. Doelker Salmon Ida.

20. FILED April 11, 1934 Ann C. Doelker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-18-th 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1934, to Mar 15, 1934

I last saw he alive on Mar 15, 1934; death is said to have occurred on the date stated above, at 1-45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| Influenza | |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F S Wright, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2-16

DO NOT WRITE IN THIS SPACE
State File No. 88293

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rufus Edward Isley

(a) Residence. No. Salmon (Usual place of abode) St. Salmon, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Nov. 30, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 38 | 3 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Seamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Not Known

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Gallatin Tennessee

FATHER

13. NAME Francis Marion Isley

14. BIRTHPLACE (city or town) (State or country) Greensboro North Carolina

MOTHER

15. MAIDEN NAME Jessie May Wise

16. BIRTHPLACE (city or town) (State or country) Gallatin Tennessee

17. INFORMENT (Address) Winnie Isley La Mungan Salmon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 3/10", 1934

19. UNDERTAKER McDaniel (Address) Salmon Idaho

20. FILED April 11, 1934 Clio C. Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-9" 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1934 to Mar 8 1934

I last saw h alive on Mar 8, 1934: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 2/25/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Stanton, M. D.

(Address) Salmon, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 88291

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glenn Arthur Stroud

(a) Residence. No. Leadore, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lora Pearl Stroud

6. DATE OF BIRTH (month, day, and year) July 28th 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 4

11. Total time (years) spent in this occupation all the life

12. BIRTHPLACE (city or town) (State or country) Leadore Idaho

FATHER

13. NAME John David Stroud

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Virginia Bedford Turman

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMENT (Address) Lora Pearl Stroud Leadore Ida

18. BURIAL, CREMATION, OR REMOVAL Place Junction Ida Date 3/16, 1934

19. UNDERTAKER Jay C. Doeble (Address) Salmon Idaho

20. FILED April 11, 1934 Registrar. Manny

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 13 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1934 to March 13, 1934

I last saw h alive on March 13, 1934: death is said to have occurred on the date stated above, at 3.4 m.

The principal cause of death and related causes of importance were as follows:

| | Duration | Date of onset |
|---|---|---|
| Lobar pneumonia | 5 ds | 3/8/34 |
| and pericarditis | | |

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. E. Stallcup M. D.

(Address) Salmon, Ida

RECEIVED APR 15 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88295

PLACE OF DEATH

County of Lincoln
City of Richfield
Registration District No. 16
Primary Registration District No.
Local Registrar's No. 9

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Herman Funck.

(a) Residence. No. Rich field, Ida, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male, | White | Single Boy, |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 17/193-

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Boy,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Alvin Paul Funck,
14. BIRTHPLACE (city or town) Bellbay Kan (State or country) Wash,

MOTHER

15. MAIDEN NAME Dorothy, Engelke,
16. BIRTHPLACE (city or town) Pasco (State or country) Wash,

17. INFORMENT Alvin Paul Funck, (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address)

20. FILED 3/20, 1934 J. L. Fuller Registrar.
By A. M. Mahon

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/19, 193-, to 3/19, 193-

I last saw h- alive on 3/19, 193-: death is said to have occurred on the date stated above, at 10:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia. | 3/15/34 |

Other contributory causes of importance:

| | |
|---|---|
| Cold & Sprain, | |

Name of operation — Date of —

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193-

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at Stockdays Home,

Manner of injury No.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. L. Bell, M. D.

(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 15 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88296

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 10

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mathew Teller

(a) Residence. No. Rashaw St.
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

135

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 74; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do Land Yorkshire

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) A W Kennicke

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) A W Thompson

20. FILED 4/1, 1934 J L Fuller Registrar.
By Mrs Mathews Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to April 1st, 1934

I last saw him alive on April 1st, 1934; death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows: Gen Weakness — Date of onset Jan 1934

Other contributory causes of importance: Prostated Urinus

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J L Fuller M. D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88297

**PLACE OF DEATH**

County of Lincoln
City of Shoshone
Registration District No. 16
Primary Registration District No.
Local Registrar's No. 11

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stanley Boyd Grandstaff

(a) Residence. No. Richfield St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 17 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colesnark Idaho

FATHER

13. NAME Rufus Brandstaff

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Alice Campbell

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) David Evans

18. BURIAL, CREMATION, OR REMOVAL Place Rupert, Idaho Date Apr 3, 1934

19. UNDERTAKER (Address) C. E. Thompson

20. FILED 4/, 1934 J. L. Fuller Registrar.
By A. McMahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1934, to April 1, 1934

I last saw him alive on April 1, 1934: death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tubercular Pneumonia | March 23 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Obesity | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Dr. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. E. O'Barrett, M. D.

(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lewis
City of ~~Idaho~~. Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 21-29

DO NOT WRITE IN THIS SPACE
State File No. X 88298

Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Christina Dugger

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of James Patterson Dugger

6. DATE OF BIRTH (month, day, and year) Jan. 4 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 2 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butler,
(State or country) Tennessee

FATHER
13. NAME Joseph Smith Hatley
14. BIRTHPLACE (city or town) Watagua County
(State or country) North Carolina

MOTHER
15. MAIDEN NAME Catherine Green
16. BIRTHPLACE (city or town) Watagua County
(State or country) North Carolina

17. INFORMENT (Address) Winchester, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, Ida. Date 3-16, 1934

19. UNDERTAKER E. Lowe,
(Address) Craigmont, Ida.

20. FILED 3-16, 1934 R. E. Dunnaker
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. , 1934, to March 14, 1934
I last saw h[illegible] alive on March 8, 1934; death is said to have occurred on the date stated above, at 5:30 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Sclerosis | ? |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Collins, M. D.
(Address) Craigmont Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. .....

DO NOT WRITE IN THIS SPACE

State File No. 88299

Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles E Williams

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Bell Williams

6. DATE OF BIRTH (month, day, and year) Aug 31 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Lizzie Bell Williams Shoshone Ida

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Date 1/19, 1934

19. UNDERTAKER (Address) E. E. Hickok Shoshone Ida

20. FILED 1/19, 1934 L. Fuller, Registrar.
By A. M. Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 193.., to Jan 18, 193.4
I last saw h.. alive on Jan 17, 193.4: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ? |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Senility | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Dx. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T. E. Barnett, M. D.

(Address) Shoshone Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. .....

DO NOT WRITE IN THIS SPACE

State File No. 88300

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flora A. Myers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 17 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Garnett (State or country) Kan.

FATHER

13. NAME Jas. F. Simons

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMENT Frank Myers (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida. Date Feby 2, 1934

19. UNDERTAKER G. E. Lickley (Address) Shoshone Idaho

20. FILED 2/2, 1934 J. L. Fuller Registrar.

Post Office Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934 to Feb 1, 1934

I last saw her alive on Jan 31, 1934: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:.

| | Date of onset |
|---|---|
| Chronic Myocarditis | ? |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Senility | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) F. E. Barrett, M. D.

(Address) Shoshone Ida.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88301

**PLACE OF DEATH**
County of Lincoln
City of Shoshone
Registration District No. 16
Primary Registration District No.
Local Registrar's No. 4

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank M Crandall

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Carrie M Crandall

6. DATE OF BIRTH (month, day, and year) Nov 15 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME I S Crandall

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Campbell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Carrie M Crandall

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date 2-9, 1934

19. UNDERTAKER E E Fickes (Address) Shoshone Ida

20. FILED 2/9, 1934 J. L. Fuller Registrar.
By Deputy

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feby 7 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Feby 7, 1934
I last saw him alive on Feb 7, 1934: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, | 1933 |
| and arteritis | |
| Other contributory causes of importance: Cont & Dissipation. | |

Name of operation None Date of
What test confirmed diagnosis? Death Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. A. Hall, M. D.
(Address) Shoshone Idaho.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. .....

DO NOT WRITE IN THIS SPACE

State File No. 88302

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert S Withrow

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zida Withrow

6. DATE OF BIRTH (month, day, and year) Oct 24-1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Glenwood Iowa

FATHER

13. NAME Wm Withrow

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Anthony

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Zida Withrow

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date Feb 15, 1934

19. UNDERTAKER (Address) C E Hackett Shoshone Ida

20. FILED 2/14, 1934 J. D. Fuller Registrar.

Buried Mathews drp

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feby 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1934, to 2/13, 1934

I last saw her alive on 2/12, 1934; death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Suddenly |
| | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Sclerosis of Arteries | — |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Under Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C B Bell, M. D.

(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16
Primary Registration District No. ____ Local Registrar's No. 5

DO NOT WRITE IN THIS SPACE
State File No. 88303

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice A. Fuller

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J L Fuller

6. DATE OF BIRTH (month, day, and year) Oct 10 - 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 71 | 4 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Mo

FATHER
13. NAME Decker
14. BIRTHPLACE (city or town) (State or country) Marysville Ind

MOTHER
15. MAIDEN NAME Ida H Minor
16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMENT (Address) J L Fuller

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date Feb 15, 1934

19. UNDERTAKER C E Pickett (Address) Shoshone Ida

20. FILED 2/14, 1934 J L Fuller Registrar.
By A M Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Early, 1933, to Feb 13, 1934
I last saw her alive on Feb 10, 1934: death is said to have occurred on the date stated above, at 7 45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 4/1933 |
| Other contributory causes of importance: | |
| Hypertension | 1929 |

Name of operation ____ Date of ____
What test confirmed diagnosis? Dr ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) T E Barrett, M. D.
(Address) Shoshone Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai,

City of Coeur d'Alene,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. ____ Local Registrar's No. 8

DO NOT WRITE IN THIS SPACE

State File No. 88304

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice E. Giles,

(a) Residence. No. ____ Rockford, Idaho, St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female, | White, | Single, |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of No,

6. DATE OF BIRTH (month, day, and year) 3/13/34

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| ✓ | ✓ | ✓ | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No,

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) (State or country) Rockford Idaho,

FATHER

13. NAME unknown,

14. BIRTHPLACE (city or town) (State or country) unknown,

MOTHER

15. MAIDEN NAME Anna Gloy Giles,

16. BIRTHPLACE (city or town) (State or country) Rockford, Idaho,

17. INFORMENT (Address) Mr. Giles.

18. BURIAL, CREMATION OR REMOVAL Place Cemetery, Date ____, 193

19. UNDERTAKER (Address) J. L. Fuller

20. FILED 3/14, 1934 J. L. Fuller Registrar.

By Ruth Mahone D.R.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/13/34 3/13, 1934, to 3/13, 1934

I last saw her alive on 3/13, 1934; death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General weakness, | |

Other contributory causes of importance:

| | |
|---|---|
| Unknown. | |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify No, ____

(Signed) ____, M. D.

(Address) Coeur d'Alene Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88305

**PLACE OF DEATH**

County of Lincoln
City of Dietrich

Registration District No. 16
Primary Registration District No. ____ Local Registrar's No. 1

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond I Larson

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 21 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|
| # | 3 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Dietrich (State or country) Idaho

FATHER

13. NAME Francis K Larson

14. BIRTHPLACE (city or town) Grace (State or country) Ida

MOTHER

15. MAIDEN NAME Iadvaughn Gunig

16. BIRTHPLACE (city or town) Monpelier (State or country) Ida

17. INFORMENT Francis K Larson (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Date Jan 4, 1934

19. UNDERTAKER C E Tuttle (Address) Shoshone Ida

20. FILED 1/4, 1934 J. L. Fuller Registrar.
By A. M. Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933, to Jan 2, 1934

I last saw him alive on Jan 2, 1934; death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Bronchitis | Dec 30-33 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Double Otitis Media | Dec 25-33 |
| | |
| | |

Name of operation Paracentesis Date of Jan 2-34

What test confirmed diagnosis? C. S. Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) F. E. Burnett, M. D.

(Address) Shoshone Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 88306

Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Albrethsen

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Albrethsen

6. DATE OF BIRTH (month, day, and year) Feby 16 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 0 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederikshavn Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs Burt Calhoun Shoshone Ida

18. BURIAL, CREMATION, OR REMOVAL Place Hailey Ida Date Mar 14, 1934

19. UNDERTAKER C E Brakol (Address) Shoshone Ida

20. FILED 3/13, 1934 J. L. Fuller Registrar. By A Whitehead Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1934, to Mar 13, 1934

I last saw h alive on Mar 12, 1934; death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hypertension | |
| Arterio-sclerosis | |

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. E. Barrett, M. D.

(Address)

RECEIVED APR 11 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88307

County of Madison

City of Rexburg

Registration District No. 102

Primary Registration District No. 2178 Local Registrar's No. 14

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Infant Smith

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 21 - 1934

7. AGE — Years | Months | Days | If LESS than 1 day, 13 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg

FATHER

13. NAME Vern Smith

14. BIRTHPLACE (city or town) (State or country) Lyman Ida

MOTHER

15. MAIDEN NAME Vonda Montesano

16. BIRTHPLACE (city or town) (State or country) Salem Ida

17. INFORMANT (Address) Vern Smith Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 3-22, 1934

19. UNDERTAKER (Address) None

20. FILED 4-4, 1934 J. R. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1934, to Mar. 21, 1934.

I last saw her alive on Mar. 21 1934.: death is said to have occurred on the date stated above, at 11:20 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | |
| Premature | |
| (7 Months) Lived | |
| about 12 hrs. | |
| ..... | |
| ..... | |

Other **contributory causes** of importance:

| | |
|---|---|
| Mothers membranes | |
| ruptured & started | |
| labor in Labor | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. B. King, M. D.

(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88308

**PLACE OF DEATH**
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza Christensen Nelson

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of: Neli Nelson

6. DATE OF BIRTH (month, day, and year): Nov 29-1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 3 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Homewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brigham Utah

FATHER
13. NAME: Jens Christensen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Eliza Nilson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Neli Nelson Rexburg Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg Date: Mar. 15, 1934
19. UNDERTAKER (Address): Wells & Keller Rexburg, Ida.
20. FILED 4-4, 1934 J. O. Spencer Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to March 12, 1934
I last saw her alive on Feb 14, 1934: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| myocarditis | |
| | 1 year |

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury: , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
3/14/34 (Signed) Louis S. Rich, M. D.
(Address) Rexburg Idaho

RECEIVED APR 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88309

**PLACE OF DEATH**

County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 13

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles F. Cook

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mae Florence Thornton

6. DATE OF BIRTH (month, day, and year) Jan 11 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dingle Idaho
(State or country) Star Valley

FATHER

13. NAME David Franklin Cook

14. BIRTHPLACE (city or town) Cedar Point
(State or country) Utah

MOTHER

15. MAIDEN NAME Mariah Smith

16. BIRTHPLACE (city or town) Canada Floyd
(State or country) Utah

17. INFORMENT Charles F. Cook
(Address) Thornton Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Teton Ida. Date Mar 17, 1934

19. UNDERTAKER Nelson & Kelly
(Address) Rexburg Ida.

20. FILED 4-4, 1934 J. R. Symmes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Mar 14, 1934

I last saw ~~him~~ alive on Mar 14, 1934: death is said to have occurred on the date stated above, at 8-6 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Ulcerative Colitis | 3 To 4 years |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Parley Nelson, M. D.

(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

PLACE OF DEATH

County of Madison

City of Sugar City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88310

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 25

(No. ) 1092
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Rae Chrislensen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | — |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15-1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | — | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

FATHER

13. NAME Herman Christensen

14. BIRTHPLACE (city or town) Wale
(State or country) Utah

MOTHER

15. MAIDEN NAME Ellen Moon

16. BIRTHPLACE (city or town) Egin
(State or country) Idaho

17. INFORMENT (Address) Mrs Ellen Christensen Sugar City Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date 3/30, 1934

19. UNDERTAKER W. M. Hansen
(Address) St Anthony Idaho

20. FILED 4-4-, 1934 J. R. Young
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 25th, 1934, to Mar 28, 1934
I last saw h alive on Mar 27, 1934: death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Bronchio-pneumonia. | 3-19-34 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Parley Nelson M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1934

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No. 88311

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Alma Elliot Roylance

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ida Palina Roylance

6. DATE OF BIRTH (month, day, and year) Oct. 16 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Springville Utah

FATHER

13. NAME Alma Roylance

14. BIRTHPLACE (city or town) (State or country) Springfield Illinois

MOTHER

15. MAIDEN NAME Emma Smith Mendenhall

16. BIRTHPLACE (city or town) (State or country) Pottowattomie Iowa

17. INFORMENT (Address) Veda Roylance Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Date Mar. 27 1934

19. UNDERTAKER (Address) [illegible] Rigby Idaho

20. FILED 4-4-, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 21 1934

22. I HEREBY CERTIFY, That I attended deceased from like, 1933, to March, 1934

I last saw h/m alive on March 4, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio vascular renal disease. | |
| Nephritis. | 2 years. |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

3/22/34 (Signed) John A. Erickson, M. D.

(Address) Rexburg Idaho

RECEIVED APR 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88312

PLACE OF DEATH
County of Madison
City of Rexburg
Registration District No. 10E
Primary Registration District No. 2178 Local Registrar's No. 19
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gustav Eliot Widsteen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXXX~~ Erma Irene Widsteen. Reunion

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Watchmaker & Optometrist

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retail store

10. Date deceased last worked at this occupation (month and year) March 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME John Andreas Johnsen Widsteen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen Hagerup Villadsen

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. G. E. Widsteen Rexburg, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Ida. Date 4/3 193 4

19. UNDERTAKER (Address) C. B. Brotherson Rigby, Idaho

20. FILED 4-4-, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 31, 193 4

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 193 4, to March 31, 193 4
I last saw h~~im~~ alive on March 31, 193 4: death is said to have occurred on the date stated above, at 9:40 m. PM
The principal cause of death and related causes of importance were as follows: Date of onset

Haemorrhage Intestine,
Gall Bladder operation,

Other contributory causes of importance:

Name of operation Gall bladder Date of Mar. 8th
What test confirmed diagnosis? Blood [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Rexburg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Minidoka

City of Paul, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2115

DO NOT WRITE IN THIS SPACE

State File No. 88314

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emeline Swanner Staker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Staker

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Nurse 35yrs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pottawatomie Co. Iowa

FATHER

13. NAME Samael Swanner

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Ann Cole

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) Arnold Staker Paul Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER Jos. P. Payne
(Address) .....

20. FILED 4-4, 1934 O. W. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 1932 to April 3, 1934

I last saw her alive on April 1, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 3 yrs |

Other contributory causes of importance:

| | |
|---|---|
| Chronic nephritis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. W. Elmore, M. D.

(Address) Rupert, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE

State File No. 88315

Local Registrar's No. 15

(No. ) 146

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Viola Anderson Brower.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leondis Brower.

6. DATE OF BIRTH (month, day, and year) Oct 18th 1907.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 26 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Southjerdin Ogden
(State or country) Utah.

FATHER

13. NAME J. Levi Anderson

14. BIRTHPLACE (city or town) Southjerdin
(State or country) Utah.

MOTHER

15. MAIDEN NAME Carry Taylor.

16. BIRTHPLACE (city or town) Farwest
(State or country) Utah.

17. INFORMENT Leondis Brower.
(Address) Heyburn Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Heyburn Idaho Date 3-25, 1934

19. UNDERTAKER Jas. P. Payne
(Address) Burley Ida

20. FILED 4/3, 1934 A. E. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/2 —, 1934, to 3-23, 1934

I last saw h alive on 3/2, 1934: death is said to have occurred on the date stated above, at 2:00 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonal Tbc | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Minidoka

City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE

State File No. 88316

Local Registrar's No. 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elsie Torrens Peterson Nielson

(a) Residence. No. Paul St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas F. Nielson

6. DATE OF BIRTH (month, day, and year) April 12 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 11 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Dan C. Peterson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Sorgie - Don't know

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Thomas F. Nielson Paul Ida

18. BURIAL, CREMATION, OR REMOVAL Place Riverside Cem Date 3-28 1934

19. UNDERTAKER (Address) Pierce Rupert Ida

20. FILED 3-23, 1934 W. R. Simmons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934, to March 21, 1934

I last saw her alive on March 21, 1934; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 3-21-34 |

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Simmons, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88317

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME William P Gardner

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 28 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 5 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Parley A Gardner

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Elva Petterson

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Mrs Elva Gardner Rupert

18. BURIAL, CREMATION, OR REMOVAL Place Burley Cem. Date ....., 193..

19. UNDERTAKER W. A. Goodyman (Address) Rupert Idaho

20. FILED ....., 193.. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw h..... alive on ....., 193..: death is said to have occurred on the date stated above, at 8 30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun Shot Homocide | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homocide Date of injury 3-2, 1934

Where did injury occur? Rupert Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Goodyman Coroner, M. D.

(Address) Rupert Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88318

**PLACE OF DEATH**

County of Nez Perce

City of Spalding

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. ..... 162

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Frank

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 19, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spalding
(State or country) Idaho

FATHER

13. NAME Jones Frank

14. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

MOTHER

15. MAIDEN NAME Louise Blackhawk

16. BIRTHPLACE (city or town) Winona
(State or country) Idaho

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho Date Jan. 22 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Jan. ....., 1934 George Gaignard Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-20-, 1934, to 1-20-, 1934

I last saw him alive on 1-20-, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions | 1-21-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Lewiston, Idaho

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88319

PLACE OF DEATH
County of Nez Perce
City of Lapwai
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Powaukee

(a) Residence. No. Orofino, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Indian | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/17/23

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 10 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Orofino
(State or country) Idaho

FATHER

13. NAME Amos Powaukee

14. BIRTHPLACE (city or town) .....
(State or country) Washington

MOTHER

15. MAIDEN NAME Louise Adams

16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMENT Sanatorium Records
(Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ahsahka, Idaho. Date Jan. 29th, 1934.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Jan., 1934. George Gaigmard M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/26/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1933, to Jan. 26, 1934
I last saw her alive on Jan 26, 1934: death is said to have occurred on the date stated above, at 2:15a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 1/25/34 |
| Other contributory causes of importance: | |
| Childhood Tuberculosis | ?? |

Name of operation none Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FOR 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88320

**PLACE OF DEATH**

County of Nez Perce

City of Lapwai, Idaho

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Ezekiel

(a) Residence. No. Lapwai, Idaho St. 1612
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| - | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

FATHER

13. NAME Robert Ezekiel

14. BIRTHPLACE (city or town) (State or country) Kamaih Idaho

MOTHER

15. MAIDEN NAME Bessie Pinkham

16. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

17. INFORMENT (Address) Robert Ezekiel Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spalding, Idaho Date Feb. 14, 1934

19. UNDERTAKER Brower-Wann Co
(Address) Lewiston, Idaho

20. FILED Feb. 15, 1934 George Gaignard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-12-34 1934, to Feb 13-, 1934
I last saw h[illegible] alive on Feb 13-, 1934: death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| Lived 2 hours | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George Gaignard, M. D.
(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88321

PLACE OF DEATH
County of Nez Perce
City of Lapwai, Idaho
Registration District No. 125
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annabelle Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 11 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lapwai, Idaho

FATHER
13. NAME William Johnson
14. BIRTHPLACE (city or town) (State or country) Jacques Spur Idaho

MOTHER
15. MAIDEN NAME Lucy Hill
16. BIRTHPLACE (city or town) (State or country) Webb Idaho

17. INFORMENT (Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Webb, Idaho Date 2/10/34, 193

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Feb 10, 1934 George Graignard Registrar. M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1934, 193..., to Feb. 8, 34., 193...
I last saw her alive on Feb. 8, 1934, 193...: death is said to have occurred on the date stated above, at 4:44 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | ? |
| Broncho-pneumonia. | 2/7/34 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Ralph M alley, M. D.
(Address) Culdesac, Idaho
Physician

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 88322

Local Registrar's No.

(No. St. Joseph hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Hebart

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 1, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Wm Hebart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Wm Hebart, Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date March 27 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 3/30, 1934 J. M. Lyle
By [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1934, to Mar 24, 1934
I last saw him alive on Mar 24, 1934, death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Near Webb Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 88323

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Williams

(a) Residence. No. Near Webb, Idaho St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ellen Williams

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 0 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Ellen Williams Webb, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Mar. 6, 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED 3/19, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

3/4/34 (Signed) E M Brower Coroner., M. D.

(Address) Lewiston, Idaho

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Sam

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88324

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Smith

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Smith

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME William Cunningham

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna Howe

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Jacob Smith Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date March 10 193 4

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 3/20, 193 J. M. Taylor Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6/ 193 4

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 193 3, to March 6, 193 4

I last saw her alive on March 5, 193 4; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Not Known |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Scott, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ...R 1 6 1934

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 88325

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peggy Joyce Potter

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 30, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | — | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME Charley Potter

14. BIRTHPLACE (city or town) Palouse
(State or country) Washington

MOTHER

15. MAIDEN NAME Blanch Davis

16. BIRTHPLACE (city or town) Palouse
(State or country) Washington

17. INFORMENT (Address) C. Charley Potter Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida Date Mar. 31, 1934

19. UNDERTAKER Brower-Vann Co.
(Address) Lewiston, Idaho

20. FILED 4/2, 1934 J. M. Lyle Registrar.
by ...

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 31 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-30-, 1934, to 3-31-, 1934

I last saw her alive on 3-30, 1934: death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Blue baby | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. F. McMahan, M. D.

(Address) Lewiston, Idaho

RECEIVED APR 1 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88327

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Theophelus Thompson

(a) Residence. No. 1822 Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

135

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 25, 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Real Estate Farmer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Riple
(State or country) Ohio

FATHER

13. NAME Robert Thompson

14. BIRTHPLACE (city or town) Chilicothe
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mary A. McClanahan

16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMENT (Address) Frank C. Thompson Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date 3/10, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 3/20, 1934 C. M. Fosket Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/8/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Mar 8, 1934

I last saw him alive on Mar 8, 1934: death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infection Urinary tract | Feb 10 1934 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Hypertrophy Prostate | 1930 |
| | |
| | |

Name of operation Suprapubic Cystostomy Date of Feb 16 1934

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. G. Brosseau, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88328
State File No.

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

99

2. FULL NAME Robert F Douglas

(a) Residence. No. 713 9th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie A Douglas

6. DATE OF BIRTH (month, day, and year)
Sept. 22, 1866.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 5 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 33

11. Total time (years) spent in this occupation 40 Yrs.

12. BIRTHPLACE (city or town) (State or country) Fort Lyons, Colo

FATHER

13. NAME James A Douglas

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Margret Garrison

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Mrs. Lillie A. Douglas Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn. Date 3/15, 1934.

19. UNDERTAKER (Address) H. R Merchant Clarkston Washington

20. FILED 3/14, 1934 J. M. Taylor Registrar.
by AH

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1934, to March 12, 1934.
I last saw him alive on Mar. 12, 1934.: death is said to have occurred on the date stated above, at 1 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sclerosis coronary artery (Angina Pectoris) | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis Gen'l | 1931 |
| | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed B Ransom, M. D.
(Address) Lewiston Idaho

RECEIVED APR 1 1934

Lyle.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88329

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Somerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

881r

2. FULL NAME George Washington White

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Memphis Tenn.

FATHER

13. NAME Ell.F. White

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Francis Nickelson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. M White Lewsiton, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Mar. 17 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED 3/19, 1934 Ivy M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| This man was inmate of | |
| County Home and I have seen | |
| him at various times on | |
| visits there. He had a | |
| chronic myocarditis. | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

Braddock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88330

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Charles Alfred Peterson

(a) Residence. ~~No.~~ Orofino, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Florence Peterson

6. DATE OF BIRTH (month, day, and year) Oct. 24, 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 4 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Auburn
(State or country) Mo.

FATHER

13. NAME A. W. Peterson

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMENT Florence Peterson
(Address) Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Mar. 18 1934

19. UNDERTAKER Brower-Mann Co.
(Address) Lewiston, Idaho

20. FILED 3/20, 1934 J. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to March 15, 1934

I last saw him alive on March 15, 1934: death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendecitis | Mar 10-34 |
| Perforated | |
| Genderal Peritonitis | Mar 11-34 |

Other contributory causes of importance:

Name of operation Appendectomy Date of Mar 11-34

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Braddock, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88331

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston,

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elzira Coin

(a) Residence. No. Mohler, Idaho St. Mohler, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6, 1840

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 93 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barbersville Kentucky

FATHER

13. NAME Jee Smith

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Parker

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Jacke Coin Craigmont, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mohler, Idaho Date Mar. 19, 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED 3/19, 193 4 E. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fract. femur | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Fell at home

Manner of injury

Nature of injury Fract. femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. Lyle, M. D.

(Address) Lewiston, Idaho

RECEIVED APR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Scott

DO NOT WRITE IN THIS SPACE
State File No. 88332

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 129

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Ernest Farree

(a) Residence. No. ____ St. Moscow Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 30, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Jas. R. Farree

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Barrows

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Eda Farree Fair Oaks Calif

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Orofino, Idaho Date 3/20, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 3/20, 1934 C. M. Lyle Registrar.
by ____

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1933, to Mar 17th, 1934

I last saw him alive on Mar 17, 1934; death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyelonephritis | 4 months |
| + Pyemia | 4 months |

Other contributory causes of importance:

Name of operation Kidney Scraped Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 193..

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Carsson, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88333

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME William Irving

(a) Residence. No. St. Bonners Ferry, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 5, 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockford, Minn.

FATHER

13. NAME George Irving

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Elizabeth Phare

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) Douglas Irving, Bonners Ferry, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Bonners Ferry, Ida Date March 1, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED 3/1, 1934 J. M. Lasher Registrar.
by a. H.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1934, to March 1, 1934
I last saw him alive on Feb 28, 1934: death is said to have occurred on the date stated above, at 4 05 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wound Brain | Feb 21 1934 |
| Other contributory causes of importance: Extension Meningitis | Feb 25- 1934 |

Name of operation Trephine Date of Feb 21 1934
What test confirmed diagnosis? Home Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2-21, 1934
Where did injury occur? Lewiston Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On the street (624 21)
Manner of injury Gunshot 45 C. colt
Nature of injury Fracture skull Laceration Brain

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ely Bradbrook, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88334

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1209
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

112

2. FULL NAME Ida Slind

(a) Residence. No. 828-8th Street St. Clarkston, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~Milo~~
(or) WIFE of Milo W. Slind

6. DATE OF BIRTH (month, day, and year) June 17, 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) February 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sargent
(State or country) Minnisota

FATHER

13. NAME John C. Carlson

14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT Milo W. Slind
(Address) Clarkston, Washington

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Le Grande Date Mar 11, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED 3/10, 1934 J. M. Royle Registrar. by ast.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/7/34 193

22. I HEREBY CERTIFY, That I attended deceased from March 3 193 4, to March 7, 193 4

I last saw he alive on March 7, 193 4; death is said to have occurred on the date stated above, at 1.55 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | March 2 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. B. Stockslager, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Stockslager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88335

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Nelson

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Nelson

6. DATE OF BIRTH (month, day, and year) Aug 9 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 6 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Nels Nelson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anna Rassmussen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs Mary Nelson Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 3/12/34 193

19. UNDERTAKER Vassar-Shaughnessy Co (Address) Lewiston Idaho

20. FILED 3/17, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/8/34 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1934, to Mar 8, 1934
I last saw him alive on Mar 8, 1934: death is said to have occurred on the date stated above, at 6.30P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism (Fat) | Mar 8 '34 |

Other contributory causes of importance:

| | |
|---|---|
| Fracture of Right Femur | Feb 22 '34 |

Name of operation None Date of —
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Carsow, M. D.
(Address) Lewiston Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88336

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Norris McPhail

(a) Residence. No. St. Clarkston, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Estelle McColl McPhail

6. DATE OF BIRTH (month, day, and year) Dec. 30, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 2 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woller, Ontaria Canada

FATHER

13. NAME Malcolm McPhail

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Janet McColl

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Harley R. Tucker Clarkston, Washington

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Clarkston, Wash Date 3-18, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED 3/17, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 16 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to March 16, 1934

I last saw h~~im~~ alive on March 16, 1934; death is said to have occurred on the date stated above, at 6 50 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| arterio-sclerosis & myocarditis with decompensation & edema | |

Name of operation None Date of

What test confirmed diagnosis? Clinical ~~Was there an autopsy?~~ No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Paul G. Shaughnessy M.D.

(Address) Lewiston,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88337

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. 703-6th Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number.)

740

2. FULL NAME Mary A. Klaus
(a) Residence. No. 703-6th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 29, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71- | 5 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Luxenburg, Germany

FATHER
13. NAME John Emmer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT J. S. Klaus
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida. Date Mar 23, 1934

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address)

20. FILED 3/21, 1934 J. M. Lysle Registrar.
by [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1934, to Mar. 19, 1934
I last saw her alive on Mar 19, 1934, death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Mar 17 1934 |
| Other contributory causes of importance: | |

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ND Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
ND If so, specify
(Signed) J. M. Lysle M.D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. Rose

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88338

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 1420 Main Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs. Mary Elizabeth Thompson

(a) Residence. No. (Usual place of abode) St. Seattle, Washington (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnisota

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) B. Osborn

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Lewiston, Ida. Date 4/7, 1934

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address)

20. FILED 3/31, 1934 J. M. Lyle Registrar.
By Asst.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-25-34 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/25-34, 193..., to 3/25-34, 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of the heart | |
| Other contributory causes of importance: | |

Name of operation None Date of —
What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Rouse M.D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88339

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

Dr David
(No. 401-15th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Daniel~~ C. Blake

(a) Residence. No. 401-15th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Lillian Blake

6. DATE OF BIRTH (month, day, and year) May 29, 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 9 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clayton County Iowa

FATHER

13. NAME David Blake

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Lillian Blake Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 3-29, 1934

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho

20. FILED 3/31, 1934 J. M. Lysle Registrar. By ... Deputy

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 27, 1934

I last saw ~~him~~ alive on March 25, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | March 20-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ~~None~~ Date of

What test confirmed diagnosis? Clinical S Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8834 0

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Magdalane Barth

(a) Residence. No. Brangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 31, 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) German

FATHER

13. NAME Fred Moser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Albert Barth, Grangeville, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cottonwood, Idaho Date Mar. 30, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 3/30, 1934 J. M. Lufe Registrar.
Dep'y Sec

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/27-34, 193..., to 3/28-34, 193...
I last saw him alive on 3/28-34, 193...: death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock from fall. | |
| at which time broke | |
| rt. hip (at femur) | |
| Other contributory causes of importance: | |

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/27, 1934
Where did injury occur? Cottonwood, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury slipped & fell
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Rouse M.D., M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88341

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. St. Joseph's)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Knute Skibstad

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Victoria Skibstad

6. DATE OF BIRTH (month, day, and year) Sept. 3, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virqua, Wisconsin

FATHER

13. NAME Samuel Skibstad

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Martha Knudson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. Victoria Skibstad Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 3-22, 1934

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho

20. FILED 3/26, 1934 J. M. Lytle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 20 193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 193 3, to Mch 20, 193 4

I last saw him alive on Mch 20, 193 4; death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia Endocarditis | 2/12/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Malignant Stenosis Sept. 33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. B. Donaldson, M. D.

(Address) Lewiston Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88342

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston, Idaho

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alberta D. Fanning

(a) Residence. No. 2108-7th Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 21, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Wayne L Fanning

14. BIRTHPLACE (city or town) (State or country) Pomeroy Washington

MOTHER

15. MAIDEN NAME Alberta Stewart

16. BIRTHPLACE (city or town) (State or country) Alberta Canada

17. INFORMENT (Address) W. L. Fanning Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Mar. 23 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 4/2, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934, to March 22, 1934

I last saw her alive on March 22, 1934; death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Status Lymphaticus | at birth |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Cardiac symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1 1934

White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88343

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME Ella Ann Tyer

(a) Residence. No. St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb, 23, 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. C.W.O. D. Laundrey

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anatone
(State or country) Washington

FATHER

13. NAME Elmer Luce

14. BIRTHPLACE (city or town)
(State or country) Indianna

MOTHER

15. MAIDEN NAME Elizabeth Longfellow

16. BIRTHPLACE (city or town)
(State or country) Indianna

17. INFORMENT Lewis Tyer
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date March 27 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 4/2, 1934 J. M. Lyle Registrar.
by A.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-24 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to 3-24, 1934

I last saw her alive on 3-24, 1934: death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolus | |
| Post-operative | March 23-34 |

Other contributory causes of importance:

| | |
|---|---|
| Fibroids of uterus with Varicous veins Hemorrhage | about 3 months |

Name of operation Pan Hysterectomy Date of 3-20-34

What test confirmed diagnosis? Cardiac Dyspnoea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88345

**PLACE OF DEATH**

County of Nez Perce

City of near Culdesac Idaho

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Jackson (Cecilia) Sundown

(a) Residence. No. Culdesac, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Indian 4/4 | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jackson Sundown

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 68 | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kamiah Idaho

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Leo Wapshilla Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jacques Spur Date 1-25-, 1934

19. UNDERTAKER Vassar Undertaking Co. (Address) Lewiston, Idaho

20. FILED Jan, 1934 George Grigsmark Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-25- 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-9-33, 193..., to 1-23-, 1934

I last saw h[illegible] alive on 1-23-, 1934: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 8-9-33 |
| Other contributory causes of importance: Arteriosclerosis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George Gammard, M. D.

(Address) Culdesac Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 88346

Local Registrar's No.

(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME William Hayes

(a) Residence. No. Lapwai, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Indian | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/21/21

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 12 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

FATHER

13. NAME Sam Hayes

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lucy Allen

16. BIRTHPLACE (city or town)
(State or country) Idaho.

17. INFORMENT Sanatorium Records
(Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai Hall Date 3/12, 1934

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho.

20. FILED March, 1934 George Gaigmard M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/10/34 193

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, to March 10 1934, 193

I last saw him alive on March 10, 1934: death is said to have occurred on the date stated above, at 1:50 m. AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Childhood Tuberculosis | ?? |
| Miliary Tuberculosis | 1/1/34 |
| | |
| | |
| Other contributory causes of importance: | |
| Tuberculosis laryngitis. | 2/7/34 |

Name of operation none Date of
What test confirmed diagnosis? Lab.-X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph M Alley, M. D.
(Address) Lapwai, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Nez Perce
City of Webb, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 120
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 88347
Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jethro Thomas San Garde

(a) Residence. No. Webb, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia San Garde

6. DATE OF BIRTH (month, day, and year) July 31, 1848

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penzonci England

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Julia San Garde Webb, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Mar. 11 1934

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED March, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6-, 1934, to March 8-, 1934
I last saw h[illegible] alive on March 8, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nephritis | Feb 34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Gaumer M. D.
(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 88349
Local Registrar's No. 54

(No. Malad Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma John Ashton

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hyrum Ashton

6. DATE OF BIRTH (month, day and year) Mar 20 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 7-33

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME James John

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary James-----

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Warren Ashton Malad Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Portage Utah Date Apr 1, 1934 Burial

19. UNDERTAKER J. Ben Benson (Address) Malad Idaho

20. FILED 3/31, 1934 J. M. Kunz Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 29 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to March 29, 1934
I last saw her alive on March 29, 1934: death is said to have occurred on the date stated above, at 1,45 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | |
| Pulmonal regurgitation | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) V. P. Gaunt, M. D.
(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88350

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 45

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Hutteballe Tovey

(a) Residence. No. Malad Idaho St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo W Tovey

6. DATE OF BIRTH (month, day, and year) Nov 4 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24 | 4 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Christian Hutteballe

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Joan Dennis

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Leo W Tovey Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Mar 28 1934

19. UNDERTAKER (Address) J. Guy Hansen Malad Idaho

20. FILED 3/31, 1934 J. M. Hansen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 25 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to March 25, 1934

I last saw her alive on March 25, 1934; death is said to have occurred on the date stated above, at 12.25 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | March 9 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Acute pancreatitis and cholecystectomy | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. B. Marley, M. D.

(Address) Malad Idaho

RECEIVED APR 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88351

PLACE OF DEATH
County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirlee Laree Allen

(a) Residence. No. ..... Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 29 1925

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 8 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 2-34

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Spencer Frank Allen

14. BIRTHPLACE (city or town) (State or country) Hyrum Utah

MOTHER

15. MAIDEN NAME Sarah Darley

16. BIRTHPLACE (city or town) (State or country) Wellsville Utah

17. INFORMENT (Address) Spencer F Allen Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Hyrum Utah Date Apr 1, 1934

19. UNDERTAKER J. Guy Kenan
(Address) Malad Idaho

20. FILED 3/31, 1934 J. M. Nuns
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Birth, 193.., to March 28, 1934
I last saw her alive on March 28 34, death is said to have occurred on the date stated above, at 1240 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis with Broth mitral and aortic involvement | birth |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. R. Nealey M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MR

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding Co

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88352
State File No.

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 15

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Arden Philips. 71

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 10 - 1920
7. AGE: Years 13 | Months 4 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School Boy
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Filer Idaho

FATHER
13. NAME: Arthur Walter Philips
14. BIRTHPLACE (city or town) (State or country): Gaylord Michigan

MOTHER
15. MAIDEN NAME: Lonamma Hale
16. BIRTHPLACE (city or town) (State or country): Organ New Mexico

17. INFORMANT (Address): Arthur Walter Philips Payette Idaho R 3 Box 2

18. BURIAL, CREMATION, OR REMOVAL
Place: Ontario Date 3/2, 1934

19. UNDERTAKER (Address): Johnson Furniture Co Payette Idaho

20. FILED Mar 3, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934, to Mar 1, 1934
I last saw him alive on Feb 26, 1934; death is said to have occurred on the date stated above, at 10.15a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Meningitis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Measles | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. C. Woodward M. D.
(Address) Payette Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 88353

Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary M. Burke.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widow. |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of E. W. Burke.

6. DATE OF BIRTH (month, day, and year) Aug 8-1846

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 87 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perry Co. Ohio.

FATHER

13. NAME Geo. Quigley.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Sarah Piper.

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) A. E. Floch New Plymouth Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date 3-3-1934

19. UNDERTAKER (Address) Glenn C. Saunders Payette Idaho

20. FILED Mar 10, 1934 J. O. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to Feb 27, 1934

I last saw her alive on Feb 27, 1934; death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| | |
| Lobar Pneumonia | Feb 20/34 |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. R. Woodward, M. D.

(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88354

**PLACE OF DEATH**

County of Fayette

City of Fruitland R 2 Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 18

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Levi D. Hadley

(a) Residence. No. Fruitland St.
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | white | widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| 2-15-34 | |

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME C. Hadley

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Nancy Plank

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMENT Pauline Hadley
(Address) Fruitland, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Plymouth Cem. Date Mar 7, 1934

19. UNDERTAKER H. L. Peterson
(Address) Emmett Ore

20. FILED Mar. 10, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1934, to March 4, 1934

I last saw him alive on Mar 4, 1934 death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Edema of lungs | ? |
| Myocarditis | Heart dis. 4 yrs ago |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Reese M. D.

(Address) Ontario, Ore.

RECEIVED [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88355

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 19

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

88 F

2. FULL NAME Edward Quimby Bancy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah M. Bancy

6. DATE OF BIRTH (month, day, and year): April 23. 1857

7. AGE — Years: 76. Months: 11. Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Masonry

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: not employed

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Wooster Ohio

FATHER

13. NAME: Wm. Bancy

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Ruthann Moyer

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Sarah M. Bancy Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. Date 3-27, 1934

19. UNDERTAKER (Address): Glenn C. Landers Payette Idaho

20. FILED Mar 31 1934 H. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1932, to Mar. 23, 1934.

I last saw him alive on Mar 23, 1934: death is said to have occurred on the date stated above, at 9 15/2 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Do not |
| | know |
| | |
| | |
| | |

Other **contributory causes** of importance:

Autopsy refused

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Paxton, M. D.

(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88356

**PLACE OF DEATH**

County of Payette

City of New Plymouth

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 20

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Mrs Amanda Groves

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm Groves (Deceased)

6. DATE OF BIRTH (month, day, and year) 2-22-1846

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 88 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sedalia Mo

FATHER

13. NAME Jesse Neal

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jane Adkerson

16. BIRTHPLACE (city or town) (State or country) Umknown.

17. INFORMENT (Address) Mrs J F LaCrone New Plymouth Ida

18. BURIAL, CREMATION, OR REMOVAL. Place New Plymouth Ida Date 3-29-34 193

19. UNDERTAKER Old cemetery Paul L. Case (Address) Caldwell Ida

20. FILED Mar 31, 1934 J. O. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-26-34 193

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1933, to March 25, 1934

I last saw her alive on March 25, 1934: death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1920 |
| Cardiac decompensation | 1930 |
| Bronchopneumonia | March 22, 1934 |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Clifford M. Popma M. D.

(Address) New Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88357

**PLACE OF DEATH**
County of Cayuse
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

206

2. FULL NAME Clifford Eugene Fulton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Feb 6 - 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

FATHER

13. NAME Clyde Wm Fulton

14. BIRTHPLACE (city or town) Ind.
(State or country) Iowa

MOTHER

15. MAIDEN NAME Ruby Canfield

16. BIRTHPLACE (city or town) .....
(State or country) Canada

17. INFORMANT Mrs. Ruby Fulton
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date ....., 193.

19. UNDERTAKER Clyde Wm Fulton Father
(Address) Payette Idaho

20. FILED Mar 10., 1934. J. B. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from at birth, to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock - breech extraction, difficult delivery. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Merrill [illegible] M. D.

(Address) Payette Idaho

1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH 25

DO NOT WRITE IN THIS SPACE

State File No. 88358

Registration District No.

Primary Registration District No. 2072 Local Registrar's No. 13

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME Allen L. Honsinger

(a) Residence. No. Minindoka, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara

6. DATE OF BIRTH (month, day, and year) Mar 17 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 0 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 6 months

11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) Tex

FATHER

13. NAME Jacob Honsinger

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Mrs Clara Honsinger Minindoka, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Idaho Date ....., 193..

19. UNDERTAKER (Address) Swaner Am Falls Ida

20. FILED 3/21, 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/18 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1 1933 to March 18, 1934.
I last saw him alive on Mar 18, 1934; death is said to have occurred on the date stated above, at 2:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Introsusception | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. F. Logan M. D.
(Address) American Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88359

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 14

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Alden Yates

(a) Residence. No. Aberdeen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Dec 21st 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Clerk in Store

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rockland, Ida

FATHER

13. NAME: George A. Yates

14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER

15. MAIDEN NAME: Grace McCulloch

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Aberdeen, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rockland, Ida Date: ..., 193..

19. UNDERTAKER (Address): American Falls, Idaho

20. FILED: ..., 193.. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 23 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934, to March 23, 1934.

I last saw h... alive on March 21, 1934.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull fracture | March 17 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Meningitis | March 20 1934 |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, March 17, 1934
Where did injury occur? Sterling, Bingham, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On the Public highway
Manner of injury: Automobile upset
Nature of injury: Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. C. McCunniff M. D.
(Address) Aberdeen Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1934

**PLACE OF DEATH**

County of Power

City of Rockland, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 25

Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE

State File No. 88360

Local Registrar's No. 15

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Lorenzo Dan Perry

(a) Residence. No. Rockland, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vera Perry

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 11.

11. Total time (years) spent in this occupation all time

12. BIRTHPLACE (city or town) Perry,
(State or country) Utah.

FATHER

13. NAME Gustavus A. Perry

14. BIRTHPLACE (city or town) Perry,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Elizabeth E. Wakley

16. BIRTHPLACE (city or town) Perry,
(State or country) Utah.

17. INFORMANT Vera Perry
(Address) Rockland, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rockland, Ida. Date Apr. 2 1934.

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Idaho.

20. FILED 4/20, 1934 Laurence Hook
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 28 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934, to March 28, 1934
I last saw him alive on March 28, 1934; death is said to have occurred on the date stated above, at 12:15p m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitil Nephritis. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) V. M. Logan, M. D.
(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88361

**PLACE OF DEATH**

County of Power

City of Am Falls Ida.

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Terry Odell Kelly.

(a) Residence. No. ..... St. Rockland Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13 - 1934

7. AGE — Years | Months | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Am. Falls Ida.

FATHER

13. NAME Burt C Kelly.

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Lois Leona Ralphs.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT (Address) Burt C Kelly Rockland Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Date 3/18, 193 4

19. UNDERTAKER (Address) None

20. FILED 3/17, 193 4 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/13/34, 193..., to 3/17, 193 4.
I last saw h... alive on 3/16, 193 4: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Icterus (Neonatorum) | Born Jaundiced |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? Yes.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. W. Farrell, M. D.

(Address) Am Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1934

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88362

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 16

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lazo Antuco

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 29 1887

7. AGE — Years: 46 Months: 10 Days: 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: B.A.&S. Co.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Croatia

MOTHER FATHER

13. NAME: None

14. BIRTHPLACE (city or town) (State or country): Croatia

MOTHER

15. MAIDEN NAME: None

16. BIRTHPLACE (city or town) (State or country): Croatia

17. INFORMANT (Address): Mr. Thornhill Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL Place Anaconda Mont. Date March 1934

19. UNDERTAKER (Address): Thornhill Kellogg Idaho

20. FILED Apr. 10., 1934. Mrs. Helen M. Brick Registrar.

## MEDICAL CERTIFICATE OF DEATH 23

21. DATE OF DEATH (month, day and year) March 1934

22. I HEREBY CERTIFY, That I attended deceased from March 18..., 1934., to March 23..., 1934.

I last saw him alive on March 23 1934.; death is said to have occurred on the date stated above, at 11:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Head of Pancreas | |
| Metastases to liver | |
| Myocardial degeneration | 2 wks. |

Other **contributory causes** of importance:

Name of operation. None Date of .....

What test confirmed diagnosis? X. Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harold T. Anderson, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88363

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 15

(If death occurred in a hospital or institution, give its name instead of street and number) (No. )

2. FULL NAME Fred L. Meyers

(a) Residence. No. (Usual place of abode) Gardner, Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Do not know day or month 1879

7. AGE: Years 55; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead & Silver

10. Date deceased last worked at this occupation (mo. and yr.) 2 years

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME No Inf

14. BIRTHPLACE (city or town) (State or country) No Inf

15. MAIDEN NAME No Inf

16. BIRTHPLACE (city or town) (State or country) No Inf

17. INFORMANT Tom Jones (Address) Gardner

18. BURIAL, CREMATION OR REMOVAL Place Kellogg, Idaho Date March 24, 1934

19. UNDERTAKER W. B. Hornbuckle (Address) Kellogg, Idaho

20. FILED Apr. 10 1934 Mrs. Helen M. Brede Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934 to March 20, 1934

I last saw him alive on March 20, 1934; death is said to have occurred on the date stated above, at 6.00 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Lungs | 1928 |

Other **contributory causes** of importance:

| | |
|---|---|
| Pneumokoniosis | |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify miner

(Signed) Glenn McCaffery, M. D.

(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
88364
State File No.

Local Registrar's No. 13

(No. ) (If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Leland W. Wayland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 25 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wayland
(State or country) Missouri

FATHER

13. NAME Mr. Wayland

14. BIRTHPLACE (city or town) Wyoming
(State or country)

MOTHER

15. MAIDEN NAME Wyoming

16. BIRTHPLACE (city or town) Wyoming
(State or country)

17. INFORMENT Nash Wayland
(Address) Kellogg, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date Mch 9, 1934

19. UNDERTAKER Mt. Thompkins
(Address) Kellogg, Ida.

20. FILED Apr. 10, 1934 Mrs. Helen M. Brede
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1934, to Mar 6, 1934

I last saw him alive on Mar 6, 1934: death is said to have occurred on the date stated above, at 6:20 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure, | 2 wks |
| Myocardial Degeneration, | 2 years |
| Bronchial Cathma | 30 yrs. |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T. Anderson, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Shoshone

City or Kellogg Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88365

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

74 D

2. FULL NAME Otis D. Struck.

(a) Residence. No. Wardner St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 4-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 9 Ft | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada Dom

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs Conrad Dominick

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Ida Date Feb 21, 1933

19. UNDERTAKER L. L. Stout
(Address) Kellogg Ida

20. FILED Apr. 10, 1933 Mrs. Helen McBride
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1933, to Feb 17, 1933

I last saw him alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | several months |
| Paralysis | |
| Previous stroke | several years |
| Myocarditis | |
| Other contributory causes of importance: | |
| Arteriosclerosis | several yrs |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) W. Avery Coroner

(Address) Kellogg Ida

RECEIVED APR 15 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88366

**PLACE OF DEATH**
County of SHOSHONE
City of WALLACE

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 273

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME OWEN G ALLEN

(a) Residence. No. County Infirmary (Usual place of abode) St. Wallace, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4/0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) KELLYVILLE PENN.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) L. E. Wrotell

18. BURIAL, CREMATION, OR REMOVAL Place Date , 193

19. UNDERTAKER (Address) B. S. Wrotell Wallace, Idaho

20. FILED March 14th, 1934 L. A. Stratton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 - , 1933, to March 7th , 1934

I last saw him alive on March 7th , 1934: death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic prostatitis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: old age. | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. G. Lindsay, M. D.

(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8836 7

**PLACE OF DEATH**

County of Shoshone
City of Wallace

Registration District No.
Primary Registration District No. Local Registrar's No.
(No Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Peretti

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joe Peretti
6. DATE OF BIRTH (month, day, and year): Feb 22 - 1890
7. AGE: Years 44 | Months 1 | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER
13. NAME: Joe Romongle.
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Joe Peretti Wallace Idaho.
18. BURIAL, CREMATION OR REMOVAL Place: Wallace Ida. Date: Apr 3, 1934
19. UNDERTAKER (Address): J. A. Bova (Ward Undertaking Co.) Wallace Ida.
20. FILED Mch 30, 1934 C. S. Simmons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 22 1934, to Mch 28 1934.
I last saw her alive on Mch 28 1934, death is said to have occurred on the date stated above, at 7:05 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 2 days |
| Acute Coronary Occlusion | |
| Myocarditis | |
| Other contributory causes of importance: | |
| Diabetes Mellitus | |
| Arteriosclerosis | |
| Hypertension | |

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address) Wallace Ida

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88368

**PLACE OF DEATH**
County of Shoshone
City of Wallace
Registration District No. 7
Primary Registration District No. 111
Local Registrar's No. 278
(No. 504 High St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Louis Volkmar

(a) Residence. No. 504 High St. (Usual place of abode) St. Wallace, Idaho. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma Volkmar
6. DATE OF BIRTH (month, day, and year) Oct. 1, 1865
7. AGE: Years 68 | Months 5 | Days 27 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

FATHER
13. NAME F. C. Volkmar
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Caroline Dehmartz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Emma Volkmar Wallace Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Date March 30 1934
19. UNDERTAKER (Address) B. G. Worstell Wallace Ida
20. FILED Mar 30, 1934 C. Sasson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934, to Mar 27, 1934
I last saw him alive on Mar 14, 1934: death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive cardio-renal disease | |
| Cerebral hemorrhage | Feb 23, Mar 27 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul Willis, M. D.
(Address) Wallace - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88369

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 277
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Malmquist
(a) Residence. No. 1 Mace Idaho St. Mace Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 57; Months; Days; If LESS than 1 day,... hrs. or ..... min

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.): 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: John G Malmquist
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Anna Anderson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Henry Malmquist Salt Lake City Utah

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~: Place Wallace Idaho Date Mar 23 1934

19. UNDERTAKER (Address): J. A. Boyer (Ward Undertaking Co) Wallace Ida

20. FILED Mar 23, 1934 C. S. Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 18 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934, to March 18, 1934
I last saw him alive on March 18 1934; death is said to have occurred on the date stated above, at 5.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Bronchial Double | 4 days |
| | |
| | |
| | |

Other **contributory causes** of importance:
Cold Exposure at night

Name of operation: None Date of: None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Dr. H. Ward M. D.
(Address) Wallace Ida

RECEIVED APR 15 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88370

**PLACE OF DEATH**
County of Shoshone
City of Wallace
Registration District No. 71
Primary Registration District No. 111
Local Registrar's No. 275
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Einar Mattson

(a) Residence. No. Wallace, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

106a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Divorced |

5a. If ~~married, widowed, or~~ divorced
HUSBAND of ~~(or WIFE of)~~ THELMA MATTSON

6. DATE OF BIRTH (month, day, and year) Dec. 4th. 1902

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 3 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Nykarleby Finland

FATHER

13. NAME Matt Mattson

14. BIRTHPLACE (city or town) (State or country) Jeppo Finland

MOTHER

15. MAIDEN NAME Anna Kronnan

16. BIRTHPLACE (city or town) (State or country) Jeppo Finland

17. INFORMENT (Address) Mrs. Anna Mattson Johnson Burke, Idaho.

18. BURIAL, ~~CREMATION, REMOVAL~~ Place Wallace, Ida. Date Mar. 17, 1934

19. UNDERTAKER Bruce & Worstell (Address) Wallace, Idaho.

20. FILED Mch 16th, 1934 L. E. Sloane Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 13 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934, to March 12, 1934
I last saw him alive on March 12, 1934 death is said to have occurred on the date stated above, at 12 30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia Lobar Lungs Bilateral | |
| Influenza | |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) L. E. Sloane M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88371

Registration District No. 70
Primary Registration District No. 101 Local Registrar's No. 27
(No Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Josephine Lunsella

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced (or) WIFE of: Mike Lunsella
6. DATE OF BIRTH (month, day, and year):
7. AGE: Years 54; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Thomas Phildin
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: — McAndrews
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): M. J. Lunsella, Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Spokane Wn. Date: Mar 12 1934
19. UNDERTAKER (Address): J. A. Bower Ward Funeral Home, Wallace Ida
20. FILED: Mch 12, 1934 Lee Brown, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 10 1934
22. I HEREBY CERTIFY, That I attended deceased from March, 193.., to March 10, 193.4.
I last saw her alive on March 10, 193.4. death is said to have occurred on the date stated above, at 11.50 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Edema | |
| Cardiac Failure | |

Other **contributory causes** of importance:

Senile Degeneration

Name of operation: ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193..
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. W. Lee M. D.
(Address) Wallace Ida.

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88372

Registration District No. 70

Primary Registration District No. 704 Local Registrar's No. 272

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Sinclair

(a) Residence. No. Mullan Ida St. Mullan Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Sinclair

6. DATE OF BIRTH (month, day, and year) Oct 28 - 1858

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 75 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Notre Dame.

MOTHER FATHER

13. NAME James Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Susan McManus

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Sinclair
(Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida. Date March 6 1934

19. UNDERTAKER J. A. Bowe (Wardlow Co.
(Address) Wallace Ida.

20. FILED March 6 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 1933, 193..., to Mar. 3, 193.4.

I last saw her alive on Mar. 1, 1934; death is said to have occurred on the date stated above, at 5:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterial Sclerosis | Several yrs ago |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. W. Ralph M. D.

(Address) Mullan Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 15 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88373
State File No.....

## PLACE OF DEATH

County of Shoshone
City of Wallace

Registration District No. 76
Primary Registration District No. 1011 Local Registrar's No. 269
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle May Stephens

(a) Residence. No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of: Fred Stephens
6. DATE OF BIRTH (month, day, and year): July 27 1876
7. AGE: Years 57 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Fred Stephens Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Wallace Idaho Date: Feb. 17 1934
19. UNDERTAKER (Address): J. A. Boyer (Wardner Ida) Wallace, Ida.
20. FILED Feb. 16, 1934 Cossaboom Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Feb 14, 1934.
I last saw her alive on Feb. 13, 1934.: death is said to have occurred on the date stated above, at 1:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic interstitial nephritis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 15 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88374

**PLACE OF DEATH**

County of Shoshone
City of Wallace

Registration District No. 76
Primary Registration District No. 1911 Local Registrar's No. 271
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Isobelle Tesoreire

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Sam Tesoreire
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 83. | Months | Days | If LESS than 1 day,... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Italy

FATHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Miss alice akgarla Wallace
18. BURIAL, CREMATION OR REMOVAL
Place: Mullan Ida Date ..., 193..
19. UNDERTAKER (Address): J. A. Brown (Ward Funeral Home) Wallace Ida
20. FILED: March 1st, 1934. C. S. Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 1 1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 193.. to ..., 193..
I last saw her alive on Feb 28, 1934 death is said to have occurred on the date stated above, at 2:20 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Chronic | |
| Old age | |
| Arteriosclerosis | |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. E. Taylor M. D.
(Address) Wallace Idaho

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88375

Registration District No. 76

Primary Registration District No. 1014 Local Registrar's No. 270

(If death occurred in a hospital or institution, give its name instead of street and number)

(No. Residence)

2. FULL NAME John Martin Keegan

(a) Residence. No. Burke Idaho St. Burke Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Margaret Keegan
6. DATE OF BIRTH (month, day, and year): June 21 - 1878
7. AGE: Years 55 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 36 yrs.

12. BIRTHPLACE (city or town) (State or country): Piedmont W. Virginia

FATHER

13. NAME: John Keegan
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Kilroy
16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT (Address): Mrs Margaret Keegan Burke Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida. Date: Mar 5, 1934

19. UNDERTAKER (Address): A. Buck (Ward and Co) Wallace Ida

20. FILED: March 2nd, 1934 C. C. Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9.30 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Cardiac Failure | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1934

# PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88376

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doran Delano Barne

(a) Residence. No. Gem Gulch St. Kellogg Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, ~~Married, Widowed or Divorced~~ (write the word): Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March-13-1934

7. AGE — Years — Months — Days 3 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kellogg

FATHER

13. NAME Clayton Barne
14. BIRTHPLACE (city or town) (State or country) Portland Oregon

MOTHER

15. MAIDEN NAME Reva Pegue
16. BIRTHPLACE (city or town) (State or country) Beaneau Idaho

17. INFORMANT (Address) Irene Boone Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date March 16 1934

19. UNDERTAKER Thornhill
(Address) Kellogg Idaho

20. FILED Apr. 10 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1934, to Mar 16, 1934.
I last saw him alive on Mar 16, 1934; death is said to have occurred on the date stated above, at 2:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Status Thymico-lymphaticus | |
| Other **contributory causes** of importance: | |

Name of operation None Date of ....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) Harold T. Anderson ..., M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88377

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 5-4

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Chas W Simpson

(a) Residence. No. 452 5th Ave N St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): M
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 14
7. AGE: Years 58 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mo

FATHER
13. NAME: Simpson
14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER
15. MAIDEN NAME: Sarah Beeler
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMENT (Address): Chas W Simpson, Twin Falls
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: March 7, 1934
19. UNDERTAKER (Address): E L Drake, Twin Falls
20. FILED March 8, 1934 Geo. C. Kelley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to March 5th, 1934
I last saw him alive on March 5th 9:00 am., 1934: death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| myocardial insufficiency | Heart trouble. |
| dilatation | |

Other contributory causes of importance:

| | |
|---|---|
| Acute indigestion | |

Name of operation: none Date of: —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify —

(Signed) C. L. Evans, M. D.
(Address) 805-9th Ave N. Twin Falls Ida.

RECEIVED MAR 1 0 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88378

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 5-2

(No. 446 6th Ave North.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah Mallory.

(a) Residence. No. 446 6th Ave North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William L Mallory.

6. DATE OF BIRTH (month, day, and year) Aug. 26 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malboro
(State or country) Ohio.

FATHER

13. NAME Jonas Potts

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Anna Hutton

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMENT Mrs. Anna Wise
(Address) Twin Falls - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date March 8, 1934

19. UNDERTAKER L E Phillips
(Address) Twin Falls

20. FILED Mar. 7, 1934 Geo C. Holley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 5 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934, to March 5, 1934

I last saw her alive on March 5, 1934: death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | March 3/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E W Wilson, M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 87

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. Je 88379

Local Registrar's No. 51

(No. 213 6th Ave East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME L I Benoit

(a) Residence. No. 213 6th Ave East. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs L I. Benoit

6. DATE OF BIRTH (month, day, and year) Nov 10-1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 9 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

FATHER

13. NAME Julian Benoit

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Ernestine Dalpath ~~Dalpeal~~

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Harry Benoit Twin Falls Idu

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date March 6, 1934

19. UNDERTAKER S C Phillips
(Address) Twin Falls Idaho

20. FILED March 7, 1934 Geo C Halley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1934

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1933, to March 3, 1934

I last saw him alive on Feb. 27, 1934: death is said to have occurred on the date stated above, at 10 p.m. M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 12-1-33 |
| Senile Plegia | |

Other contributory causes of importance:

Name of operation O Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W Coughlin M. D.

(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 12 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88380

**PLACE OF DEATH**

County of Twin Falls
City of Murtaugh. Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 50

(No. Murtaugh, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs. Augusta Brose,

(a) Residence. No. Hansen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Robert Brose

6. DATE OF BIRTH (month, day, and year) July 7, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Robt. Brose Hansen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem. Date March 6 1934

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho.

20. FILED March 6, 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1934, to March 3, 1934
I last saw h[illegible] alive on March 3, 1934: death is said to have occurred on the date stated above, at 12:05 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease | |
| (Mitral insufficiency) | Jan 1934 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. W. Wilson, M. D.
(Address) Twin Falls Idaho

RECEIVED APR 1 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88381

County of Twin Falls
City of Kimberly

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 49

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Byrn

(a) Residence. No. .... Oakley Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 23 — 1892

7. AGE: Years 42 | Months .... | Days 20 | If LESS than 1 day, .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) 2-12-34
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Oakley Idaho

FATHER

13. NAME Heber Geo Byrn
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eva Smith
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) E. A. Smith Oakley Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Oakley Idaho Date 2/16 1934

19. UNDERTAKER (Address) Burley Ida

20. FILED 2/14, 1934 George A. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy. | |

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? History Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Friends residences
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) F. A. Dwight Filer M. D.
(Address) Burley Idaho.

Coroner Twin Falls County.

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88382

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 48
(No. 189)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry F. Beiler

(a) Residence. No. R. 2 St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Clara Bauer Beiler
6. DATE OF BIRTH (month, day, and year): June 25 1869
7. AGE: Years 65 Months 8 Days 17 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Wholesale Business
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1925
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cincinnati Ohio

MOTHER
13. NAME: Louise Beiler
14. BIRTHPLACE (city or town) (State or country): Delphi Ohio
15. MAIDEN NAME: Louise Rueck
16. BIRTHPLACE (city or town) (State or country): Delphi, Ohio

17. INFORMANT (Address): Mrs. Nonna Lagan, Twin Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Idaho Date: 3-6-, 1934
19. UNDERTAKER (Address): Evans & Johnson, Twin Falls, Idaho
20. FILED: Mar. 5, 1934. Geo. C. Halley, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 5 1934
22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1934, to March 5th, 1934.
I last saw him alive on March 4 1934: death is said to have occurred on the date stated above, at 8 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyemia - General - (ie Multiple) producing Toxemia | 2 wks ago |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myelitis Transverse from 1st Lumbar - Traumatic | 9 yrs ago |
| | |
| | |

Name of operation: None Date of: 9 yrs ago
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also
Accident, suicide, or homicide? Accident Date of injury 9 yrs ago
Where did injury occur? Twin Falls county
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On farm
Manner of injury. Ran away horse
Nature of injury Bruising body forward -

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify. While at work on farm
(Signed) C. F. Alexander, M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 88383

Local Registrar's No. 47

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Francis Jacoby Garner

(a) Residence. No. 260 - 7th Ave North St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

9a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Henery Garner

6. DATE OF BIRTH (month, day, and year): Mar. 13, 1891

7. AGE: Years 42 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Evenston Wyo.

FATHER

13. NAME: John Arthur Jacoby

14. BIRTHPLACE (city or town) (State or country): Arlington Va.

MOTHER

15. MAIDEN NAME: Joan Edwards

16. BIRTHPLACE (city or town) (State or country): Vicksburg Virg.

17. INFORMANT (Address): Dr. William F. Garner Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Idaho Date Mar. 7, 1934

19. UNDERTAKER (Address): Evans & Johnson Twin Falls, Idaho

20. FILED Mar. 6, 1934 Geo. C. Talley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934, to March 4, 1934,
I last saw h. alive on March 1934. death is said to have occurred on the date stated above, at 5:00 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, acute | March 2, 1934. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bronchial pneumonia | March 3, 1934. |

Name of operation: None Date of:
Where test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Garner, M. D.
(Address) Twin Falls, Id.

RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 88384

Local Registrar's No. 46

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

8-15-4m

90

2. FULL NAME W D Denton

(a) Residence. No. Twin Falls St.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 31 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 41 | 11 | 29 | hrs. or min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ark

PARENTS

10. NAME OF FATHER W. D. Denton

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ark

12. MAIDEN NAME OF MOTHER Mattie Reynolds

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ark

14. Informant Mrs. Denton

(Address) Twin Falls

15. Filed Mar. 3, 1934 Geo. C. Halley, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1934, to March 2, 1934

that I last saw him alive on March 2, 1934

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows: Mitral regurgitation

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemophasis.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. D. Weaver M. D.

3/3, 1934 (Address) Twin Falls.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls — Date of Burial: March 4 1934

20. Undertaker — Address: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88386

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 30

Primary Registration District No. 108

Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arno Hugo Rehring

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 3 hrs | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Twin Falls Ida
(State or country)

FATHER

13. NAME Theodor Hugo Rehring

14. BIRTHPLACE (city or town) Osage Co
(State or country) Mo

MOTHER

15. MAIDEN NAME Mary D. Runke

16. BIRTHPLACE (city or town) Thayer Co
(State or country) Nebr.

17. INFORMENT Theodor Rehring
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Clover Date Mar 8, 1934

19. UNDERTAKER F. E. Drake
(Address) Twin Falls.

20. FILED Mar. 7, 1934 Geo. C. Valley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934, to March 6th, 1934
I last saw him alive on March 6th, 1934: death is said to have occurred on the date stated above, at 4-30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia 7 months | |
| Dont know cause | |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. E. Drake M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88387

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 70

(No. T.F. Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME John Bert Corcoran

(a) Residence No. Eden, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Marian Corcoran

6. DATE OF BIRTH (month, day, and year) Aug 1-1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 26 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamilton, Mont.

FATHER

13. NAME M. Bert Corcoran

14. BIRTHPLACE (city or town) (State or country) Berlin, Michigan

MOTHER

15. MAIDEN NAME Jennie Payne

16. BIRTHPLACE (city or town) (State or country) Ontario, Canada

17. INFORMENT (Address) M. Bert Corcoran, Twin Falls, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls, Ida. Date 4/2-, 1934

19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls Ida.

20. FILED Mar. 31, 1934 Geo. C. Halley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/28- 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 3/28-, 1934

I last saw him alive on 3/28, 1934; death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hepatic Abscess | Dec. 22/34 |
| Hemetogenous | |

Other contributory causes of importance:

| | |
|---|---|
| Infection base of pleura | Nov. 26/34 |

Name of operation Sub Phrenic Abscess Date of .....

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John R Morgan, M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1 2 1934

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**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88388

Registration District No. 37

Primary Registration District No. 7085 Local Registrar's No. 68

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Christine Lund

201

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lund

6. DATE OF BIRTH (month, day, and year) Mch. 23 - 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

13. NAME Gustave Norberg

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Christine

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Raymond Lund
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Sylvan Mt. Date 3-31, 1934

19. UNDERTAKER D. C. Thorpe
(Address) Burley Ida

20. FILED Mar. 30 1934 Geo. C. Valley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, and year) March 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/16/34, 193..., to 3/27/, 1934

I last saw her alive on 3/27, 1934; death is said to have occurred on the date stated above, at 6:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture, simple, impacted | |
| femur neck, right. | 2/16/34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | about |
| Cholecystitis acute | 2 weeks. |
| Hyperstatic congestion lungs | 10 days |

Name of operation none Date of

What test confirmed diagnosis? X-rays, clinical. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan L. Strauss M. D.
(Address) Twin Falls, Idaho

RECEIVED APR 12 [illegible]

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88389

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 67

(No. Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Logan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robert K. Logan

6. DATE OF BIRTH (month, day, and year): Aug - 7th 1894

7. AGE — Years: 39 | Months: 7 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country):

FATHER

13. NAME: J. E. Roberts

14. BIRTHPLACE (city or town) (State or country): Neb.

MOTHER

15. MAIDEN NAME: Daisy Brown

16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT (Address): Robt. K. Logan Twin Falls

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~

Place: Twin Falls Date: May. 24 1934

19. UNDERTAKER (Address): Evans & Morgan Twin Falls — J. R. Morgan

20. FILED: Mar. 26 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/27 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1934, to Mar. 27, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bowel Obstruction | Mar 20/34 |
| Surgery | Mar 21/34 |
| Surgery | Mar 7/34 |
| Hystero-Myomectomy | |

Other **contributory causes** of importance:

Peptic Ulcer c/ Adhesions to transverse Colon + Duodenum + Splenic Flexure.

Name of operation: Hystero Myomectomy Date of: Mar 7/34

What test confirmed diagnosis? Surg. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John R. Morgan, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED MAR

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8839

County of Twin Falls
City of Twin Falls
Registration District No. 3
Primary Registration District No. 7085
Local Registrar's No. 66

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Frances Miller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14th 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plains Kansas

FATHER

13. NAME Benjamin Miller

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Lelia Logan

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Lelia Miller Hagerman

18. BURIAL, CREMATION, OR REMOVAL
Place Buried Date , 1934

19. UNDERTAKER A. L. Pauper
(Address) Buhl

20. FILED Mar 26 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1934, to 3/25, 1934

I last saw her alive on 3/25, 1934: death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88391

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 64

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gilbert H. Bowersock

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elsee A.

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 7 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Water Master

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Barrackman Bowersock

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Eliz. Hamilton

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs. Harry Lavey, Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date , 193

19. UNDERTAKER Thompson Und. Parlor (Address) Gooding

20. FILED March 23 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1934, to March 23, 1934

I last saw him alive on March 23, 1934; death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Broncho-Pneumonia - (Type IV) | 3/19/34 |
| Other contributory causes of importance: | |
| Senility | 1924 |

Name of operation None Date of —

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Halley M. D.

(Address) Twin Falls, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88392

**PLACE OF DEATH**

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 63

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME. W. O. McCoy

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 3 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 4 | 13 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Hdw. Merchant

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER John W. McCoy

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ky

12. MAIDEN NAME OF MOTHER Jenette Abernathy

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ky

14. Informant Stella Colville
(Address) Twin Falls

15. Filed Mar. 27 1934 Geo. C. Talley M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 16 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1934, to Mar. 16, 1934
that I last saw him alive on Mar. 16, 1934
and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows;
Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Rock Rapids, Ia.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) C. D. Weaver, M. D.
3/27, 1934 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Twin Falls | Mar 20 1934 |

20. Undertaker J. E. Drake Address Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 1 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88393

PLACE OF DEATH
County of Twin Falls
City of Filer
Registration District No. 37
Primary Registration District No. 2-085 Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hezekiah Engle Musser

(a) Residence. No. Filer Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of: Mrs. Margie Musser
6. DATE OF BIRTH (month, day, and year): Dec. 31- 1859
7. AGE: Years 74 | Months 2 | Days 21 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
13. NAME: John Musser
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Anna Engle
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMENT (Address): Mrs Margie Musser Filer Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Filer Idaho Date: March 24 193 4
19. UNDERTAKER (Address): S. C. Phillips Twin Falls.
20. FILED Mar 27 193 4 Geo C Kelley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 21 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1933 193 , to 2/6/34 , 193
I last saw him alive on 2/6/34 , 193 : death is said to have occurred on the date stated above, at 12:00 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis chronic with | about |
| nephritis interstitial chronic | 1 year |
| Apoplexy, hemiplegia R. | 10/1/33 |
| Other contributory causes of importance: | |

Name of operation none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Duncan L Alexander, M. D.
(Address) Twin Falls Idaho

RECEIVED APR 1 - 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88394

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 61

(No. Twin Falls Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gene Simpson

(a) Residence. No. ..... St. Hansen, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Emlie Simpson
6. DATE OF BIRTH (month, day, and year): 1845
7. AGE: Years: 89 Months: Unknown Days: Unknown If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. J. A. Eaton (Address) Hansen, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Filer, Ida. Date. Mar 20 1934

19. UNDERTAKER: Evans & Johnson (Address) Twin Falls, Ida.

20. FILED: Mar. 24 1934 Geo. C. Hallen M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934, to Mar. 19, 1934.
I last saw h... alive on Mar. 19, 1934.: death is said to have occurred on the date stated above, at 4. 8. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-sclerosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) G. D. Weaver M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED PR 1 2 1934

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88395

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 60

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delilah Peck

(a) Residence. No. 155 10th Ave East St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
—~~HUSBAND of~~
(or) WIFE of D H Peck

6. DATE OF BIRTH (month, day, and year) July 28 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Henry Baker

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Wilton Peck Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date March 18 1934

19. UNDERTAKER S C Phillips
(Address) Twin Falls

20. FILED Mar 17 1934 Geo C Valley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 15 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to March 15, 1934

I last saw her alive on March 15, 1934; death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Influenza, | March 5 |
| 2. Bronchopneumonia, | Mch 11 |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clin: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Wilton, M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88396

**PLACE OF DEATH**

County of Twin Falls
City of Hansen
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 5-9
(No. Hansen Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

25

2. FULL NAME Frank E Finley

(a) Residence. No. Hansen Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs Nannie Finley

6. DATE OF BIRTH (month, day, and year) June 16 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Parallel
(State or country) Kans.

FATHER

13. NAME Wm. Finley

14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME Susan [illegible]Finley

16. BIRTHPLACE (city or town) Dont Know
(State or country) Canada

17. INFORMENT Mae N. Finley
(Address) Hansen

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date March 5 1934

19. UNDERTAKER S C Phillips
(Address) Twin Falls, Idaho

20. FILED Mar. 14, 1934 Geo C Talley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec
Feb. 28, 1934, to Feb 28, 1934
I last saw h~~im~~ alive on Feb 28, 1934: death is said to have occurred on the date stated above, at 11 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus Lobar Pneumonia | Feb. 24 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No
(Signed) H W Wilson M. D.
(Address) Twin Falls, Idaho

RECEIVED APR 1 0 1934

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88397

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 5-8

(No. Twin Falls Co. Gen'l Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Azariah F. Kimbrough

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 8 - 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 74 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Rufus Kimbrough

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Sarah F. Dyer

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT R. G. Kimbrough
(Address) Buhl, Ida.

18. BURIAL, ~~CREMATION~~ ~~OR REMOVAL~~
Place Buhl Date 3/9, 1934

19. UNDERTAKER Edward Johnson
(Address) Buhl Ida L. D. Chisum

20. FILED Mar. 10 1934 Geo. A. Talley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1934, to 3/7, 1934

I last saw h[illegible] alive on 3/6, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If ~~so~~ specify .....

(Signed) C. D. Weaver M. D.

(Address) Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88398

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 57

(No. Twin Falls Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Wahl

(a) Residence. No. ..... St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 1, 1930

7. AGE: Years 3 | Months 11 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Ar Hauler

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Twin Falls Idaho

FATHER

13. NAME: G G Wahl

14. BIRTHPLACE (city or town) (State or country): Eureka S. D.

MOTHER

15. MAIDEN NAME: Maggie Wahl

16. BIRTHPLACE (city or town) (State or country): Eureka S. D.

17. INFORMANT (Address): G G Wahl Twin Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Ida Date: 3/10, 1934

19. UNDERTAKER (Address): Evans & Johnson Funeral Parlors Twin Falls Ida — L Johnson

20. FILED: Mar. 10, 1934 Geo. C. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1934, to March 9, 1934.

I last saw him alive on March 9, 1934; death is said to have occurred on the date stated above, at 6:25 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | |
| Cerebro spinal | |
| Epidemic type | 3-8-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, or, if so, specify .....

(Signed) C. Russell Teague M. D.

(Address) Twin Falls Idaho

RECEIVED APR 12 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88399

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 56

(No.) Twin Falls Co. General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick Frank Walters

(a) Residence. No. 1010 St. Kansas, Idaho.

(Usual place of abode) Huron, South Dakota (If nonresident give city or town and state)

Length of residence in city or town where death occurred.— yrs. 8 mos.— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): Jan. 22, 1911

7. AGE — Years: 23 Months: 1 Days: 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Creighton Neb.

FATHER

13. NAME: August Walters

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Munzer Falter

16. BIRTHPLACE (city or town) (State or country): Platsmythe Neb.

17. INFORMANT (Address): August Walters Huron S. D.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Huron S. D. Date: 3/10, 193..

19. UNDERTAKER (Address): Evans & Johnson Twin Falls, Idaho

20. FILED Mar 10 1934 Geo. C. Hallen M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/9 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar-5, 193.4, to Mar-9, 193.4.

I last saw h— alive on Mar 9, 1934; death is said to have occurred on the date stated above, at 10:10 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 3/4/34 |

Other **contributory causes** of importance: ✓

Name of operation: 0 Date of:

What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Davis, M. D.

(Address) Kimberly Idaho

RECEIVED APR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88400

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 55
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Lewis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 16 Years | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Labor
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Twin Falls

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Mary McAdams
(Address) Twin Falls

15. Filed Mar. 9, 1934 Geo. C. Talley, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 8 (Month) (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/15, 1934, to 3/8, 1934
that I last saw h[illegible] alive on 3/8, 1934
and that death occurred, on the date stated above, at 10:30 P. m.
The CAUSE OF DEATH* was as follows:
Paralysis agitans
(duration) Do not know yrs. mos. ds.
CONTRIBUTORY (Secondary) Cystitis
(duration) yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) G. D. Meaver, M. D.
3/9, 1934 (Address) Twin Falls,

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls | Date of Burial Mar 10 1934
20. Undertaker J. E. Funk | Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

DEPARTMENT O[illegible]UBLIC WELFARE
BUREAU OF V[illegible]AL STATISTICS

# CERTIFICATE OF DEATH

DO N[illegible]TE IN THIS SPACE
State F. No. 88401

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 26

(No. 162 ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Colby

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 1 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | — | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER J M Colby
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nebr
12. MAIDEN NAME OF MOTHER Hannah Hollorf
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nebr

14. Informant Mrs Chas Dietzman
(Address) Filer

15. Filed Feb. 7, 1934 Geo. C. Kelley M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 5 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Feb 5, 1934
that I last saw her alive on Feb 5, 1934
and that death occurred, on the date stated above, at 6 a.m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. D. Weaver, M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Filer — Date of Burial: Feb 8 1934

20. Undertaker: F E Dunkle — Address: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

City of Filer — Registration District No. ____ — Primary Registration District No. 2085 — Local Registrar's No. 28

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Edith Graves

(a) Residence. No. ____ Filer St. ____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 30 1841

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 92 | 2 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ____
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER D. Small

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant H W Graves
(Address) Filer Idaho

15. Filed Feb. 9, 1934 Gail Talley M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 6 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
2-3, 1934, to 2-6, 1934
that I last saw her alive on 2-6, 1934
and that death occurred, on the date stated above, at 6 30 P m.
The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart
(duration) Suddent yrs. mos. ds.
CONTRIBUTORY (Secondary) Bronchitis
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) D Markenwood M. D.
2-9, 1934 (Address) Filer Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Filer | Feb 8 1934 |
| 20. Undertaker | Address |
| F E Drake | Twin Falls |

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
TION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88404

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 29

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank McKnight

(a) Residence. No. County Hospital St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 53 | 0 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oppdyke, (State or country) Ill

FATHER

13. NAME Owen L. McKnight

14. BIRTHPLACE (city or town) Ill. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMENT Harold McKnight. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 2-13-34 193

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho.

20. FILED Feb 13, 1934 Geo. C. Holley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Feb. 11, 1934.
I last saw him alive on 2/10, 1934.: death is said to have occurred on the date stated above, at 10:25 A. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | General |
| | years |
| | ago. |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88406

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 31

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Russell

(a) Residence. No. 311 3rd ave North St. Twin Falls Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

197

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Josephine Russell

6. DATE OF BIRTH (month, day, and year) Dec. 17, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER
13. NAME Thomas Russell
14. BIRTHPLACE (city or town) Irland
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Mrs Josephine Russell
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Feb 9, 1934

19. UNDERTAKER S C Phillips
(Address) Twin Falls.

20. FILED Feb. 14, 1934 Geo. C. Talley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 7:20 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Two bullet wounds, homicidal | |
| inflicted by unknown party: | |
| (1) Penetrating chest and severing the aorta: and | |
| (2) Penetrating bowel & spine. | |

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Post mortem exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Feb. 6th 1934
Where did injury occur? City of Twin Falls
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Homicidal bullet wounds
Nature of injury Killed while at work as police officer

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Killed in line of duty.

(Signed) T. A. Dwight, M. D.
(Address) Twin Falls County Coroner Filer Ida.

RECEIVED FEB 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88407

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 3
Primary Registration District No. 2085
Local Registrar's No. 32
(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bobby Pennington

(a) Residence. No. 1 Kimberly St. Baldwin
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Apr 3 1927

7. AGE: Years 7 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Idaho

PARENTS

10. NAME OF FATHER: R O Pennington
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Okla
12. MAIDEN NAME OF MOTHER: Iva Hawkins
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Kansas

14. Informant: R O Pennington
(Address): Kimberly Idaho

15. Filed Feb 16, 1934 Geo. C. Hally M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 14 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934, to Feb 14, 1934
that I last saw him alive on Feb 14, 1934
and that death occurred, on the date stated above, at 6:50 A m.

The CAUSE OF DEATH* was as follows:
Lateral broncho-pneumia
(duration) yrs. mos. 9 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death? Home (Kimberly Ida)
Did an operation precede death? No Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Clinical - X-Ray - Exam
(Signed) Geo C. Hally, M. D.
Feb 14, 1934 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls — Date of Burial: Feb 16 1934
20. Undertaker: E C Drake — Address: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls.
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88408
State File No.....

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 33
(No. Twin Falls County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Cora Elizabeth Vanderpool.

(a) Residence. No. Kimberly St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~: Herbert M. Vanderpool

6. DATE OF BIRTH (month, day, and year): May 11, 1867

7. AGE: Years 66 | Months 9 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hauppauge L.I.

MOTHER
13. NAME: Henry Hill
14. BIRTHPLACE (city or town) (State or country): Unknown.

FATHER
15. MAIDEN NAME: Elizabeth Shaw
16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMANT (Address): R. H. Vanderpool

18. BURIAL, CREMATION OR REMOVAL
Place..... Date....., 193..

19. UNDERTAKER (Address): Evans & Johnson Twin Falls, Idaho

20. FILED 2/16, 1934. Geo. C. Kelly M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1934, to Feb. 15, 1934.
I last saw h[illegible] alive on Feb. 15, 1934; death is said to have occurred on the date stated above, at 11:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet Fever | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... None ..... Date of.....
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88409

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 34

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eli J Fisher

(a) Residence. No. (Usual place of abode) Kimberly Idaho St.
Length of residence in city or town where death occurred, 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ida Fisher

6. DATE OF BIRTH (month, day, and year) Aug 11-1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 6 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McConnelsville Ohio

FATHER
13. NAME Louis Fisher
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Sarah E. Thompson
16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMENT (Address) W. H. Fisher Idaho Route #2 Kimberly

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Bushnell Ill Date 2-17 1934

19. UNDERTAKER (Address) White Mortuary Twin Falls Ida

20. FILED Feb. 17, 1934 Geo C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1934, to 2-15-, 1934
I last saw h alive on 2-15-, 1934: death is said to have occurred on the date stated above, at 1020 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular disease | Many years |
| Apoplexy | 2/10/34 |

Other contributory causes of importance:

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place,
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. M. Davis, M. D.
(Address) Kimberly Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 88410

Local Registrar's No. 35

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Fisher

(a) Residence. No. Twin Falls St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 84 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME J M O'Dell

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Naomi Cooper

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMENT C L Ramsdell (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Feb 17, 1934

19. UNDERTAKER S C Phillips (Address) Twin Falls Idaho

20. FILED Feb. 17, 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1934, to 2/15, 1934
I last saw h.er alive on 2/15, 1934: death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | 2/10/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88411

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 36

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas Latimer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Latimer

6. DATE OF BIRTH (month, day, and year): Apr. 4 - 1844

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 89 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Merchant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER/FATHER

13. NAME — Latimer

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME: Jane Munsey

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Fern Bothwell Twin Falls Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Manchester Iowa Date Feb 18, 1934

19. UNDERTAKER (Address): Evans & Johnson Twin Falls - L. D. Chrisman

20. FILED Feb. 17, 1934 Geo. C. Talley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/17 193 4

22. I HEREBY CERTIFY, That I attended deceased from January 21, 193.., to 2/15/34, 193....
I last saw him alive on 2/15/34, 193...: death is said to have occurred on the date stated above, at 7:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | about |
| Senility | 10 years. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Apoplexy | 1 day. |
| | |

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury.., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) X Duncan L. Alexander M. D.
(Address) Twin Falls Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88412

**PLACE OF DEATH**
County of Twin Falls
City of Kimberly

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 45

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Mc Dermid

(a) Residence. No. ..... St. Kimberly Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 58 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie E. Mc Dermid

6. DATE OF BIRTH (month, day, and year) Aug 7-1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | 6 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

FATHER
13. NAME John Mc Dermid
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Mckinnon
16. BIRTHPLACE (city or town) (State or country) Mckinnon

17. INFORMENT (Address) Fannie E. Mc Dermid Kimberly Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date March 2 1934
19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls Idaho
20. FILED Mar. 2, 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Feb 28, 1934
I last saw him alive on Feb 28, 1934; death is said to have occurred on the date stated above, at 9:40 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Long standing |
| Other contributory causes of importance: Secondary anemia (progressing) | 9-33 |

Name of operation 0 Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. M. Dennis, M. D.
(Address) Kimberly Idaho

RECEIVED APR 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Castleford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88414

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No. 5 ) 16
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Valley Alvin Jay

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John S. Jay
6. DATE OF BIRTH (month, day, and year): Feb 4 — 1851
7. AGE — Years: 82 | Months: 1 | Days: 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: ...
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: Neal
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: ~~Don't Know~~
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Chas Hartman Castleford

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Date: 3-29 1934

19. UNDERTAKER (Address): Evans Johnson Funeral Dir. Twin Falls Ida.

20. FILED: 3-31 1934 J. H. Wagstaff Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1934., to 3/27, 1934.
I last saw her alive on 3/20, 1934.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic endocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....
(Signed) C. D. Weavey M. D.
(Address) Twin Falls, Ida.

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88415

Registration District No. 39
Primary Registration District No. 7087
(No. ) Local Registrar's No. 745

5-26

PLACE OF DEATH
County of Twin Falls
City of Castleford
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Sarah Brackett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 10 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 2 | 6 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Colo

PARENTS
10. NAME OF FATHER Miles Mauldin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Georgia
12. MAIDEN NAME OF MOTHER Margaret Rose
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mo.

14. Informant Mr. J. O. Clark
(Address) Filer Idaho

15. Filed Mar. 24 1934 J. T. Merrill Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 16 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/29/33, 19..., to 2/2/34, 19...
that I last saw her alive on 2/2/34, 19...
and that death occurred, on the date stated above, at ...m.
The CAUSE OF DEATH* was as follows:

Endo and myocarditis chronic, acute exacerbation with cerebral embolus.
(duration) ... yrs. 6 mos. ... ds.
CONTRIBUTORY (Secondary) Acute cerebral embolus about
(duration) ... yrs. 4 mos. 1 ds.

18. Where was disease contracted if not at place of death? home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) Duncan L. Alexander, M. D.
3/24/34, 19... (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls | Date of Burial: Mar 27 1934
20. Undertaker: J. C. Drake | Address: Twin Falls

TION is very important. See instruction on back of certificate.

RECEIVED APR 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Burl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88416

Registration District No. 39

Primary Registration District No. 7087

Local Registrar's No.

(No. 1 )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della Farrell

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sam Farrell

6. DATE OF BIRTH (month, day, and year): June 8—

7. AGE — Years: 45 | Months: 9 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brooster Kan.

MOTHER/FATHER

13. NAME: Samuel Fulwiders

14. BIRTHPLACE (city or town) (State or country): Ind.

15. MAIDEN NAME: Ellen Ross

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Sam Farrell Burl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place: Burl Date: 3/16, 1934

19. UNDERTAKER (Address): Evans & Johnson Burley Idaho

20. FILED 3-16, 1934 H. H. Murphy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1933, to 3-13, 1934.

I last saw her alive on 3-13, 1934. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Lungs | Not known |
| | |
| | |
| | |
| Other **contributory causes** of importance: Cancer of left breast | |
| amputation L. Breast | Aug 1931 |

Name of operation Hysterectomy Date of Aug 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Murphy, M. D.

(Address) Burley Ida.

RECEIVED MAR 17 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8841

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls.

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 37

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry W. Clouchek, M. D.

(a) Residence. No. 327 5th, Ave. E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Clouchek.

6. DATE OF BIRTH (month, day, and year) April 7, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan City, (State or country) Indiana

FATHER

13. NAME Joseph F. Clouchek,

14. BIRTHPLACE (city or town) Bohemia (State or country)

MOTHER

15. MAIDEN NAME Augusta A. Kimball

16. BIRTHPLACE (city or town) Saxony (State or country) Germany

17. INFORMENT (Address) Mrs. Emma Clouchek, Twin Falls, Idaho.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Portland, Ore. Date 2-21, 1934

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED Feb. 20, 1934 Geo. C. Kelly, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1934, to Feb., 19, 1934

I last saw him alive on 2/18/34 pm, 1934; death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endo and myocarditis | about Nov. 1933 |
| Influenzal type infection | Oct. 1933 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebral embolis R. side brain | 1/18/34 |
| secondary to endocarditis. | |
| L. hemiplegia. | |

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? N.O. If so, specify

(Signed) Duncan G. Alexander, M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88418

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 38

(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Wahl

(a) Residence. No. Twin Falls, Idaho St. 294 Quincy
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 11, 1932.

7. AGE — Years: — Months: 22 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Twin Falls, Idaho.

MOTHER FATHER

13. NAME: L. L. Wahl

14. BIRTHPLACE (city or town) (State or country): Eureka, South Dakota

15. MAIDEN NAME: Maggie Neall

16. BIRTHPLACE (city or town) (State or country): Eureka, South Da.

17. INFORMANT (Address): L. L. Wahl Twin Falls.

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date Feb. 19, 1934

19. UNDERTAKER (Address): Evans & Johnson Twin Falls, Idaho

20. FILED Feb. 21, 1934 Geo. C. Halley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 17 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Feb. 17, 193.4, to ....., 193....
I last saw ~~him~~ alive on Feb. 17, 193.4 death is said to have occurred on the date stated above, at 6.P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Dec. last |
| Bronchio-pneumonia | Dec. |

Other ~~contributory~~ causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Paracentesis. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....

(Signed) C. D. Weaver, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 88419

Local Registrar's No. 40

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Ferguson Newman

(a) Residence. No. 925 Shoshone St. N. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXX

6. DATE OF BIRTH (month, day, and year) Nov. 9, 1916

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 17 | 3 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoshone, Idaho.
(State or country)

FATHER

13. NAME James Wm. Newman

14. BIRTHPLACE (city or town)
(State or country) Texas.

MOTHER

15. MAIDEN NAME Rachel Ferguson

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMENT J. W. Newman
(Address) 925 Shoshone St. N.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Feb 24, 1934

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho.

20. FILED Feb. 24, 1934 Geo. C. Talley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1934, to Feb. 22, 1934

I last saw him alive on Feb. 22, 1934: death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis acute gangrenous | 2/17/34 |
| Other contributory causes of importance: | |
| Gas gangrene infection | 2/17/34 |

Name of operation appendectomy & drainage. Date of 2-17-34

What test confirmed diagnosis? Clinical Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193.

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan L. Alexander M. D.

(Address) Twin Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 88420

Local Registrar's No. 41

(No. 240 3Rd Ave. No)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Anna E. Madding,

(a) Residence. No. 240 --3Rd ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Tom Madding,

6. DATE OF BIRTH (month, day, and year) Nov. 17Th1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 3 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank. etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER
13. NAME Hans Rasmussen
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER
15. MAIDEN NAME Gertrude Martinson
16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMENT John Rasmussen
(Address) Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Date Feb26 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED ~~Mar~~ Feb. 26, 1934 Geo C Halley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1934, to Feb. 24, 1934
I last saw her alive on Feb. 23, 1934: death is said to have occurred on the date stated above, at 1215AM
The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Coronary Thrombosis | 5 Yrs |
| | 2-23-34 |
| Other contributory causes of importance: | |
| Influenza | 2-18-34 |
| Left Pleurisy | 2-20-34 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Coughlin M. D.
(Address) Twin Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls,
City of Hansen.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88421

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 42

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Martha Byram.

(a) Residence. No. Hansen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Joseph Byram

6. DATE OF BIRTH (month, day, and year) May 5, 1843

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 90 | 9 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburg, Pa.
(State or country)

FATHER
13. NAME William Arbuthnot
14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER
15. MAIDEN NAME Mary Jones,
16. BIRTHPLACE (city or town) Pittsburg, Pa.
(State or country)

17. INFORMENT Stuart Severns
(Address) Hansen, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Twin Falls Date 2-28, 1934

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED Feb. 26, 1934 George C Halley
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb., 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934, to Feb., 26, 1934
I last saw her alive on Feb. 26, 1934: death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral broncho-pneumonia | Feb 20/34 |

Other contributory causes of importance:
Senility
myocarditis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) George C Halley, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88422

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 43

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Jennison

(a) Residence. No. 128 10th Ave. N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of M. E. Jennison.

6. DATE OF BIRTH (month, day, and year) March 9, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mount Carroll, Ill.

FATHER

13. NAME Horace E. Sheldon

14. BIRTHPLACE (city or town) (State or country) Burlington, Ill.

MOTHER

15. MAIDEN NAME Clara Beaver,

16. BIRTHPLACE (city or town) (State or country) Mount Carroll Ill.

17. INFORMENT (Address) M. E. Jennison, Twin Falls, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date Mch. 1, 1934

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED Mar. 3, 1934 Geo C Hailey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb., 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1933, to Feb., 27, 1934

I last saw her alive on Feb 27, 1934 death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma - Liver - | Sept - 33 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H Wilson, M. D.

(Address) Twin Falls, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88423

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 44
(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME Melissa Griffith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 8 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 10 | 20 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10. NAME OF FATHER Alex Baliw

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Susie Wood

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant Mrs A W Griffith
(Address) Mountain Home

15. Filed March 2, 1934 Geo. C. Talley, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH 11-15

16. DATE OF DEATH Feb (Month) 28 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May-19- 1932, to Feb. 28 1934
that I last saw h[illegible] alive on Feb. 27, 1934
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:
Fractures of both hips, (neck of femurs)
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Long continued bed confinement
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Mountain Home Ida
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical X-Ray
(Signed) J M Darling, M. D.
Mar. 2, 1934 (Address) Kimberly Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Buhl Cemetery Idaho | March 1934 |

20. Undertaker E. L. Clark Address Twin Falls

RECEIVED MAR

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Valley

City of Mc Call

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 5

Primary Registration District No. ____

DO NOT WRITE IN THIS SPACE

State File No. 88424

Local Registrar's No. 4

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvia Roslie Ramey

(a) Residence. No. ____ Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds. ____

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Proud Ramey

6. DATE OF BIRTH (month, day, and year) Dec 3 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 41 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Rocky Bar Ida

FATHER

13. NAME William Francis Howard

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Clara Heidrich

16. BIRTHPLACE (city or town) (State or country) Calfornia

17. INFORMENT (Address) Ray Howard Emmett, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Ida Date March 4 1934

19. UNDERTAKER (Address) Johnson Funeral Service New Meadows Ida

20. FILED March 5, 1934 Gardner Brady Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 – 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934, to March 3, 1934

I last saw her alive on March 3, 1934; death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Volvulus (Ileal Tonic) | |

Other contributory causes of importance:

Shock following series of Lumbar Stings.

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Wm S. Thumser M. D.

(Address) McCall Ida

RECEIVED MAR [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 88425

## PLACE OF DEATH

## CERTIFICATE OF DEATH

County of Valley
City of Mc Call
Registration District No. 15
Primary Registration District No. [illegible]
(No. [illegible])
Local Registrar's No. 5.

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Thomas Euginer Bennett

(a) Residence. No. Mc Call St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Marri ed |

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) ~~WIFE of~~ Grace Garnett Benett

6 DATE OF BIRTH (month, day and year) Nov 8th 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 66 | 4 | 3 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilks Berr Pen

PARENTS
10 NAME OF FATHER William Bennett
11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn
12 MAIDEN NAME OF MOTHER Not Known
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Grace Garnett Bennett
(Address) Mc Call Ida

15 Filed March 13 1934 M. Gardner Ready Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 11 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased, from Feb. 28, 1934, to March 11, 1934, that I last saw him alive on March 11, 1934, and that death occurred, on the date stated above, at 6'15 m.

The CAUSE OF DEATH* was as follows:
Dy [illegible] Pneumonia following Influ-
Lobar Pneumonia

(duration) ... yrs. 1 mos. ... ds.
CONTRIBUTORY (Secondary) Acute Heart attack
Sudden (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Exam.

(Signed) Don E. Mumma, M. D.
3-12, 1934 (Address) McCall Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Mc Call Ida
Date of Burial: March 15 1934

20. Undertaker: Johnson Funeral Service
Address: New Meadows Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE
State File No. 88426
Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Bruce Chandler

(a) Residence. No. 716 E Park St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wht | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 29-

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 11 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Percy Chandler
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Hazel Hovey
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Percy Chandler Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida. Date 2-4-, 193 4

19. UNDERTAKER L. L. Markham
(Address) Weiser, Idaho

20. FILED Mch 16, 193 4 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1 1 193 4

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 193 4, to Feb 2, 193 4
I last saw h alive on Feb 2, 193 4; death is said to have occurred on the date stated above, at 1:25 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | Jan 28-1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hayden Hancher, M. D.
(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE

State File No. 88427

Local Registrar's No. 8

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Isabella Boyd

(a) Residence. No. County Road St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Wht | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Wm W Boyd

6. DATE OF BIRTH (month, day, and year) Sept 18 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 76 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Barber

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Addie Callahan Midvale Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 2-9, 1934

19. UNDERTAKER L. C. Northam

(Address) Weiser Idaho

20. FILED Mar 16, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h....alive on ....., 193.....: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Trouble | |
| Died before Medical assistance arrived | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) L. C. Northam Coroner ~~M. D.~~

(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88428

**PLACE OF DEATH**
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 9
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Reid Hamilton
(a) Residence. No. 440 W Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wht | married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Emma Hamilton

6. DATE OF BIRTH (month, day, and year) July 16

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 67 | 6 | 27 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Jane Reid
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT Emma Hamilton (Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date 2-15-1934

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED Mar 16, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934, to Feb 13, 1934
I last saw him alive on Feb 13, 1934; death is said to have occurred on the date stated above, at 5:10 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Other contributory causes of importance: | |
| Erysipelas - Scalp following laceration 2 → | Feb 4, 1934 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Hayden Hansher, M. D.
(Address) Weiser Idaho

RECEIVED MAR 20 1934

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88429

PLACE OF DEATH

County of Washington

City of Weiser

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 16

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aneta Newsom

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F | Wht | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 8 - 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | 8 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Harkel Newsom

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ky

12. MAIDEN NAME OF MOTHER Lydia McMillen

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mo

14. Informant Harkel Newsom
(Address) Weiser Idaho

15. Filed Mar 16, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 3, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to Feb 27, 1934
that I last saw her alive on Feb 27, 1934
and that death occurred, on the date stated above, at — m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Probable Thrombosis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) R. M. Coats M. D.
3/6, 1934 (Address) Weiser Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 3-8 1934 |

| 20. Undertaker | Address |
|---|---|
| L. C. Northam | Weiser Ida |

88430

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88430

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 16

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorenzo L. Evans.

(a) Residence. No. Travelute Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 76 | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Banker

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brigham City,...
(State or country) Utah.

FATHER

13. NAME David R. Evans

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Gwen Lloyd

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT Mrs. R. B. Davis
(Address) Malad, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Malad, Ida. Date Apr. 11 193 4

19. UNDERTAKER A. W. Davis,
(Address) Am. Falls, Ida.

20. FILED Apr. 9, 193 4 Lawrence Hall, Jr.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 193 4

22. I HEREBY CERTIFY, That I attended deceased from March 22, 193 4., to April 6..., 193 4.
I last saw him alive on April 6..., 193 4.: death is said to have occurred on the date stated above, at 9 P....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) W. W. Farrell, M. D.

(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 14 1934

88431

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88431

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 99

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Harry McMillen

45

(a) Residence. No. 257 Roosevelt Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Verna [illegible], Shaw.

6. DATE OF BIRTH (month, day, and year) March 16, 1893.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 41 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switch-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. R. R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER FATHER

13. NAME Frank McMillen

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Martha Smith

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMANT Mrs. Edward H. McMillen
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date May 9, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED May 8, 1934. D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933, to May 6, 1934
I last saw him alive on May 4 1934: death is said to have occurred on the date stated above, at 11:50 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Rectum | |

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy? No Specimen examination

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None at Home
Manner of injury None at Home
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify None
(Signed) [signature] M. D.
(Address) Pocatello, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88432

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 44

(No. Veterans Administration Facility, Boise, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Victor P. Machos

(a) Residence. No. Box 866 St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 5, 1896

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 38 | 2 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)... Texas
(State or country)

MOTHER/FATHER

13. NAME Albert Machos

14. BIRTHPLACE (city or town) Lubla, Poland
(State or country)

MOTHER

15. MAIDEN NAME Agnes Shook

16. BIRTHPLACE (city or town) Turnauf, Poland
(State or country)

17. INFORMANT .. Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shipped to Nampa Date 4/14/34 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-14, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 12 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7, 193.4., to April 12, 193.4.

I last saw him alive on April 12, 193.4: death is said to have occurred on the date stated above, at 4:56 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage, left | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension, arterial, severe | |
| | |
| | |

Name of operation..... Autopsy ..... Date of.....

What test confirmed diagnosis?/... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) MELGIE WARD M. D.

(Address) V.A., Boise, Idaho

RECEIVED APR 20 1934

88432

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88432

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 4
Primary Registration District No. 2116
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Opstad

(a) Residence. No. (Usual place of abode) Carmen Idaho St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 17 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberjack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mine
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Andrew Henderson Marble Park.

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Ida Date 4/13", 1934

19. UNDERTAKER: Geo Nacke
(Address) Salmon Idaho

20. FILED 4/16-, 1934 Clio C Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-12" 1934

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934, to April 12, 1934
I last saw him alive on , 193 ; death is said to have occurred on the date stated above, at 9 A- m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial pneumonia, pleurisy, pleurisy, tuberculosis, tuberculosis | March |
| Other contributory causes of importance: acute dilatation of heart | April 11, 1934 |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes.
If so, specify Tuberculosis

(Signed) W. Bradman M. D.
(Address) Salmon, Ida

MARGIN RESERVED FOR BINDING

6.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

88433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88434

**PLACE OF DEATH**

County of Latah
City of ~~Palouse~~ Potlatch

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

1882

2. FULL NAME Almon Spencer Moody

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 9. 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 21 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diging Ditch

10. Date deceased last worked at this occupation (month and year) April 1934

11. Total time (years) spent in this occupation 2 Weeks

12. BIRTHPLACE (city or town) Stowe
(State or country) Vermont

FATHER

13. NAME Spencer H. Moody

14. BIRTHPLACE (city or town) Stowe
(State or country) Vermont

MOTHER

15. MAIDEN NAME Mary Austin

16. BIRTHPLACE (city or town) Saranac Lake
(State or country) New York

17. INFORMENT Mary Moody
(Address) Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Idaho Date April 19, 1934

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED April 17, 1934 J. H. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr — , 193.., to — , 193..

I last saw h— alive on — , 193..: death is said to have occurred on the date stated above, at 330 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental multiple crushed injuries from earth slide in Sewer ditch | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/16, 1934

Where did injury occur? Potlatch Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Earth slide.

Nature of injury Crushing force

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Townsite laborer

(Signed) J. H. Thompson, M. D.

(Address) Potlatch

88434

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
88435
State File No. .....

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**

County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2/85 Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Margaret M. Ross. 165

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. A. Ross.

6. DATE OF BIRTH (month, day and year) March 22, 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 48 | 0 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

PARENTS

10. NAME OF FATHER John Henry Gittinger
11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)
12. MAIDEN NAME OF MOTHER Margaret J. Steine
13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or County)

14. Informant W. A. Ross
(Address) Priest River, Idaho.

15. Filed April 16 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 11, (Day) 1934. (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Heart Dilatation due to Over dose Carbolic Acid taken with Suicidal intent
.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) [signature] M. D.
....., 19..... (Address) .....

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Spokane, Washington | Apr. 16 1934 |

20. Undertaker L. S. Moon Address Sandpoint, Idaho.

8843

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88436

**PLACE OF DEATH**
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 121
(No. St. Alphonsus Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Boyakin

(a) Residence. No. 210 North 6th St.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of June Boyakin

6. DATE OF BIRTH (month, day, and year) Nov. 28-1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 4 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Benton Cole
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Elizabeth Miller
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) June Boyakin Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 4-23, 193 4 Boise, Ida

19. UNDERTAKER Schreiber & McCann (Address) Boise, Idaho

20. FILED 4-23, 193 4 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-20, 193 4

22. I HEREBY CERTIFY, That I attended deceased from 1908 —, 193..., to 4-20, 193 4.
I last saw h[illegible] alive on 4-20, 193 4; death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | 4/11/34 |
| Acute Lobar Pneumonia | |
| Bronchial Asthma. | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Hannah Stewart, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 21 1934

7713.6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88437

PLACE OF DEATH
County of Elmore
City of Glenn's Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude J. Buckles

(a) Residence. No. (Usual place of abode) Glenns Ferry St. Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alvin T. Buckles

6. DATE OF BIRTH (month, day, and year): Oct 3-1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 6 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: at home
10. Date deceased last worked at this occupation (month and year): Sept 1-1933
11. Total time (years) spent in this occupation: 24 yrs.

12. BIRTHPLACE (city or town) (State or country): Quincy Illinois

FATHER
13. NAME: John Pittman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Henrietta Lieg.
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Alvin T Buckles Mt. Home Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Place Glenns Ferry Date April 21. 1934

19. UNDERTAKER: G.C. Thacker (Address) Mt. Home Idaho

20. FILED 4-21, 1934 Mrs Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 17 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to April 17, 1934
I last saw her alive on April 17, 1934; death is said to have occurred on the date stated above, at 2.25 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Polycystic kidneys | 1929 |
| Cerebral hemorrhage | April 17 1934 |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:
(Signed) John W. Davies M. D.
(Address) Glenns Ferry, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 27 1934

88437

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88438

PLACE OF DEATH
County of Franklin
City of Whitney
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 13

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Elizabeth Blake

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Richard Blake

6. DATE OF BIRTH (month, day, and year) June 24 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 9 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME Hubert H. Seass
14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER
15. MAIDEN NAME Laura Miller
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Hellen Blake Whitney

18. BURIAL, CREMATION, OR REMOVAL Place Whitney Date Apr 10, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Apr. 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to April 7, 1934
I last saw her alive on April 7, 1934, death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | April 3, 1934 |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —
(Signed) Orson L. Daines, M.D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

88438

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88439

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 38
Primary Registration District No. 2161
Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ambrose D. Maughan

(a) Residence. No. 582 West Clark St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 15 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. R R Shops

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weston Idaho

FATHER

13. NAME John Maughan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah A. Dawsgrot

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) Mrs. J. A. Driggs Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weston Ida. Date Apr. 23 1934

19. UNDERTAKER (Address) L. L. McMeans Pocatello Idaho

20. FILED Apr. 21, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934, to April 20, 1934

I last saw him alive on April 18, 1934; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | April 10 |

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. W. Griffiths, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

88457

RECEIVED MAY 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88440

PLACE OF DEATH
County of Custer
City of Mackay

Registration District No. 16
Primary Registration District No. 2153
Local Registrar's No. 179

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Arnold Renner

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. 3 yrs. mos. ds. How long in U. S. if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rozella Fogg Renner

6. DATE OF BIRTH (month, day and year) June 17, 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 10 | 3 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Forest Supervisor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Schaffhausen Switzerland

PARENTS

10. NAME OF FATHER Sylvester Renner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Gysel
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Switzerland

14. Informant (Address) Rozella Renner, Mackay, Ida.

15. Filed May 2, 1934 Rose Nowak Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) 20 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/20/34 19..., to 4/20/34 19..., that I last saw h-- alive on 4/20/34, 19..., and that death occurred, on the date stated above, at 9:40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Crushed Skull
Accidental
Fell 40 ft. Tree
accidental traumatism by crushing
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)
(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Ernest A. Renner M. D.
4-26, 1934 (Address) Mackay Ida

19. Place of Burial, Cremation, or Removal: Mackay Cemetery — Date of Burial: 4-23 1934
20. Undertaker: Gladys Ellington — Address: Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

8 8440

RECEIVED MAY 2 1934

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88441

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 49

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME John B. Taylor

(a) Residence. No. 603 - 16th Avenue North St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (~~XXXXXXXX~~) Sadie Taylor

6. DATE OF BIRTH (month, day, and year): March 12, 1879

7. AGE: Years 55 | Months 1 | Days 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Butcher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rome, Georgia

FATHER

13. NAME: Jerry Taylor

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Dora Phenley

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT (Address): Doris M. Crawforth, V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Nampa Idaho Date Removed Date 4-30, 1934

19. UNDERTAKER (Address): McBratney Funeral Home, V.A., Boise, Idaho

20. FILED 4-30, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1934, to April 28, 1934

I last saw him alive on April 28, 1934; death is said to have occurred on the date stated above, at 11:00a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Volvulus, intestinal | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Operation | |
| | |
| | |

Name of operation. Laperatomy Date of 4-28-34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) MELGIE WARD Melgie Ward M. D.

(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

88471

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88442

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 141

(No. St. Alphonsus Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

143

2. FULL NAME SHIGEYO KAWAHRA

(a) Residence. No. St. Orchard

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Yellow

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Yasutaro Kawahara

6. DATE OF BIRTH (month, day, and year): Feb 17th 1900

7. AGE: Years 34 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Home wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Japan

FATHER

13. NAME: Kametaro Kawahra

14. BIRTHPLACE (city or town) (State or country): Japan

MOTHER

15. MAIDEN NAME: Mitsu Kawahara

16. BIRTHPLACE (city or town) (State or country): Japan

17. INFORMANT (Address): Yasutaro Kawahara Orchard

18. BURIAL, CREMATION OR REMOVAL: Jap Section Ada Co. Boise Date 5-4-1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Ida

20. FILED 5-7-1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1934, to 5/3, 1934

I last saw her alive on 5/3, 1934; death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abortion Septic | |
| Perforation of Uterus | |
| Gas Bacillus Infection | |
| Anuria | |

Other contributory causes of importance:

Name of operation Colpotomy Date, of 5/3/34

What test confirmed diagnosis? Clinical Autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Tillinghast, M. D.

(Address) Boise

RECEIVED MAY 2 193[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88443

Registration District No. 76
Primary Registration District No. 1011 Local Registrar's No. 280
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles O Farren

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced, HUSBAND of (or ~~WIFE of~~): Bell Farren
6. DATE OF BIRTH (month, day, and year): June 13 1886
7. AGE: Years 47 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Hooter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: U.P. Railroad
10. Date deceased last worked at this occupation (mo. and yr.): Feb 1933
11. Total time (years) spent in this occupation: 8 yrs.

12. BIRTHPLACE (city or town) (State or country): La.

MOTHER FATHER
13. NAME: Jim Votter
14. BIRTHPLACE (city or town) (State or country): Not Known
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mrs. Bell Farren Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida. Date: Apr 17, 1934
19. UNDERTAKER (Address): J. A. Bower Wallace Ida
20. FILED: April 13 193[illegible] [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr 14 193[illegible]
22. I HEREBY CERTIFY, That I attended deceased from Mch ..., 193[illegible] to Apr 14, 193[illegible]
I last saw him alive on Apr 14, 193[illegible] death is said to have occurred on the date stated above, at 12:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Chronic Nephritis | |
| Uremia | 10-12 da |
| | |
| Other contributory causes of importance: | |
| Tuberculosis Pulmonary Severe | |
| Arteriosclerosis Severe | |

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~~...~~ Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....
(Signed) [illegible] M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88444

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 51

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Welland

(a) Residence. No. General Delivery St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 27, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 61 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois
(State or country)

FATHER

13. NAME William Welland

14. BIRTHPLACE (city or town) Wisconsin
(State or country)

MOTHER

15. MAIDEN NAME Mary Noble

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date May 6 1934

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-5, 1934 W. H. Rhodes
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5, ..., 193..4, to April 28, 1934
I last saw him alive on April 28, 1934.: death is said to have occurred on the date stated above, at 8:40a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, pulmonary, | |
| chronic, far advanced | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pneumonia, hypostatic | |
| | |
| | |

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Findings ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) MELGIE WARD M.D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of 3 Miles N.W.Of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 11
Primary Registration District No. 2003

DO NOT WRITE IN THIS SPACE
State File No. 88445

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Benton McGrath

(a) Residence. No. 3 Miles N.W. Of Meridian St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena McGrath

6. DATE OF BIRTH (month, day, and year) Jan 20 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 3 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) McConnisville (State or country) Ohio

FATHER

13. NAME Thomas McGrath

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Louisa Greer

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMENT (Address) Mrs. Lena McGrath Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dry Creek Cemetery Date 4/29, 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 4/27, 1934 W. H. Peer, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to April 25th, 1934.
I last saw him alive on April 10, 1934: death is said to have occurred on the date stated above, at 6:30 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary sclerosis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| General arterio sclerosis | |

Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Spangler, M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8844b

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME FLOYD CAIRNS 170

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. Meridian Idaho yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Macle Cairns

6. DATE OF BIRTH (month, day, and year) Dec-14-1880

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 53 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmar

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mount Hope
(State or country) Wisconsin

MOTHER/FATHER

13. NAME Andrew Cairns

14. BIRTHPLACE (city or town) .....
(State or country) New York State

15. MAIDEN NAME Cornelia Abrams

16. BIRTHPLACE (city or town) .....
(State or country) New York State

17. INFORMANT Charles A Cairns
(Address) Mreidian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cemetery Date 5/5, 193 4

19. UNDERTAKER W-S-Mateer
(Address) Meridian Idaho

20. FILED May 4, 193 4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/2 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at About 5-30 .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| GUNSHOT WOUND IN | ..... |
| THE HEAD SELF INFLICTED | ..... |
| ..... | ..... |
| (SUICIDE) | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...At Home.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] CORONER M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88447

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 16

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ora Alfred Cox

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mrs Kane M. Cox

6. DATE OF BIRTH (month, day, and year): Nov. 18, 1878

7. AGE: Years: 55 | Months: 5 | Days: 1 | If LESS than 1 day, .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Machinist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): ....

MOTHER/FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Kane M. Cox Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Middleton Ida Date: 4-22-1934

19. UNDERTAKER: B. W. Robison
(Address): Meridian Idaho

20. FILED: 4/21/1934 D. H. Peer, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-19-1934

22. I HEREBY CERTIFY, That I attended deceased from 3/31/1934, to 4/19/1934.

I last saw h/m alive on 4/13/1934; death is said to have occurred on the date stated above, at 4:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Tuberculosis | .... |
| Coronary Thrombosis | 3/23/34 |
| Cerebral Thrombosis | 4/19/34 |
| .... | .... |
| .... | .... |

Other **contributory causes** of importance:

Focal infection

Name of operation.... Date of....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury....

Nature of injury....

24. Was disease or injury in any way related to occupation of deceased? N.O. If so, specify....

(Signed) .... M. D.

(Address) .... Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88448

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Fenton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. A. Fenton

6. DATE OF BIRTH (month, day, and year) Sept 21, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day.... hrs. or ..... min. |
|---|---|---|---|
| 72 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pomeroy (State or country) Ohio

MOTHER FATHER

13. NAME Chas. Pascoe

14. BIRTHPLACE (city or town) Wales (State or country)

15. MAIDEN NAME Charlotte Rowlands

16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT Mrs. Esther Hayden
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 5/8, 1934

19. UNDERTAKER B. W. Johnson
(Address) Meridian Ida

20. FILED 5/8, 1934 W. H. Peer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/25/33 193..., to 5/5, 193.4

I last saw he alive on 5/5, 193.4: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | |
| Hyp pedersion | |
| Hyp Pedersion and heart disease | |
| Chron. Interstitial Nephritis | |
| Uremia | 4/28/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88450

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 45

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Franklin J. Dutton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 21 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 80 | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Dayton
(State or country) New York

FATHER

13. NAME Nelson L. Dutton

14. BIRTHPLACE (city or town) South Dayton
(State or country) New York

MOTHER

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) Vermont,
(State or country)

17. INFORMENT Willis E. Dutton
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 4/12, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-14, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to 4-10, 1934

I last saw h... alive on 4-7, 1934; death is said to have occurred on the date stated above, at 8.0 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of rectum | |

Other contributory causes of importance:

| | |
|---|---|
| Epilepsy | |

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) M. Callaway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88456

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 105

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vaseleos Gatseopoulos

(a) Residence. No. 813½ Main St. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) -- -- 1887

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 47 | -- | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Schotena, Argos. Greece

FATHER

13. NAME Chrestos Gatseopoulos

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT (Address) George J. Karras

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill Date. 4/3, 1934

19. UNDERTAKER (Address) W. McBratney Boise

20. FILED 4-3, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/1/34 193

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 193 4, to 4-1, 193 4
I last saw him alive on 4-1, 193 4; death is said to have occurred on the date stated above, at 8:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | unknown |

Other **contributory causes** of importance:

| | |
|---|---|
| Tuberculosis of cervical vertebrae | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Xray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) O. F. Swendsen, M. D.
(Address) Boise, Idaho

Indicate of

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88457

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 104

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna R. Schroeder

(a) Residence. No. ..... St. Orchard, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Otto E. Schroeder

6. DATE OF BIRTH (month, day, and year)
December 31, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 3 | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crookston Minn.

FATHER

13. NAME Thomas Thygeson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Otto E. Schroeder, Orchard, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/2, 1934

19. UNDERTAKER (Address) W. McBratney, Boise Idaho

20. FILED 4-2, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to March 31, 1934

I last saw h[illegible] alive on 3/31, 1934; death is said to have occurred on the date stated above, at 1[illegible]5 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Esophagus | [illegible] 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Metastases to Pleura Cachexia Hemorrhage | about 6/1/34 |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. B. Smith M.D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88458

PLACE OF DEATH
County of Ada Co
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 102
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Prosper Avelina

(a) Residence. No. 507½ Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Jane Avelina

6. DATE OF BIRTH (month, day, and year) Jan 15 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 2 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co Commissioner
10. Date deceased last worked at this occupation (month and year) May 12 1917 to Jan
11. Total time (years) spent in this occupation 11 - 1933

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Joseph Avelina
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Angelina Avelina
16. BIRTHPLACE (city or town) (State or country) Lymaulin Canada

17. INFORMENT (Address) J. P. Avelina 1006 Boise Hotel

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Portland Ore Date 4-3, 1934 Mausoleum

19. UNDERTAKER Schreiber & McCann (Address) Boise, Idaho

20. FILED 4-2, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-31 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-5-34, 193..., to 3-31-, 193.4
I last saw h— alive on 3-30-, 193.4; death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Intravascular Coagul | (?) |
| (2) Arteriosclerotic Heart | 1931 |
| Other contributory causes of importance: | |
| (3) Diabetes Acetone | (?) |
| (4) Chronic Nephritis | (?) |

Name of operation no Date of
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Ernest E. Cavanaugh, M. D.
(Address) Boise, Idaho

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88460

PLACE OF DEATH
County of Ada
City of Near Barber

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joann Rose

(a) Residence. No. ..... St. Near Barber Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Barber
(State or country) Idaho

FATHER

13. NAME Chester Rose

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER

15. MAIDEN NAME Bernice Dayley

16. BIRTHPLACE (city or town) Oakley
(State or country) Idaho

17. INFORMENT (Address) Ora Rose Barber Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 4/6, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-7, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at About 3:A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died Suddenly. No Medical Attendance. No Indication Of Foul Play | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. S. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88461

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 48

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Asbury Cook Hill. 90

(a) Residence. No. 5 Miles S.W. of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary. E. Hill.

6. DATE OF BIRTH (month, day, and year)
Dec. 25. 1849.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 84 | 3 | 29. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elmira New York.
(State or country)

FATHER

13. NAME Thomas Hill.

14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER

15. MAIDEN NAME Alice Mac Kinney.

16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMANT Harrison. B. Hill.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date April 26 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-27., 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24. 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-22-, 1934., to 4-24-, 1934.

I last saw him alive on 4-23-, 1934.; death is said to have occurred on the date stated above, at 8a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dilatation of Heart. | |
| Death very Sudden. | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility - Senile | |
| Tension - " | |
| Heart Lesions. | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) O. Fullbeck M. D.

(Address) Boise Ida.

RECEIVED MAY 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88462

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 110

(No. 1605)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Asbury Lockhart Hill

(a) Residence. No. 1606 North Tenth St. Boise Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. A. L. Hill

6. DATE OF BIRTH (month, day, and year) Oct. 12th 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 5 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-27-34

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Mont Knows Missouri

FATHER

13. NAME Sanford Hill

14. BIRTHPLACE (city or town) (State or country) Mont Knows Missouri

MOTHER

15. MAIDEN NAME Mary Hill

16. BIRTHPLACE (city or town) (State or country) Mont Know Missouri

17. INFORMENT (Address) Mrs. A. L. Hill 1606 North 10th St.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 4-8, 1934

19. UNDERTAKER Schreiber McEuen (Address) Boise Ida

20. FILED 4-11, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1933, to April 4, 1934
I last saw him alive on April 4, 1934; death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular Renal Disease | 1925 |
| Other contributory causes of importance: | |
| Cardiac Asthma | 1930 |

Name of operation N.A. Date of
What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Arnold T. Nokes, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88463

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 47

(No. So. Boise)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Donald Mac Gregor

(a) Residence. No. St. Barber Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Violet

6. DATE OF BIRTH (month, day, and year): December 18, 1905

7. AGE — Years: 28 — Months: 3 — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Timber Mill

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chippewa Falls Wis.

FATHER

13. NAME: E. C. MacGregor

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Gertrude Brown

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Donald MacGregor Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 4-16-34

19. UNDERTAKER (Address): W. McBratney Boise Idaho

20. FILED 4-16, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193...., death is said to have occurred on the date stated above, at About 1.30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally Drowned In | |
| Ridenbaugh Irrigation | |
| Canal. | |
| No Indication Of Foul Play. | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.., 193..
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) J. M. Cann Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88464

PLACE OF DEATH
County of Ada
City of Boise (or near)

Registration District No. 8
Primary Registration District No. 2004

Local Registrar's No. 46

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME L. T. Vermillion

(a) Residence. No. Ada County Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dora Rumer

6. DATE OF BIRTH (month, day, and year) 1849

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 85 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) A. Schreiber

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Nampa Ida. Date 4-14, 1934

19. UNDERTAKER (Address) A. Schreiber & Mc Cann Boise

20. FILED 4-14, 1934 W. T. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-12- 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1933, to Apr 12, 1934

I last saw him alive on April 11, 1934: death is said to have occurred on the date stated above, at 9:05 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance:

| | |
|---|---|
| asthma | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify No

(Signed) M. Conway M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88465

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 41

Ada County Hospital
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles William Riley

(a) Residence. No. 1210 Divison St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Riley

6. DATE OF BIRTH (month, day, and year) April 25 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Star Mich.

FATHER

13. NAME James Riley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Hess

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Cecelia M. Riley Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Apr. 8 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-7, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29 1934 to April 3, 1934

I last saw him alive on April 3, 1934: death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| Syphilis | |
| | |

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1934

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88466

## PLACE OF DEATH

County of Ada.
City of 3 miles west Boise.

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marjorie Ann Kistler.

(a) Residence. No. Riverside Station. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov-21-1928

7. AGE — Years: 5 — Months: 4 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

FATHER

13. NAME: Charles Gilbert Kistler.
14. BIRTHPLACE (city or town) (State or country): Colorado.

MOTHER

15. MAIDEN NAME: Ella Allison
16. BIRTHPLACE (city or town) (State or country): Kansas.

17. INFORMANT (Address): Charles Gilbert Kistler. Riverside Station. Boise.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: April 5, 1934

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho

20. FILED 4-5, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

Apr. 3-1934

21. DATE OF DEATH (month, day and year): Apr. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934, to ....., 193..
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Child gave history of an acute gastro intestinal disturbance the day before | |

Other **contributory causes** of importance:

(over)

Name of operation: none Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) A. V. Branch, M. D.
(Address) [illegible] Boise Idaho

over.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88467

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chin Hark Gee

(a) Residence. No. Davis Ranch St. Boise Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Yellow | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wong Shee

6. DATE OF BIRTH (month, day, and year) 12-17-1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 | 2 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calif. U.S.A.

FATHER

13. NAME Chin Yuen

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Hom Shee

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMENT Hussy W. Fong
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Pierce to China
Place Date of Burial 1934

19. UNDERTAKER Schreiber & McCandless
(Address) Boise Idaho

20. FILED 4-3, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Feb 17, 1934

I last saw him alive on Feb 16, 1934; death is said to have occurred on the date stated above, at 3,40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetic Gangrene | Dec 17 |

Other contributory causes of importance:

| | |
|---|---|
| Diabetes Mellitus Would not take Insulin | Don't know |

Name of operation None Date of

What test confirmed diagnosis? Urine Sugar Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. M. Bradshaw, M. D.

(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88468

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 38

(No.) Ada County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Wartman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Mrs Mary Wartman

6. DATE OF BIRTH (month, day, and year): 1845

7. AGE: Years: About 89 | Months: — | Days: — | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Not obtainable

FATHER
13. NAME: Not obtainable
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Margaret Wartman Boise, Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: Mon Dec 3-1934
19. UNDERTAKER: Johnson & McCanne (Address): Boise, Ida
20. FILED 4-3, 1934 W. F. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 29 1934
22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to Mar 28, 1934
saw h alive on March 28, 1934: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| Injured by Blows from a chair 2 weeks previous to death | |

Name of operation: none Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Injury occured at Ada Co. Hospital
Manner of injury: Blows with a chair
Nature of injury: Scalp wounds
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) M. Calloway, M. D.
(Address) Boise Idaho

RECEIVED MAY 1934

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88469

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 132

(No. St. Alphonsus Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Gertrude Brooks

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Wht

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: John P. Brooks

6. DATE OF BIRTH (month, day, and year): Nov 19 - 1898

7. AGE — Years: 35 Months: 5 Days: 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweeden

FATHER

13. NAME: Lind

14. BIRTHPLACE (city or town) (State or country): Sweeden

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Sweeden

17. INFORMANT (Address): J. P. Brooks Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Date: 4/26/1934

19. UNDERTAKER (Address): C. D. Buckenham Emmett Idaho

20. FILED 4-30-1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to 4/24, 193..
I last saw her alive on 4/24, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pelvic Peritonitis | Doubtful |
| Diabetes | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pelvic abcess | Doubtful |

Name of operation: Drainage Pelvic abcess Date of 4/11-34

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Ralph Tall, M. D.

(Address) Boise

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8847.0

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 131

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ivy Antoinette Swanton.

(a) Residence. No. 1717. N. 12 th Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
August. 29.1876.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | 7 | 24. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School teacher.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sun Prairie, Wis.
(State or country)

MOTHER FATHER

13. NAME John. H. Swanton.

14. BIRTHPLACE (city or town) Ireland.
(State or country)

15. MAIDEN NAME Catherine Buoy.

16. BIRTHPLACE (city or town) Illinois.
(State or country)

17. INFORMANT Olivet Lintecum.
(Address) 1717. N. 12th Street. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sioux Falls. S.D. Date April. 28. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-26 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 28, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1932., to April. 28., 1934.

I last saw her alive on April 23 1934.; death is said to have occurred on the date stated above, at 4:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast & Axilla (Recurrence) | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Carcinoma Stomach & Intestines? | |
| | |

Name of operation. Carcinoma Breast. Date of Jan 29, 1932

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ——. Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury ——
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. M. Downey M. D.
(Address) Boise, Idaho

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88471

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 129

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter G. Chilcott

(a) Residence. No. ..... St. Sweet, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lula M.

6. DATE OF BIRTH (month, day, and year) January 2, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME Ephriam Chilcott

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME -- White

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Mrs. W. G. Chilcott
(Address) Sweet, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Brownlee Date 4-27 1934

19. UNDERTAKER W. McBratney -- Boise
(Address)

20. FILED 4-25 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1934, to 4-25-, 1934
I last saw him alive on 4-24, 1934; death is said to have occurred on the date stated above, at 2 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobular | |
| Myocarditis Toxic Copper | |
| Depression | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.
(Address) .....

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88472

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 127

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elden F. Smith

(a) Residence. No. 1405 No. 14th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) August 31, 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 17 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

MOTHER FATHER

13. NAME Fredrick G. Smith

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Clella Baker

16. BIRTHPLACE (city or town) (State or country) Wyoming

17. INFORMANT (Address) Mrs. F. G. Smith Boise

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill Date. 4-27., 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 4-25 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1934, to 4-23, 1934.

I last saw he alive on 4-23, 1934.: death is said to have occurred on the date stated above, at 8 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Basal Skull Fracture | 4-23-34 |

Other **contributory causes** of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-23 1934
Where did injury occur? Boise City
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Street
Manner of injury Struck by auto
Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. Almond M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 88473

Local Registrar's No. 125

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Wilson

(a) Residence. No. ..... St. Eagle Ida. Rt. # 1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 25 1923

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 10 | 3 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakland
(State or country) Calif.

FATHER

13. NAME Herley W. Wilson

14. BIRTHPLACE (city or town) Labelle
(State or country) Mo.

MOTHER

15. MAIDEN NAME Laura Grisham

16. BIRTHPLACE (city or town)
(State or country) Colorado

17. INFORMENT (Address) H W Wilson, Eagle Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Date 4/25, 1934

19. UNDERTAKER Peckham Undertaking Co
(Address) Caldwell Idaho

20. FILED 4-23, 1934 W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-23 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1928, to 4-23, 1934
I last saw her alive on 4-23, 1934: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | Aug 1928 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: none | |
| | |
| | |
| | |

Name of operation none Date of —
What test confirmed diagnosis? Blood Sugar Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H W Almond, M. D.
(Address) Eagle Idaho

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88474

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Carrier Hinckley.

(a) Residence. No. Shaw Block. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dan. G. Hinckley.

6. DATE OF BIRTH (month, day, and year) July. 17. 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 67 | 9 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lansing, Mich.

FATHER

13. NAME Norman Carrier.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Alice Hinckley.

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMANT Dan. G. Hinckley.
(Address) Shaw Block, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. April. 23 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-23 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21/1934

22. I HEREBY CERTIFY, That I attended deceased from 11/9/1933, to 4/21/1934.

I last saw her alive on 4/21/1934; death is said to have occurred on the date stated above, at 8:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| (Endamoeba Histolytica) | |
| Asthma since childhood | |
| Pneumonia 1931 | |
| | |
| Other **contributory causes** of importance: | |
| Influenza 4/14/34 | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Thurston, M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88475

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 122

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dale Lloyd Crain

(a) Residence. No. 1114 Maine St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina Crain

6. DATE OF BIRTH (month, day, and year): Oct. 28th 1884

7. AGE: Years 49 | Months 5 | Days 23 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Hotel Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Braddyville Iowa

FATHER

13. NAME: John B. Crain

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Eva Josephine Hart

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Mrs. Christina Crain Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Nampa, Ida. Date 4-24, 1934 Fotherlawn

19. UNDERTAKER (Address): Wm. D. Fallen Nampa, Idaho

20. FILED 4-23, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 21 at 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-21-, 1934, to 4-21-, 1934

I last saw him alive on 4-21-34, 1934: death is said to have occurred on the date stated above, at 12:40 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 1924. |
| Angina Pectoris | " " |
| Hypertrophied heart block | 4-21-34. |

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry T. Nichols, M. D.

(Address) Boise Idaho

RECEIVED ... 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88476

**PLACE OF DEATH**
County of Ada.
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 120
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mamie Edsie Helen Eby.

(a) Residence. No. Route 5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Melvin C. Eby.

6. DATE OF BIRTH (month, day, and year) June 9 1901

7. AGE: Years 32 | Months 10 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Fort Collins Colorado.

FATHER
13. NAME J. J. Cain
14. BIRTHPLACE (city or town) (State or country) St Joseph Mo.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Tempa Edding Iva. Mo.

17. INFORMENT (Address) Melvin C. Eby. Route 5 Boise.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Apr 18, 1934

19. UNDERTAKER Zehrbach & Cain (Address) Boise Idaho

20. FILED 4-19, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-16 (1-45 AM) 1934, to 4-16, 1934
I last saw her alive on 4-16 (3-30 AM) 1934: death is said to have occurred on the date stated above, at 3-30 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| basil - | 4-13-34 |

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C. P. Hamilton, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8847

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 118
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Fitzpatrick

(a) Residence. No. Boise and St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Aurelia Fitzpatrick

6. DATE OF BIRTH (month, day, and year) Nov 7 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 5 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) Nov 16 1934

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Welch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Ralph Fitzpatrick Pinkett Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Schreiber & McCann Date 4-17, 1934 Morris Hill

19. UNDERTAKER Schreiber & McCann (Address) Boise Ida

20. FILED 4-18, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 193X, to 4-16, 193X

I last saw h alive on 4-16, 193X: death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | unknown |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. F. Swendsen, M. D.

(Address) Boise Idaho

N. B.---WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so PATION is very important. See instruc

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88478

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 117

**PLACE OF DEATH**
County of ADA
City of BOISE
(No. 2410 STATE ST)
(If death occurred in a hospital or institution, give its name instead of street and number.)

FULL NAME BERTHA ANN ALLISON

(a) Residence. No. 2410 STATE St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: OLIVER E ALLISON, JR.
6. DATE OF BIRTH (month, day, and year): May 7-1879
7. AGE: Years: 54; Months: 10; Days: 2; If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: HOUSE WIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town): OLATHE
(State or country): KANSAS

FATHER
13. NAME: HENRY A. KENNEDY
14. BIRTHPLACE (city or town): UNKNOWN
(State or country)

MOTHER
15. MAIDEN NAME: BERTHA ANN KENNEDY
16. BIRTHPLACE (city or town): UNKNOWN
(State or country)

17. INFORMENT: OLIVER E. ALLISON JR.
(Address) 2410 STATE ST BOISE IDAHO
18. BURIAL, CREMATION, OR REMOVAL: Morris Hill
Place Boise Ida. Date 4-11-, 1934
19. UNDERTAKER: Schreiber & Mc Cann
(Address) Boise Ida.
20. FILED 4-18, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/8/1934
22. I HEREBY CERTIFY, That I attended deceased from April 8, 1934 to ..., 193...
I last saw her alive on April 8, 1934; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | ?- |
| (Primary Gastric Left Breast) | |

Other contributory causes of importance:

Name of operation: no Date of:
What test confirmed diagnosis? none was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Emmett C. Rinehart, M. D.
(Address) Boise, Idaho

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88479

## PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 115

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Lee.

(a) Residence. No. 1117 ½. Grove Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

940

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 20. 1859.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 5 | 21. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Australia.

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT L.B. Jaynes.
(Address) 1123. Grove Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. April. 13, 193 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-13, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/9, 193 4., to ....., 193....

I last saw h[illegible] alive on 4/11, 193 4: death is said to have occurred on the date stated above, at 10 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| hemorrhage of the brain | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. Ira Coffman M. D.

(Address) 500 Eastman Bldg.....

Boise, Ida.

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88480

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 114

(No. 8th & St. Alphonsus
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ryan Winter

(a) Residence. No. 504 Hays St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs 9 mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

188C

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Irish | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ W. H. Winter

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) Killcommon (State or country) Ireland

FATHER

13. NAME Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME I dont know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) John Ryan 504 Hays St Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem. Boise Ida Date April 11, 1934

19. UNDERTAKER Schrader & McCann (Address) Boise Ida

20. FILED 4-13, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/7 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw her alive on ....., 193.....: death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull Caused | |
| By Automobile Accident | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? 8th&Hays ST. Boise Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. McCann Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1934

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88481

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 112

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathryne. M. Stein Cranston.

(a) Residence. No. 906. Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February. 12. 1896.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 38 | 1 | 28. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER FATHER

13. NAME John Stein.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Cathryne Rathgaber.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs. Amy Stein. 906. Harrison Blvd.

18. BURIAL, CREMATION OR REMOVAL
Baker Oregon April. 13. 1934. 193..
(Place) (Date)

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-12 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 4/10., 193...

I last saw her alive on 4/10., 1934; death is said to have occurred on the date stated above, at 3:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | About 2-3 yrs ago. |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88482

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 109

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie J. Whitney

(a) Residence. No. 1814 East Franklin St. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Nathaniel Whitney

6. DATE OF BIRTH (month, day, and year)
February 28, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camas Idaho

FATHER

13. NAME --- Fleek

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Mrs. Alice Muller Eagle, Idaho Route 1

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-11, 1934

19. UNDERTAKER (Address) W. McBratney Boise, Idaho

20. FILED 4-11, 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-7-, 1934, to 4-8-, 1934.
I last saw her alive on 4-8-, 1934: death is said to have occurred on the date stated above, at 11:25 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | |
| Following operation for Induction of Ovarian Cysts | |

Other **contributory causes** of importance:

| | |
|---|---|
| Anaemia | |
| for year & 2 years | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) per Chas. Bouck M. D.
(Address) Boise Ida

W/S Boeck.

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88483

**PLACE OF DEATH**

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abraham Bird Chamberlain.

(a) Residence. No. 1401-North-22-Street. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Chamberlain.

6. DATE OF BIRTH (month, day, and year) Oct. 26. 1873.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 60 | 5 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lake Park. (State or country) Minn.

MOTHER

13. NAME William H. Chamberlain.

14. BIRTHPLACE (city or town) ..... (State or country) New York.

15. MAIDEN NAME Susan Higley..

16. BIRTHPLACE (city or town) ..... (State or country) Penn.

17. INFORMANT .. Anna Chamberlain. (Address) 1401-N-22-St. Boise.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery Date Apr 11, 1934

19. UNDERTAKER ... Summers & Krebs. (Address) Boise, Idaho

20. FILED Apr 10, 1934 W. H. Rhoden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1934, to Apr 9, 1934.

I last saw him alive on Apr 9, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Mar 15, 1934 |
| & Left Hemiplegia | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Coronary Thrombosis | |
| Mar 22 1934 | |
| | |

Name of operation... None ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) ..... Boise Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88484

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 116

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sister Mary Manuel Louise Agnes Phillips

(a) Residence. No. ..... St. Nampa, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31-1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elka Neb.

FATHER

13. NAME Joseph Phillips

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Catherine Scholard

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Sister Sylvanus Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 4-10, 1934 St John's

19. UNDERTAKER (Address) Schreiber & Mc Cann Boise, Ida

20. FILED 4-17, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934, to April 6, 1934

I last saw her alive on April 5, 1934: death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myo-sarcoma of uterus | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Hysterectomy Date of 2/34

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Forbeck, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88485

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 106

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Hoobing

(a) Residence. No. 1320 No. 7th. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Hoobing

6. DATE OF BIRTH (month, day, and year)
July 28, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lineman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Idaho Power Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Jacob Hoobing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Zeigler

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Jacob Hoobing Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/8, 1934

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 4-7, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/5/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1933, to April 5, 1934
I last saw him alive on 4/5, 1934: death is said to have occurred on the date stated above, at 8:05 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia + Eclampsia | April 5, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | ? |
| Mitral insufficiency | |
| Stokes-Adams Syndrome | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Sanford Allen M. D.
(Address) 105 N. 8th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88486

County of Adams
City of Indian Valley Registration District No. 71
Primary Registration District No. Local Registrar's No. 76

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Edna Emma Linder

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J I Linder

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME Telford Lindsey

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Emma Kelly

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMENT (Address) Susie Joanis 616 Cole Ave Bend Ore

18. BURIAL, CREMATION, OR REMOVAL Place Indian Valley Date Apr 25, 1934

19. UNDERTAKER Affordeson
(Address) Cambridge

20. FILED MAY 14 1934 193 DR. ALVIN S. THURSTON COUNCIL, Idaho Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Apr. 20, 1934
I last saw h[illegible] alive on Apr 20, 1934: death is said to have occurred on the date stated above, at 7:00 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| & | |
| Arteriosclerosis. | 1yr |
| Other contributory causes of importance: | |
| Cystitis + Pyelitis | 2wks |

Name of operation 0 Date of
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 193
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 0
(Signed) Alvin S Thurston MD, M. D.
(Address) Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88487

County of Lemhi

City of Indian Valley

Registration District No. 71

Primary Registration District No.

Local Registrar's No. 73

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Victoria Virginia Steward

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 19 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 88 | | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark Licking Co. Ohio

FATHER

13. NAME John Wheelhouse

14. BIRTHPLACE (city or town) (State or country) Yorkshire England

MOTHER

15. MAIDEN NAME Margaret Hardway

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Medicine Butte Cemetery Jordan Valley

18. BURIAL, CREMATION, OR REMOVAL Place Indian Valley Date 4/1, 1934

19. UNDERTAKER (Address) C. A. Anderson Gem Bridge Ida

20. FILED APR 14 1934, 193 DR. ALVIN S. THURSTON COUNCIL IDAHO

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Date of onset

Death was said to have occurred at 11:00 P.M. This party has had no medical attention for several years. She has been an invalid in a wheel chair and bed for th past three years. The cause of same unknow

Other contributory causes of importance:

I am satisfied that death was from natural causes ---- i.e. Senility. There was or is no question of anything unnatural.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) , M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88488

County of Bannock
City of Lava Hot Springs

Registration District No. 84
Primary Registration District No. 216 Local Registrar's No. 8

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Parish

(a) Residence. No. Lava Hot Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Husband of Lena Nielson

6. DATE OF BIRTH (month, day, and year) Febuary 22, 1874.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Birmingham, (State or country) England.

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown (State or country)
15. MAIDEN NAME Carolina Stormey
16. BIRTHPLACE (city or town) England. (State or country)

17. INFORMANT Mrs. Willard Parish (Address) Lava Hot Springs, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho. Date Apr. 6 1934

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Apr 30, 1934. Mae G. G. Fritz Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 3, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to April 3, 1934.
I last saw h[illegible] alive on April 3 1934: death is said to have occurred on the date stated above, at 12:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Cardiac Valvular Heart Disease | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Arthritis general | |
| | |
| | |

Name of operation No Date of
What test confirmed diagnosis? By exam Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) C. E. Rich M. D.
(Address) Lava Hot Springs, Ida.

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88489

Registration District No. 28

Primary Registration District No. 216 1

Local Registrar's No. 95

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathryn K. Reams

(a) Residence. No. 855 So. Hanson St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF ~~BIRTH~~ (month, day, and year) Feb. 27 - 1917

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 17 | 2 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Pocatello

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation: 1 yr. 2 mo.

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

MOTHER FATHER

13. NAME: James E. Reams

14. BIRTHPLACE (city or town) (State or country): Marshalltown Iowa

15. MAIDEN NAME: Vera May Ramsey

16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT (Address): James E. Reams Rosemead Calif.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Ida. Date: May 2 1934

19. UNDERTAKER (Address): L. D. McNett Pocatello, Idaho

20. FILED: May 30 1934 4-30-1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1934, to 4-30, 1934

I last saw h.. alive on 4-29, 1934.: death is said to have occurred on the date stated above, at 3:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcic | |
| Septicemia | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pyelonephritis | |
| appendicitis | |

Name of operation: appendectomy Date of: 4/26

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 3

PLACE OF DEATH

County of Bannock

City of Pocatello

1934 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88490

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 94

(No. Fremont Hotel 401 N. Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

204

2. FULL NAME Wm. Henry Monroe

(a) Residence. No. Lava Hot Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Irene Hadley

6. DATE OF BIRTH (month, day, and year): April 15, 1867.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 0 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Paradice, Utah.

MOTHER FATHER

13. NAME: James M. Monroe

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Lucinda Busenbark

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. O. W. Wallace, Preston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Lava Hot Springs Date: May. 1, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Apr. 30, 1934. D. C. Ray, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Had been treated for Myocarditis | |
| Found dead in his room | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner M. D.

(Address) Pocatello, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88491

Registration District No. 27

Primary Registration District No. 2161 Local Registrar's No. 92

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

15

2. FULL NAME Wm. J. Brady

(a) Residence. No. Arimo, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of

6. DATE OF BIRTH (month, day, and year) January 14, 1887.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 47 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Flour-mill

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** operator

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado.

MOTHER FATHER

13. NAME L. E. Brady

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Rena Christensen

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Mrs. Wm. J. Brady
(Address) Arimo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Arimo, Idaho. Date Apr. 29, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 27, 1934. D. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 24, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1934, to 4-24, 1934

I last saw h... alive on 4/24, 1934; death is said to have occurred on the date stated above, at 8.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Insanity | 1932 |

Other **contributory causes** of importance:

Pellagra of 2 months duration

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88492

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 216 1
Local Registrar's No. 91

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Isaacsen

(a) Residence. No. 1 Blackfoot 2 dehe St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 17 1891

7. AGE: Years 42 | Months 6 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Kettle Falls Washington

FATHER
13. NAME Chas McDonald
14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER
15. MAIDEN NAME Martha Budd
16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) J. A. Isaacson

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Ida. Date , 193

19. UNDERTAKER (Address) E. T. Burke Blackfoot

20. FILED 4-23, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 193 4, to Apr 23, 193 4
I last saw her alive on Apr 23, 193 4; death is said to have occurred on the date stated above, at 9.55 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute obstruction | 4/17/34 |
| Thrombosis | |
| Intestinal | |
| obstruction | |
| Other contributory causes of importance: | |
| Intestinal obstruction | |
| adhesions | |

Name of operation Releasing adhesions Date of 4/20/34
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury , 193
Where did injury occur? /
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. /
Manner of injury /
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify /

(Signed) H. C. Lemmon, M. D.
(Address) Pocatello Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88493

Registration District No. 28

Primary Registration District No. 2761 Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lilla E. Pearson

(a) Residence. No. 458 E. Carter St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 11, 1857

7. AGE: Years 76 | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lived with
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation Son in law

12. BIRTHPLACE (city or town) (State or country) Erie Penn

MOTHER FATHER

13. NAME William Lively
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Hattie Lively
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Fred Haupt Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Jan 25 1934

19. UNDERTAKER (Address) D. L. McEwan Pocatello Idaho

20. FILED Jan 25 1934 D. C. Roy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Probably Early April 23 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1930, to April, 1934
I last saw her alive on March 9 1934: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I treated Mrs patient | |
| since 1930 for Coronary | |
| Sclerosis | |
| She was found dead | |
| Early in the morning April 23/1934 | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Peacock M. D.
(Address) J. J. Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88494

Registration District No. 28

Primary Registration District No. 3161 Local Registrar's No. 85

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd H. Pigg

(a) Residence. No. 710 East Center St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Husband of Emma Babbitt

6. DATE OF BIRTH (month, day, and year) May 5, 1897.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Helper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** O. S. L. R. R.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brookeville, Kansas.

FATHER

13. NAME George Pigg

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Fannie Bates

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Lloyd H. Pigg Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Apr. 15, 1934.

19. UNDERTAKER (Address) Arthur N. Hall Pocatello, Idaho.

20. FILED Apr. 13, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 13, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934., to Apr. 13, 1934.
I last saw him alive on Apr. 11, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetis Mellitus | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.
(Address) Pocatello, Idaho.

RECEIVED APR 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88495

Registration District No. 84 33

Primary Registration District No. 2161 2160 Local Registrar's No. 7 6

(No. Residence) 127

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Attha Norton Lewis

(a) Residence. No. McCammon, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of W. W. Lewis

6. DATE OF BIRTH (month, day, and year): November 27, 1849.

7. AGE — Years: 84 | Months: 3 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa.

FATHER

13. NAME: Alonzo Norton

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Sarah Freeman

16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMANT: W. W. Lewis
(Address) McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho. Date Mar. 24, 1934

19. UNDERTAKER: Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 24, 1934. Mary G. Griffin Registrar
Apr 24 1934 Mary C. Griffin

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 21, 1934.

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to March 21, 1934.
I last saw her alive on 3-21, 1934; death is said to have occurred on the date stated above, at 8:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of Gall bladder | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Rich M. D.
(Address) Lava Hot Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88496

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 83

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles I. Holcomb

(a) Residence. No. T. M. Y. Gardens North of City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower of Mary R. Mathews

6. DATE OF BIRTH (month, day, and year) September 11, 1874.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 6 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenandoah, Iowa.

FATHER

13. NAME Isaac Holcomb

14. BIRTHPLACE (city or town) (State or country) Elmira, Pennsylvania.

MOTHER

15. MAIDEN NAME Mary B. Mattson

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT (Address) Mrs. C. J. Dutton, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Teton, Idaho. Date Apr. 12, 1934.

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED Apr. 9, 1934. D. C. Ray, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 7, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1934 to Apr. 7, 1934
I last saw h[illegible] alive on Apr. 7, 1934. death is said to have occurred on the date stated above, at 3:40 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Mch 28 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) William T. Howard M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88497

County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 12

(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Fred Wahlen

(a) Residence. No. Sterling, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alma Mannstrom Wahlen

6. DATE OF BIRTH (month, day, and year) Feb 14-1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | 1 | 24 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wastmanland Sweden

FATHER
13. NAME J. Hjort Wahlen
14. BIRTHPLACE (city or town) (State or country) Forchimio Sweden

MOTHER
15. MAIDEN NAME Minnie Wegelund
16. BIRTHPLACE (city or town) (State or country) Wastmanland Sweden

17. INFORMENT (Address) Alma Wahlen Sterling Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Idaho Date -, 193-

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho

20. FILED 4-9, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1934, to Apr. 9, 1934
I last saw h... alive on Apr. 8, 1934; death is said to have occurred on the date stated above, at 4:15 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendicitis (Abscess) | Apr. 1 |
| Other contributory causes of importance: | |
| Acute ileus | Apr. 7 |

Name of operation Appendectomy Date of 4/4/34.
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193-
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) William J Howard, M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88498

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 80

(No. Bannock County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Peter A. Nelson

(a) Residence. No. Arimo, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 5, 1864.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 1 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joe Jensen
(Address) Arimo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Marsh Center Date Apr. 5, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 5, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 4, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1934., to Apr. 4, 1934.
I last saw him alive on Apr. 3, 1934.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis | |
| Cardiac Renal | |

Other **contributory causes** of importance:

| | |
|---|---|
| Paralysis | |
| Cardiac Renal | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. O. Dennis M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88499

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 78

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 2

2. FULL NAME Mrs Ida Virginia Gilf

(a) Residence. No. 306 N. Arthur St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 20, 1863

7. AGE: Years 70 | Months 8 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ballsburg W. Va

FATHER
13. NAME Dr. W. J. Neely
14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER
15. MAIDEN NAME Susan Rebecca Liston
16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMENT (Address) W. J. Benzinger Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Idaho Date Apr. 7, 1934

19. UNDERTAKER (Address) Downard's Fun. Home Pocatello, Idaho

20. FILED 4-3, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1932, to Apr 3, 1934
I last saw her alive on Apr 3, 1934: death is said to have occurred on the date stated above, at 7 45 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | Mar 17 34 |
| Rheumatic heart disease with mitral Stenosis and insufficiency and auricular fibrillation | 5 Oys. |
| Gen Arteriosclerosis | 10 yrs. |
| Other contributory causes of importance: Chronic Cholecystitis and Cholelithiasis | 10 yr. |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify

(Signed) Richard P. Howard, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88500

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 29
Primary Registration District No. 2761 Local Registrar's No. 77

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Douglas Adler

(a) Residence. No. 260 Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | W | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1903

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Workman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unskilled laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Utah

FATHER

13. NAME Joseph Adler

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Minnie Bright

16. BIRTHPLACE (city or town) (State or country) Lewiston Utah

17. INFORMENT (Address) Mathews Lewiston Utah

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Utah Date Apr. 5, 1934

19. UNDERTAKER (Address) Downwards Funeral Home Pocatello Idaho

20. FILED 4-3, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1934 to Apr 3, 1934

I last saw him alive on Apr 3, 1934; death is said to have occurred on the date stated above, at 12 PM m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Ordema of lungs. | |
| Other contributory causes of importance: | |
| Pneumonia | |

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Lamm, M. D.

(Address) Pocatello

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF
DEPARTMENT OF PUBLI
BUREAU OF VITAL STA S

DO NOT WRITE IN THIS SPAC

# CERTIFICATE OF DEATH

State File No. 88501

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 38

Primary Registration District No. 2161 Local Registrar's No. 88

(No. Residence )

(If death occurred in a hospital or institution, give its name instead of street and number)

69

2. FULL NAME Hyrum Orson Secrist

(a) Residence. No. 434 South 2nd. Ave. Poca., St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Grace Affleck

6. DATE OF BIRTH (month, day, and year) June 22, 1858.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 9 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Police

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Officer

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Farmington, Utah.

FATHER

13. NAME Jacob Secrist

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Logan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Hyrum O. Secrist, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Ogden, Utah. Date Apr. 23, 1934.

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED Apr. 20, 1934. D. E. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 19, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1934, to Apr. 19, 1934.

I last saw him alive on Apr. 19, 1934; death is said to have occurred on the date stated above, at 11:0 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | 10:30 PM |
| Hypertension | 2 yrs |

Other **contributory causes** of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Will Brothers, M. D.

(Address) Pocatello, Idaho.

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88502

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 87

(No. 1623 N. Harrison, Pocatello,)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Garth Simonsen

(a) Residence. No. 1623 N. Harrison, Pocatello, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year)
April 27, 1931.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Child

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan, Utah.
(State or country)

FATHER

13. NAME F. Robert Simonsen

14. BIRTHPLACE (city or town) Brigham City,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Anna Smith Vickmore

16. BIRTHPLACE (city or town) Paradice, Utah
(State or country)

17. INFORMANT F. Robert Simonsen
(Address) Pocatello Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Brigham City Date Apr. 19 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho

20. FILED Apr. 19, 1934. D. C. Roy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/17 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4..., 1934..., to April 17..., 1934..
I last saw him alive on April 17, 1934.: death is said to have occurred on the date stated above, at 2..a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | April 4 |

Other **contributory causes** of importance:

Name of operation... none..... Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No.. Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury... None.....
Nature of injury.... None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) .... W. C. McDougall, M. D.
(Address) ... Pocatello, Idaho.....

**M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88503

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 86

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. A. Hyde

(a) Residence. No. 415 South Sixth Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Widower of Maria Reddish

6. DATE OF BIRTH (month, day, and year) June 16, 1863.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Police Court Judge & Insurance

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kaysville, (State or country) Utah.

FATHER

13. NAME Rosel Hyde

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charlie Hyde (Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho Date Apr. 15, 193 4

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Apr. 13, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 12, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 193 4, to 4-12, 193 4

I last saw h[illegible] alive on 4/12, 193 4: death is said to have occurred on the date stated above, at 6 40 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| Cerebral hemorrhage | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature] M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88504

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 79

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Barkley

(a) Residence. No. Fairfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. C. Barkley

6. DATE OF BIRTH (month, day, and year) June 18, 1899

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 34 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) South Dakota

FATHER

13. NAME Collen Tyler

14. BIRTHPLACE (city or town) London
(State or country) England

MOTHER

15. MAIDEN NAME Mellie Stevens

16. BIRTHPLACE (city or town) Ontario
(State or country) Canada

17. INFORMENT J. C. Barkley
(Address) Fairfield, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Ida. Date Apr. 5 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 4-4, 1934 D C Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 28, 1934 to April 3, 1934
I last saw h-- alive on April 3, 1934: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cystic Dilatation of Stomach | |
| Pulmonary Removed | |
| Emesis Acute | |
| Other contributory causes of importance: | |

Name of operation Exploratory Date of 3-27-34
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. E. Graves, M. D.
(Address) Pocatello, Ida.

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88565

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 84

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Smith Winslow Evans

(a) Residence. No. 1221 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 8 1856

7. AGE: Years 77 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: & Builder
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Providence Rhode Island

FATHER

13. NAME: Smith Evans
14. BIRTHPLACE (city or town) (State or country): New England States

MOTHER

15. MAIDEN NAME: Sarah Simmons
16. BIRTHPLACE (city or town) (State or country): Rhode Island

17. INFORMENT (Address): Mrs. Ida Evans Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello Date: May 13, 1934

19. UNDERTAKER (Address): F. M. Hays Pocatello Idaho

20. FILED: May 11, 1934 — D. C. Hays, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1934, to April 9, 1934
I last saw him alive on April 8, 1934: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1930 |

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. W. Crockett M. D.
(Address) Pocatello, Idaho,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 2 1934

PLACE OF DEATH

County of Virginia

City of Bannock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88506

Registration District No. 7883

Primary Registration District No. 2160 Local Registrar's No. 7

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvin B. Tillotson

(a) Residence. No. Virginia, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Eliza Moss

6. DATE OF BIRTH (month, day, and year) May 20, 1880.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia, Idaho.

FATHER

13. NAME William Tillotson

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Caroline Watkins

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) Mrs. A. B. Tillotson, Virginia, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Virginia, Idaho. Date Apr. 8, 1934.

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED Apr. 5, 1934. D C Ray Registrar.

May 4. 1934 Mary E. Coffin

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dark Rum | |
| Sam Thomas same time | |
| a.s. with malignancy | |

Other **contributory causes** of importance:

| | |
|---|---|
| Dark Rum | |

Name of operation ..... Date of .....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide?... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.

(Signed) H. C. Dark M. D.

(Address) Pocatello, Idaho.

R. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be careful in filling out information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

CERTIFICATE OF DEATH

County of [illegible]

City of Desmet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 31

Primary Registration District No. ____

DO NOT WRITE IN THIS SPACE
State File No. 88507

Local Registrar's No. 6

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosie Garrick

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of David Garrick

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Desmet, Idaho
(State or country)

FATHER

13. NAME Philip Wildshoe

14. BIRTHPLACE (city or town) Desmet, Ida.
(State or country)

MOTHER

15. MAIDEN NAME Eugenia Kamgao

16. BIRTHPLACE (city or town) Montana
(State or country)

17. INFORMENT Philip Wildshoe
(Address) Desmet, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Desmet, Idaho Date April 19, 1934

19. UNDERTAKER Mr. Jaegers
(Address) Fairfield, Wash.

20. FILED April 19, 1934 John Post
Registrar.

MEDICAL CERTIFICATE OF DEATH

She was born alive December 4th 1895 1933

21. DATE OF DEATH (month, day, and year) Not Known 193

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exposure | |
| She was on her way to her Home from the home of one Mohedans when she was overcome by fatigue fell and could not get up. | Dec 18 1933 |
| Other contributory causes of importance: | |
| Her body was found by Frank Elmore in a field owned by the Sisters of the Desmet Mission on April 19th 1934. | |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. J. Stanley Justice of the peace acting Coroner

(Address) Desmet Idaho

RECEIVED MAY 7 1934

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registered No. 88508

1. PLACE OF DEATH
County Bingham State Idaho
Township Near Tenmile or Village ____ or
City ____ No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Nepoleon Richards

(a) Residence: No. ____ St., ____ Ward. ____
(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | Indian | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jones Res

6. DATE OF BIRTH (month, day, and year) [redacted] Known

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 77 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Work of Govmt

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Montana
(State or country)

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) Montana
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Albert Frazer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dident Date Apr 8, 1934

19. UNDERTAKER Kimball Funeral Rooms
(Address) Tekoa Wash

20. FILED May 7, 1934 ____
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934, to Apr 6, 1934
Last saw him alive on April 3, 1934, death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 4-3-34 |
| Lobar, | |

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
—
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) J. A. Nelson, M. D.
(Address) [illegible]

e11—8184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

8—2691
V. S. No. 98

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah

City of Sanders

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 31

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 88509

Local Registrar's No. 5

(No. Sanders, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marget Dilla Magers

(a) Residence. No. Sanders, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. J. Magers

6. DATE OF BIRTH (month, day, and year) Feb. 6, 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 68 | 2 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 48 Yrs.

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Cyrus Ricketts

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Chas. Magers Sanders, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sanders, Ida. Date April 18 19 4

19. UNDERTAKER KIMBALL FUNERAL HOME (Address) TEKOA, WASH.

20. FILED Apr. 17, 1934 John Post Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 15 193 4

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193..., to April 15, 1934

I last saw h[illegible]ive on April 13, 1934: death is said to have occurred on the date stated above, at 10:55 m. P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | Apr 10, 34 |

Other contributory causes of importance:

Hypertension
Aneurism of abdominal aorta

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C B Closser, M. D.

(Address) Tekoa, Washington.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88510

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049. Local Registrar's No. 20
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Aaron Nye

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 49 yrs 50 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc U. S. Dept of Com

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essex Iowa
(State or country)

FATHER

13. NAME John Palmer Nye

14. BIRTHPLACE (city or town) Mew-York N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Lucy B. Goel

16. BIRTHPLACE (city or town) Omaha
(State or country) Nebr.

17. INFORMENT S. S. Allured
(Address) 204 Station ave Kellogg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Shravedah Date ..., 193...

19. UNDERTAKER Mitchell & Wessa
(Address)

20. FILED 5-9, 1934 W. Boleng
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934, to April 21, 1934

I last saw him alive on April 20, 1934; death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Contusion and laceration of brain | 4-19-34 |
| Due to accidental traumatism by fall | |

Other contributory causes of importance:

Name of operation decompression Date of 4-20-34

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/19 1934
Where did injury occur? near Mission Point, Benewah Co Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury Fell from a tree he was topping
Nature of injury Contusion and laceration of brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Working on his farm

(Signed) C. A. Robertson, M. D.
(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY [illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88511

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2a49
Local Registrar's No. 19

(No. St. Maries Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Cornelia Cathcart 118a

(a) Residence. No. Harrison, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. B. Cathcart

6. DATE OF BIRTH (month, day, and year): apr. 10, 1880

7. AGE: Years 54; Months; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Elberton, Wash

FATHER

13. NAME: Willis G. Cronk
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Josephine Duenel
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMENT (Address): A. B. Cathcart, Harrison, Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Stephoe, Wn. Date: apr 22 1934
19. UNDERTAKER (Address): Mitchell Mortuary, St. Maries, Ida
20. FILED 5-9, 1934 C. V. Bolerey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): apr. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from apr. 18th, 1934, to apr. 20th, 1934
I last saw her alive on apr. 20th, 1934; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hernia strangulated with gangrene of bowel and peritonitis | 4-18-34 |

Other contributory causes of importance:

Name of operation: Hemicolomy + Bowel resection Date of: 4-19-34
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State) No injury
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. A. Robins, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88512

PLACE OF DEATH
County of Bonneville
City of Ft. Marius
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

43

2. FULL NAME Bryant Augustus Johnson.

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Viola Johnson

6. DATE OF BIRTH (month, day, and year): Mar. 12-1878

7. AGE: Years 56 | Months 1 | Days 37 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Jeweler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Appleton Wisconsin

FATHER
13. NAME: De Witt Johnson
14. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER
15. MAIDEN NAME: Beulah Johnson
16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMENT (Address): Mrs. Edw. Davies Pickett, Wis.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Apr. 23 1934

19. UNDERTAKER (Address): Mitchell & Estes Ft. Marius, Ida.

20. FILED 5-9, 1934 W. Boberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Apr 19, 1934
I last saw him alive on Apr 19, 1934; death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Tongue Floor and Left. | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Chas. D. Platt, M. D.
(Address) Ft. Marius, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88513

**PLACE OF DEATH**
County of Benewah
City of St.Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 17
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza Caroline McCarter

(a) Residence. No. 330 So. 4th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jerry McCarter

6. DATE OF BIRTH (month, day, and year): Nov. 12, 1879

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 5 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER
13. NAME: Charles Fritz Montandon
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Sophie Meystre
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMENT (Address): William McCarter, 330 4th St. Maries
18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date April 15, 1934
19. UNDERTAKER (Address): STAPISH & SON, ST. MARIES, IDAHO
20. FILED 5-9, 1934 W. Bolerg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-12, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 12th, 1931, to 4-12, 1934
I last saw her alive on 4-12, 1934: death is said to have occurred on the date stated above, at 3 30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | 1931 |
| with metastases | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? , Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C A Lobenz, M. D.
(Address) St Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88514

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 22
Primary Registration District No. 2049
Local Registrar's No. 16

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Conley

89

(a) Residence. No. Behind Ball Park -N.E. corner St.
(Usual place of abode)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Eau Claire
(State or country) Wis.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMENT Ira House
(Address) Court House

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Woodlawn Cemetery Date April 6, 1934

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED 5-4, 1934 L. W. Rodberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934, to Apr 2, 1934
last saw ~~alive~~ on Apr 2, 1934; death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Other contributory causes of importance: | |

Name of operation ✓ Date of ✓
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Owen D. Platt, M. D.
(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88515

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 66

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pauline Zeigler

(a) Residence. No. Moreland St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): Apr 12, 1934
7. AGE: Years | Months | Days | If LESS than 1 day, 3 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Moreland Ida

FATHER
13. NAME: Philip Zeigler
14. BIRTHPLACE (city or town) (State or country): Still Water Oklahoma

MOTHER
15. MAIDEN NAME: Elsie Jones
16. BIRTHPLACE (city or town) (State or country): Kansas Kansas

17. INFORMENT (Address): Philip Zeigler Moreland Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Moreland Cem Date: Apr. 14 1934
19. UNDERTAKER (Address): None
20. FILED Apr. 14, 1934 Mrs Nalus E Patterson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr 12 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1934, to Apr 12, 1934
I last saw her alive on April 12, 1934: death is said to have occurred on the date stated above, at 3:10 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Protracted Delivery | |

Other contributory causes of importance:

| | |
|---|---|
| Face presentation with Dry birth | |

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury: —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88516

**PLACE OF DEATH**
County of Bingham
City of Blackfoot
Registration District No. 131
Primary Registration District No. 1097
Local Registrar's No. 67
(No. West Blackfoot)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Mary Jane Ogborn

(a) Residence. No. Ogallala, Neb. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph F. Ogborn

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Reti ed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Grange Co., Indiana

FATHER

13. NAME A. J. Gage

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) E. J. Ogborn Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ogallala, Neb. Date Apr. 14, 1934

19. UNDERTAKER E. J. Funk
(Address) Blackfoot, Idaho

20. FILED Apr. 14, 1934 Wm. Staten E. J. Funk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14 1934

22. I HEREBY CERTIFY, That I attended deceased from April. 9, 1934 to April. 13, 1934
I last saw her alive on April. 10, 1934: death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Brights disease | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Mitchell, M. D.
(Address) Blackfoot, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88517

PLACE OF DEATH
County of Bingham
City of Shelley
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 68

(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Edward Grigsby

(a) Residence. No. Shelley (Usual place of abode) St. Idaho.
Length of residence in city or town where death occurred. 4 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ann Elizabeth Grigsby

6. DATE OF BIRTH (month, day, and year) Aug 7 1847.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 86 | 8 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
10. Date deceased last worked at this occupation (month and year) 1904.
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Smithport. Penn.

FATHER
13. NAME Samuel Grigsby
14. BIRTHPLACE (city or town) (State or country) Wayne Co. Penn.

MOTHER
15. MAIDEN NAME Sarah.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs Alice Gilchrist Shelley Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Shelley Ida. Date 4-19, 1934
19. UNDERTAKER (Address) F. F. McHaze Idaho Falls Ida
20. FILED Apr. 19, 1934 Mo. Helen E. Hatch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5-, 1934, to 4-17-, 1934.
That I last saw him alive on 4-17-, 1934, death is said to have occurred on the date stated above, at 10.30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 4-3-34 |

Other contributory causes of importance:
Senility - 5 years.

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edwin Gyllter, M. D.
(Address) Box 86 Shelley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1934

PLACE OF DEATH

County of Bingham

City of Moreland

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88518

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 69

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann Jordan

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thomas Jordan

6. DATE OF BIRTH (month, day, and year): Oct 6, 1855

7. AGE: Years 78 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Elijah Cornley

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): ...

17. INFORMENT (Address): Elijah A Jordan Blackfoot, Ida R 2

18. BURIAL, CREMATION, OR REMOVAL. Place: Moreland Cem. Date: Apr. 23 1934

19. UNDERTAKER (Address): Elijah A. Jordan Moreland Idaho

20. FILED: Apr. 23, 1934 Mrs Hallie Watson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1934, to Apr 21, 1934

I last saw h[illegible] alive on Apr. 19, 1934: death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | Apr 18, 1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Nephritis for several years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A W Beck, M. D.

(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88520

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

Registration District No. 1-21

Primary Registration District No. 1007

Local Registrar's No. 71

(No. Blackfoot Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME William Whyte

(a) Residence. No. Springfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Emma Whyte

6. DATE OF BIRTH (month, day, and year) Feb. 22 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 2 | 00 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Forfishire Scotland

FATHER

13. NAME David Whyte

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anna Sterling

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Wm C Whyt Springfield Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake City Date Apr. 23 1934

19. UNDERTAKER (Address) E T Pead Blackfoot Idaho

20. FILED Apr 23 1934 Mrs Wales Eddins Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22 193

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1934, to April 22, 193

I last saw him alive on April 22, 1934; death is said to have occurred on the date stated above, at 7p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of ceacum | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Exploratory Date 4/1

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? ----
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury -----

Nature of injury ------

24. Was disease or injury in any way related to occupation of deceased? None If so, specify.

(Signed) C. O. Mitchell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88521

PLACE OF DEATH
County of Bingham
City of Basalt.
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 72

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Maxine Robson

(a) Residence. No. Basalt, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 17, 1928

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 5 | 4 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kimball Idaho

FATHER
13. NAME Fred Russell Robson
14. BIRTHPLACE (city or town) (State or country) Guitman Missouri

MOTHER
15. MAIDEN NAME Alberta Landon
16. BIRTHPLACE (city or town) (State or country) Stone Idaho.

17. INFORMENT (Address) Fred R. Robson. Basalt. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Basalt Cem. Date 4-28, 1934

19. UNDERTAKER (Address) V. F. Mayhew Idaho Falls. Ida.

20. FILED Apr. 28, 1934 W. Fullerton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-21., 1934, to 4-26, 1934
I last saw h. alive on 4-24-, 1934.: death is said to have occurred on the date stated above, at 7 9 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet Fever, | 4-20-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance
Endo-Myocarditis

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edwin Custer, M. D.
(Address) Box 86 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88522

Registration District No. 121

Primary Registration District No. 4

Local Registrar's No. 43

(No. 149)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alba Elizebeth Larsen Shultz

(a) Residence. No. Blackfoot, Idaho R. F. D No3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Married, Wife of Emmet F. Shultz

6. DATE OF BIRTH (month, day, and year) April 16, 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 28 | | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HouseWife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UBurha ? Utah

FATHER

13. NAME Albert E. Larsen

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Eliebeth May LArsen

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Emmet F. Shultz

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date April 30 1934

19. UNDERTAKER E. T. Pack (Address) Blackfoot Idaho

20. FILED Apr 28 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1934

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1934, to April 27, 1934

I last saw her alive on April 27, 1934; death is said to have occurred on the date stated above, at 10:15 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Following Confinement | |
| | |
| | |

Name of operation None Date of ----

What test confirmed diagnosis? Clinicial Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury --, 193

Where did injury occur? ----------
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ----

Nature of injury --------

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify

(Signed) R. O. Mitchell, M. D.

(Address) Blackfoot, Idaho

RECEIVED MAY 5 1934

**PLACE OF DEATH**

County of Fort Hall Reservation.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88523

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 61

(No. No Hospital)
(if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Watson.

(a) Residence. No. Fort Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Shosh. Ind. 4/4 | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Watson

6. DATE OF BIRTH (month, day, and year) I859

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | - - - | - - - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lemhi Idaho.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lemhi Idaho

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

17. INFORMANT Alex Watson
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Gibson, Cem. Date Mar.3 1934

19. UNDERTAKER Brown- Eldredge,
(Address) Blackfoot, Idaho.

20. FILED Apr.20..., 1934 M. M. Baker E. Patrick
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar.3 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3:30P..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis. | I Yr. |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....

(Signed) E. P. Huddleson M. D.

(Address) Fort Hall, Idaho.

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 5 193

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88524

County of Fort Hall
City of Reservation.

Registration District No. 12I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 62

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Sarah Jane Antelope.

(a) Residence. No. Fort Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Shoshone Ind. 4/4
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH (month, day, and year): Feb. 23, 1919
7. AGE — Years: 15 — Months: - - - — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None
10. Date deceased last worked at this occupation (mo. and yr.): - - - -
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ft. Hall Reservation

FATHER
13. NAME: Sam Antelope
14. BIRTHPLACE (city or town) (State or country): Ft. Hall Res.

MOTHER
15. MAIDEN NAME: Lucy Shay
16. BIRTHPLACE (city or town) (State or country): Ft. Hall Res.

17. INFORMANT: Sam Antelope
(Address): Ft. Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Bannock Cr. Cem. Date: Mar. 24, 1934

19. UNDERTAKER: Agency Carpenter.
(Address): Ft. Hall, Idaho

20. FILED: Apr. 20, 1934
Mrs. Blanche E. Latimer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193....
I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 5:A...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1931 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. Pittleman, M. D.
(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall

City of Reservation

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88525

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 63

(No. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norma Broncho Perry.

(a) Residence. No. Fort Hall Reservation. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Shoshone Ind, 4/4 | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Oct. 25, I927

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 6 | 5 | I | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

FATHER

13. NAME Lynn Perry

14. BIRTHPLACE (city or town) (State or country) Fort Washakie, Wyo.

MOTHER

15. MAIDEN NAME Mae Toquats Broncho

16. BIRTHPLACE (city or town) (State or country) Washakie, Wyo.

17. INFORMANT .... Wilson Jack.
(Address) Ft. Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bannock Creek Date Mar. 28, 1934

19. UNDERTAKER Agency Carpenter
(Address) Ft. Hall Idaho

20. FILED Apr. 20 1934 Mrs. Helen E. Farnsworth Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1934, to Mar. 26, 1934.
I last saw her alive on March 26 1934.: death is said to have occurred on the date stated above, at 4:30A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tubercular Meningitis | 3/I2/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) C. C. Mittleman M. D.

(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88526

**PLACE OF DEATH**
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard G. Gurney

(a) Residence. No. 19 W 8th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 4, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | 9 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida

FATHER

13. NAME Frederick W. Gurney

14. BIRTHPLACE (city or town) (State or country) Lehi, Utah

MOTHER

15. MAIDEN NAME Fern Smith

16. BIRTHPLACE (city or town) (State or country) Lehi Utah

17. INFORMENT (Address) J. W. Gurney Blackfoot R.2. Ida

18. BURIAL, CREMATION, OR REMOVAL Place Shoney Cemetery Date April 5th 1934

19. UNDERTAKER E. F. Funk (Address) Blackfoot

20. FILED Apr 5, 1934 M. Mahler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1934 to Apr 5, 1934

I last saw him alive on Apr 4, 1934: death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | |

Other contributory causes of importance:

| | |
|---|---|
| Premature birth 8th mo | |

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. W. Beck, M. D.

(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1934

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 1007

DO NOT WRITE IN THIS SPACE

State File No. 8852

Local Registrar's No. 65

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Harvey Vaughn

(a) Residence. No. 610 North East Main St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9 1847

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 86 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hampshire
(State or country) Eng.

FATHER

13. NAME Alexander Vaughn

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Phoebe Dickinson

16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMENT (Address) Bessie M. Vaughn Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Groveland City Cem Date April 9, 1934

19. UNDERTAKER E. S. Parker Blackfoot Idaho
(Address)

20. FILED April 9, 1934 Wm. Walker Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 7, 1934

I last saw him alive on April 1, 1934: death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) F. M. Wright M. D.

(Address) Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 0 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88528

**PLACE OF DEATH**

County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 13

(No. ..... wright)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Ann Gibson 74a

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) May 15 - 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Niagara
(State or country) Idaho

MOTHER FATHER

13. NAME Wm James Gibson

14. BIRTHPLACE (city or town). Ireland
(State or country)

MOTHER

15. MAIDEN NAME Ellen McDermit

16. BIRTHPLACE (city or town) .....
(State or country) Wisconsin

17. INFORMANT Mrs. Gibson
(Address) Hailey Ida.

18. BURIAL, CREMATION OR REMOVAL
Place I.O.O.F. Plot Date May 3 1934

19. UNDERTAKER L.P. Harris
(Address) Hailey Ida.

20. FILED 5-2, 1934 R.H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1934, to 4-30, 1934
I last saw her alive on 4-30, 1934 death is said to have occurred on the date stated above, at 11:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Chronic myocarditis | 1 yr. |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Robert H. Wright M. D.
(Address) Hailey, Idaho

RECEIVED MAY 9 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88529

Registration District No. 57

Primary Registration District No. 2021 Local Registrar's No. 12

(No. 117 Fox)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George C. Wallace

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Hodgeman

6. DATE OF BIRTH (month, day, and year) July 28 - 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min |
|---|---|---|---|
| 24 | 8 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hailey (State or country) Idaho

MOTHER/FATHER

13. NAME Son Wallace

14. BIRTHPLACE (city or town) Josephine Co. (State or country) Oregon

MOTHER

15. MAIDEN NAME Rean Thomason

16. BIRTHPLACE (city or town) Little Ark. (State or country) Arkansas

17. INFORMANT John R. Wallace (Address) Hailey Ida.

18. BURIAL, CREMATION OR REMOVAL Place Hailey Cem. Date 4-24-1934

19. UNDERTAKER L. J. Harris (Address) Hailey Idaho

20. FILED 4-30-1934 H. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/1/34, 193.4., to 4/22, 193.4.

I last saw h... alive on 4/22, 193.4.: death is said to have occurred on the date stated above, at 1.30 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 4/14/34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Ruptured Appendix | |
| & Peritonitis | |
| | |

Name of operation Appendectomy Date of 4/16/34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. W. Fox, M. D.

(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1934

PEACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88530

County of Blaine
City of Carey

Registration District No. 57
Primary Registration District No. 2025
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion Sigwoan Poindexter 48

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) March 9 - 1918

7. AGE — Years: 16 | Months: 1 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School boy
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Alturas - Mundock Calif

FATHER

13. NAME: Ora Poindexter
14. BIRTHPLACE (city or town) (State or country): X

MOTHER

15. MAIDEN NAME: Myrtle Morgan
16. BIRTHPLACE (city or town) (State or country): Jacksville Oregon

17. INFORMANT (Address): Mrs. Myrtle Poindexter Carey - Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Carey - Ida. Date April 15 1934

19. UNDERTAKER (Address): L. P. Harris Hailey Ida

20. FILED 4 - 30, 1934 R. H. Wright - Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 4 - 10, 1934, to 10 - 14, 1934

I last saw him alive on 14 - 10 1934 death is said to have occurred on the date stated above, at 6 ... m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic Sore Throat - | |
| Epileptica | 10 days |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Robert H. Wright - ....., M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88531

PLACE OF DEATH
County of Blaine
City of Gannett

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 10

(No. 742 Wright)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza C. Brown

(a). Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) March 19-1855

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 79 | 0 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** X

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Garryowne-
(State or country) Fulton County Iowa-

MOTHER FATHER

13. NAME John Cunningham

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

15. MAIDEN NAME Sarah Manley

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT Mrs. George McGonigal
(Address) Gannett Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bellevue Ida. Date April 9, 1934

19. UNDERTAKER L. J. Harvey
(Address) Hailey Idaho-

20. FILED 4-30, 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1934, to 4-5, 1934.
I last saw her alive on 4-5, 1934. death is said to have occurred on the date stated above, at 5:14 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 4-5-34 |

Other **contributory causes** of importance:
Two previous attacks of cerebral hemorrhage

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH MAY [illegible] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88532

County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number) Ft

2. FULL NAME Robert Allen Coates 177

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carol Teacher

6. DATE OF BIRTH (month, day, and year) June 18-1911

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 23 | 3 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) April 34 — 11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (city or town) (State or country) Bellevue Idaho

MOTHER FATHER

13. NAME George T. Coates

14. BIRTHPLACE (city or town) (State or country) Ontario Canada

15. MAIDEN NAME Eva M. Wrenches

16. BIRTHPLACE (city or town) (State or country) Bellevue Idaho

17. INFORMANT (Address) Eva M. Coates Bellevue Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Bellevue Date May 1, 1934

19. UNDERTAKER (Address) G. Harris & R. Hailey Ida

20. FILED 5-1-, 1934 R. A. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1934, to 4/29, 1934.
I last saw h[illegible] alive on 4/29, 1934; death is said to have occurred on the date stated above, at 10:30 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |
| from ingestion of gasoline | |
| Estimate 28 gallons | |
| taken for a feed | |

Other **contributory causes** of importance: Tardive mitral stenosis 9/1-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. W. Jet ....., M. D.
(Address) Hailey Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 19

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88535

County of Boise
City of Grimes Pass
Registration District No.
Primary Registration District No. Local Registrar's No. 12

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Hopkins

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William Hopkins

6. DATE OF BIRTH (month, day, and year) July 30 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 7 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho City Idaho

FATHER

13. NAME David Runels

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Eliza Kuntzman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) C. D. Rand Grimes Pass Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery Date 3-27, 1934 Garden Valley

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED May 1, 1934 Mrs E. S. Wilson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1934, to 3-25, 1934
I last saw her alive on 3-25, 1934: death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | Unknown |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. L. Frazier, M. D.
(Address) 2127 Ellis St Boise Ida.

Dr. Tyler.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88535

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Andrew Newton.

(a) Residence. No. 312 S. Lavina St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 25, 1853.

7. AGE — Years: 81 — Months: 2 — Days: 29 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Quartz

10. Date deceased last worked at this occupation (mo. and yr.): 1930

11. Total time (years) spent in this occupation: About 40yrs.

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: William Newton

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Lucy Perry

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): J. W. Newton, 312 S. Lavina Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL: Pinecrest Cem. Ida.
Place: Sandpoint Ida. Date: Apr. 25, 1934

19. UNDERTAKER (Address): L. D. Moon, Sandpoint, Ida.

20. FILED: April 25 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch. 20, 1934, to Apr. 24, 1934.

I last saw him alive on Apr 23, 1934; death is said to have occurred on the date stated above, at 2 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Apr 20 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | 1930 |
| Arteria Sclerosis | 1925 |

Name of operation: no Date of:

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. F. Tyler, M. D.

(Address) Sandpoint, Ida

RECEIVED MAY

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88536

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 34

(If death occurred in hospital or institution, give its name instead of street and number) (No. Lora Dunn Wall)

2. FULL NAME Sandpoint Hospital

(a) Residence. No. ..... St. Cocolalla, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

9a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 23, 1933

7. AGE — Years: | Months: 3 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sandpoint Idaho

MOTHER FATHER

13. NAME: Albin S. Wall
14. BIRTHPLACE (city or town) (State or country): Sweden
15. MAIDEN NAME: Georgia Sweigard
16. BIRTHPLACE (city or town) (State or country): South Dakota

17. INFORMANT (Address): Albin S. Wall Cocolalla Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Pine Crest Cem. Date: Apr. 23 1934 Sandpoint Ida

19. UNDERTAKER (Address): L. G. Mooney Sandpoint Ida.

20. FILED: April 23 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-21-1934

22. I HEREBY CERTIFY, That I attended deceased from birth, 193..., to Apr. 21, 1934.

I last saw her alive on Apr. 21 1934. death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro Spinal Meningitis | 4-15-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Malnutrition | 2 mo. |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. G. Stackhouse M. D.
(Address) Sandpoint Idaho

EIVED AY 193

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88537

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 33

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Archibald Bemis

(a) Residence. No. 903 Lake Street St.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Iva Bemis

6. DATE OF BIRTH (month, day and year): November 8, 1885

7. AGE: Years 49 | Months 4 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Day Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Apr 1934

11. Total time (years) spent in this occupation: 3 yrs.

12. BIRTHPLACE (city or town) (State or country): Long Prairie Minn.

MOTHER FATHER

13. NAME: Norman Marshall Bemis

14. BIRTHPLACE (city or town) (State or country): Wis.

15. MAIDEN NAME: Elizabeth Gray

16. BIRTHPLACE (city or town) (State or country): Indiana.

17. INFORMANT (Address): Mrs. Iva Bemis. 908 Lake St, Sandpoint, Ida

18. BURIAL, CREMATION OR REMOVAL: Lakeview Cem
Place: Sandpoint, Idaho. Date: April 22 1934

19. UNDERTAKER (Address): L. A. Moore Sandpoint, Idaho.

20. FILED: April 21, 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 21 1934.

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1934, to Apr. 21, 1934.

I last saw him alive on Apr. 20 1934.: death is said to have occurred on the date stated above, at 2:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | 1933 |
| | |

Name of operation: no Date of:

What test confirmed diagnosis? Clinical & chemicals Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Wm. F. Tyler, M. D.

(Address) Sandpoint, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED IN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88538

**PLACE OF DEATH**

County of Bonner
City of Clarksfork
Registration District No. 76
Primary Registration District No. 2155
Local Registrar's No. 32

(No. Clarksfork)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Garfield Paine

(a) Residence. No. Tacoma St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie I. Paine

6. DATE OF BIRTH (month, day, and year) Aug. 26 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 5 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crane engineer N. P. R. R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER
13. NAME Chas. Paine
14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER
15. MAIDEN NAME Unobtainable
16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMENT (Address) Mrs. Minnie I. Paine Tacoma

18. BURIAL, CREMATION, OR REMOVAL Place Tacoma Date 4/23, 1934

19. UNDERTAKER Turnbull Co.
(Address) Sandpoint, Idaho

20. FILED April 21, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from removed the remains on 4/19, 1934

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Crushed by N. P. Freight Train | |
| Coronary Thrombosis | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Arthur S. Bowden M.D.

(Address) acting Coroner Sandpoint, Idaho

LIVED [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88539

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Peter Johnson

(a) Residence. No. 422 Antone St St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Cecelia Johnson
6. DATE OF BIRTH (month, day, and year): Dec. 20, 1853
7. AGE: Years 80 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER/FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Sweden
15. MAIDEN NAME: Ellen
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Oscar Johnson Sandpoint Ida
18. BURIAL, CREMATION OR REMOVAL. Place: Lakeview Cem. Sandpoint, Ida. Date: Apr. 20 1934
19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho
20. FILED Apr. 19, 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 18 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to April 18, 1934.
I last saw him alive on April 12 1934.; death is said to have occurred on the date stated above, at 3. A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric carcinoma | 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation. None Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RIVED MAY 19[illegible]

**PLACE OF DEATH**

County of Benner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2152

Local Registrar's No. 30

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 88540

48 F

2. FULL NAME Dell Burris

(a) Residence. No. Poor Farm St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) Page Hospital Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 4/19, 1934

19. UNDERTAKER Timmerell Co.
(Address) Sandpoint

20. FILED April 19, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1934, to Apr 17, 1934

I last saw him alive on Apr 17, 1934; death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1932 |
| | |
| | |
| | |
| Other contributory causes of importance: Arteriosclerosis | 1930 |
| | |
| | |

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F Tyler, M. D.

(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 193[illegible]

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88541

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 29

(No. Page Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adell Doolittle

(a) Residence. No. ..... St. Samuels Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: White

4. Color or Race: Female

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Fred Doolittle

6. DATE OF BIRTH (month, day, and year)
October 9, 1860

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Port Allegany
(State or country) Pa.

FATHER

13. NAME Isreal Thomas

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Ann Watson

16. BIRTHPLACE (city or town) Buffalo
(State or country) N.Y.

17. INFORMANT Fred Doolittle
(Address) Samuels, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Idaho, Pinecrest Cem Date Apr. 19, 1934

19. UNDERTAKER L.G.Moon
(Address) Sandpoint, Idaho

20. FILED Apr. 19 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1934, to Apr. 17, 1934.
I last saw h~~er~~ alive on Apr. 16, 1934: death is said to have occurred on the date stated above, at 5:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Toxic Goitre | 1920 |
| | |
| Diabetes | 1925 |

Name of operation No Date of
What test confirmed diagnosis? clinical & Chemical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint Idaho

RECEIVED MAY 4 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88542

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Belle West

(a) Residence. No. Samuels, Idaho. St. Seattle, Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George M. West

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 4 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Topeka (State or country) Kansas

FATHER

13. NAME Benj. Peirce

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT (Address) C. Sylvester, Samuels Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pack River, Cem. Date Apr. 20 4, 193..

19. UNDERTAKER L.G.MOON
(Address) Sandpoint, Idaho.

20. FILED April 19 193.. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..did not.. 193.., to ..attend..., 193....

I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at 6:30p m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Apr 16 1934 |
| (Died very suddenly) | |

Other **contributory causes** of importance:

Name of operation ..no.. Date of ....

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Wm F. Tyler M. D.
(Address) Sandpoint Idaho
Boaner County Health Officer

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1934

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88543

Registration District No. 78

Primary Registration District No. ~~1991~~ 2155 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Baptiste

(a) Residence. No. Lakeview St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 68 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner & prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Unobtainable

14. BIRTHPLACE (city or town) (State or country) Unobtainable

MOTHER

15. MAIDEN NAME Unobtainable

16. BIRTHPLACE (city or town) (State or country) Unobtainable

17. INFORMENT (Address) Bonner Funeral Home Sandpoint

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date Apr 6, 1934

19. UNDERTAKER Funeral Co (Address) Sandpoint

20. FILED April 5, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 3, 1934, to Mch 4, 1934

I last saw him alive on Mch 3, 1934; death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Mch 2, 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: Arteriosclerosis | 1930 |
| | |
| | |

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Wm F. Tyler MD

(Signed) ....., M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88544

County of Bonner
City of Hope
Registration District No. 80
Primary Registration District No. 2397
Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johan Hendrick Anderson

(a) Residence. No. Hope Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, and year) April 11 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Jacob Anderson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Tostrup

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Halvadan Anderson Hope Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hope Date Apr 11, 1934

19. UNDERTAKER Turnbull Co (Address) Sandpoint Idaho

20. FILED 4-10, 1934 John Larson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Hypocardites | |

Other contributory causes of importance:

| | |
|---|---|
| Old age | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) Evans Bonner County

RECEIVED MAY 1 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 88545

# CERTIFICATE OF DEATH

**PLACE OF DEATH**
County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 4
(No. 87 5)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Kate Myers

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James W. Myers.

6. DATE OF BIRTH (month, day and year) Jan. 6, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 3 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Milo
(State or country) Iowa

PARENTS

10. NAME OF FATHER Geo. Bietzell

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER Elizabeth Mills

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Kentucky

14. Informant (Address) James W. Myers Priest River, Idaho.

15. Filed April 13 1934 Benj. C. Ross Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 10, (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1934, to apr. 10, 1934
that I last saw her alive on apr. 10, 1934
and that death occurred, on the date stated above, at 9:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
chronic myocarditis
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) toxic goitre
..... (duration) 10 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Leslie J. Stauffer, M. D.
April 10, 1934 (Address) Priest River Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Priest River Idaho. | Apr. 13, 1934 |
| 20. Undertaker L. E. Moon | Address Sandpoint Idaho. |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88546

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beverly Miller

(a) Residence. No. 201 — First St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 14 1934

7. AGE — Years: — Months: — Days: — If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls

FATHER

13. NAME: William A. Miller
14. BIRTHPLACE (city or town) (State or country): Gayfield, Ida.

MOTHER

15. MAIDEN NAME: Gladys M. Brown
16. BIRTHPLACE (city or town) (State or country): Shelton, Neb.

17. INFORMANT (Address): William A. Miller 201-1st St. Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Shelton Date Apr. 15 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED Apr. 17, 1934 Gay Tennant Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1934 to Apr. 14, 1934.
I last saw her alive on Apr 14 1934 death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| 8 mo gestation | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88547

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2 1 4 0
Local Registrar's No. 66

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Glenn Wilkinson

(a) Residence. No. Cedar & Eastern Ave.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-24-34

7. AGE: Years: No. Months: No. Days: 9. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls. Idaho.

FATHER
13. NAME: Glenn Wilkinson
14. BIRTHPLACE (city or town) (State or country): Butte. Mont.

MOTHER
15. MAIDEN NAME: Mildred Jackson
16. BIRTHPLACE (city or town) (State or country): Logan. Utah.

17. INFORMENT (Address): Glenn Wilkinson Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Rempval Mortuary Date: 4-3, 1934
19. UNDERTAKER (Address): F. M. Hays Idaho Falls Ida.
20. FILED: Apr. 3, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-3-34. 1934
22. I HEREBY CERTIFY, That I attended deceased from March 24, 1934, to April 3, 1934
I last saw him alive on April 3, 1934; death is said to have occurred on the date stated above, at 1240 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Respiratory Failure | 9 days |
| Other contributory causes of importance: Puerperal Premature Birth 7 months | |

Name of operation: —— Date of:
What test confirmed diagnosis? —— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? —— Date of injury ....., 193.
Where did injury occur? ——
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88548

Registration District No. 73
Primary Registration District No. 2104-0
Local Registrar's No. 74

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Glen Baker

(a) Residence. No. Driggs St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

160

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Baby |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 11 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Driggs Idaho

MOTHER FATHER

13. NAME Donald M Baker

14. BIRTHPLACE (city or town) (State or country) Junction Utah

15. MAIDEN NAME Ella Vilate Stokes

16. BIRTHPLACE (city or town) (State or country) Bird Utah

17. INFORMANT (Address) father

18. ~~BURIAL, CREMATION OR REMOVAL~~ Removal
Place Driggs Ida. Date April 20, 1934

19. UNDERTAKER (Address) none

20. FILED Apr. 16, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/18 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1934, to April 18, 1934.
I last saw him alive on April 18, 1934; death is said to have occurred on the date stated above, at 4:35 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital failure of Union of Oesophagus | April 11 |
| | " |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bronchial pneumonia | April 14 |

attempted to pass bougie
Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Idaho Falls

RECEIVED MAY 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88551

PLACE OF DEATH
County of Bonneville
City of Woodville
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 90

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Johan Hancock

(a) Residence. No. Woodville Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child.

6. DATE OF BIRTH (month, day and year): 4-16-34

7. AGE — Years | Months | Days: 10 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Woodville Bonneville Co. Idaho

PARENTS

10. NAME OF FATHER: Elgia L. Hancock
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Richfield Utah
12. MAIDEN NAME OF MOTHER: Lovena Thompson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ogden Utah.

14. Informant: Elgia L. Hancock
(Address): R. 4. Idaho Falls

15. Filed May 1, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 26th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-16-, 1934, to 4-26-, 1934
that I last saw her alive on 4-26-, 1934
and that death occurred, on the date stated above, at 1.40 a.m.
The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) yrs. mos. 1/2 ds.
CONTRIBUTORY (Secondary) Probably Mesentary Infarct Fatal
(duration) yrs. mos. 1/2 ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Edwin Cutler, M. D.
4-26-, 1934 (Address) Box 86 Shelley Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Shelley Cemetery. | Date of Burial: 4-26-1934
20. Undertaker: none employed | Address

N. B.—Every item of information should be carefully supplied. Data should be complete. Exact statement of OCCUPATION is very important. See instruction on back of certificate. Should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED MAY 9 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88552

County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 214-0
Local Registrar's No. 79
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Weeks

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Premature Baby
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years | Months | Days | If LESS than ~~1 day~~ 1 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Ivan Richard Weeks
14. BIRTHPLACE (city or town) (State or country): Swan Valley

MOTHER
15. MAIDEN NAME: Edith Pauline Gaffsche
16. BIRTHPLACE (city or town) (State or country): Ucon Idaho

17. INFORMENT (Address): Ivan Richard Weeks Swan Valley
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls, Ida. Date: Apr 20, 1934
19. UNDERTAKER: None (Address)
20. FILED: Apr. 19, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-19 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: No known Cause | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88553

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 91-
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nick Nazzia
(a) Residence. No. Shelley, Idaho St. 887
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): December 25, 1883
7. AGE: Years 50 | Months 4 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Italy

FATHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): L. L. Christensen Shelley Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Shelley, Idaho Date: May 5, 1934
19. UNDERTAKER (Address): Dahl & Ward Idaho Falls, Idaho
20. FILED: May 4, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 3 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to May 3, 1934.
I last saw him alive on May 3, 1934.; death is said to have occurred on the date stated above, at 11-10 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis with | |
| Pericarditis & | |
| Effusion | 5 Yrs ago |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Acute dilation | 3 Mos |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? None Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Shelley Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88554

Registration District No. 73

Primary Registration District No. 214-0 Local Registrar's No. 94

(No. 240 1st Ave. Idaho Falls)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph M. Chantrill

(a) Residence. No. Shelley, Idaho St. 41
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): February 10, 1919
7. AGE: Years 15 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Newdale Idaho

MOTHER FATHER
13. NAME: William Chantrill
14. BIRTHPLACE (city or town) (State or country): Logan Utah
15. MAIDEN NAME: Susan Martineau
16. BIRTHPLACE (city or town) (State or country): Logan Utah

17. INFORMANT (Address): Mrs. William Chantrill Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Shelley, Idaho Date: May 4, 1934

19. UNDERTAKER (Address): Jack A. Ward Idaho Falls, Idaho

20. FILED May 4, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 2 1934

I HEREBY CERTIFY, That I attended deceased from ~~May 2d~~, 193~~4~~.. to May 2, 1934.
I last saw ~~him~~ alive on May 2, 193~~4~~.; death is said to have occurred on the date stated above, at 7-45 ~~p~~m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | |
| following Wound | May 1 34 |
| under L. Arm | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: Repaired Laceration Date of ~~operation~~ Apr. 30 34
What test confirmed diagnosis? L. Was there an autopsy?

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 1 1934
Where did injury occur? Shelley Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place
Manner of injury: Cut L Arm under L Arm
Nature of injury: Laceration Calloding with Auto

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) F. W. Peterson M. D.
(Address) Shelley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88555

County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 21-2
Local Registrar's No. 93

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Mark William Whiting

(a) Residence. No. R.D. 6 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 8 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 8 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho.

FATHER

13. NAME Carl S Whiting

14. BIRTHPLACE (city or town) (State or country) Butte Mont.

MOTHER

15. MAIDEN NAME Delilah Higginson

16. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah.

17. INFORMENT (Address) Carl S Whiting Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spanish Fork Ut. 5-4, 1934

19. UNDERTAKER V. F. McFarr Idaho Falls Idaho
(Address)

20. FILED 7-3, 1934 C. J. Summers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at 12 ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Death by Drowning | |
| in Canal near home | |
| in Country | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 2, 1934

Where did injury occur? Idaho Falls Idaho R.R.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on farm

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred [illegible] Graves M. D.

(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville Co

City of Idaho Falls

Rt #3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 21-0

DO NOT WRITE IN THIS SPACE

State File No. 88556

Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Laura Jane McClure Singley

(a) Residence. No. City, Rte #3 St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Thomas Singley

6. DATE OF BIRTH (month, day, and year)
Dec. 29, 1878.

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 55 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson, Georgia.

FATHER

13. NAME John Marion McClure

14. BIRTHPLACE (city or town) (State or country) Jackson, Georgia.

MOTHER

15. MAIDEN NAME Amelia Jane Giles.

16. BIRTHPLACE (city or town) (State or country) Jackson, Georgia.

17. INFORMANT (Address) Lyle M. Anderson, Idaho Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Date May 4 1934

19. UNDERTAKER (Address) F. A. Wood, Idaho Falls, Ida.

20. FILED May 2, 193 4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934, to May 2, 1934.
I last saw her alive on April 23 1934; death is said to have occurred on the date stated above, at 7:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Parotic gland & metastases | July 1933 |
| Other **contributory causes** of importance: Toxemia of Heart & Kidneys | April 1934 |

Operation July 1933 Sept 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88557

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-2 Local Registrar's No. 91
(No.) Spencer Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Harris Peterson

(a) Residence. No. 1165 Mound Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Caroline Peterson

6. DATE OF BIRTH (month, day, and year) Oct 11, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 6 | 19. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provo. Utah

FATHER
13. NAME Peterson.
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Rebecca. Harris
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs Caroline Peterson Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date May 2, 1934

19. UNDERTAKER D. T. McHan
(Address) Idaho Falls Ida

20. FILED May 2, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1934, to April 30, 1934
I last saw him alive on Apr 30, 1934: death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lymphosarcoma involving the ileal intestine and splenic flexure of Colon | |
| Other contributory causes of importance: | |

Name of operation exploratory Date of 4/24/34
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. B. Spencer, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88558

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 210
Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number) (No. I. F. L. Hospital)

2. FULL NAME Violette May Ahlstrom

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Henry Ahlstrom
6. DATE OF BIRTH (month, day, and year): February 24, 1899
7. AGE: Years: 35 Months: 2 Days: 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rico Colorado

FATHER
13. NAME: Charles R. Leavell
14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER
15. MAIDEN NAME: Isebella Percival
16. BIRTHPLACE (city or town) (State or country): Colorado

17. INFORMANT (Address): Henry Ahlstrom Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL: Place: Idaho Falls Date: April 30 1934

19. UNDERTAKER (Address): Earl C. Ford Idaho Falls Idaho

20. FILED: Apr. 30, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1934, to Apr 28, 1934.
I last saw h[illegible] alive on Apr 28, 1934. Death is said to have occurred on the date stated above, at 6-05-a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Peritonitis | Apr 27 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Intestinal Obstruction | Apr 24 |
| | |

Name of operation: Releasing Obstruction Date of: Apr 27

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88559

Registration District No. 73
Primary Registration District No. 214-0 Local Registrar's No. 44
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Elmer McCown 135

(a) Residence. No. Idaho Falls RFD #3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Luella A. McCown

6. DATE OF BIRTH (month, day, and year): Sept 30 1864

7. AGE: Years 69 | Months 6 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Council Bluff Iowa

FATHER
13. NAME: ?
14. BIRTHPLACE (city or town) (State or country): ?

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): J. R. McCown Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Ammon, Idaho Date: April 30 1934

19. UNDERTAKER (Address): Jack A. Woods Idaho Falls, Idaho

20. FILED: May 1 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 28 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1934, to April 28, 1934.
I last saw him alive on April 28 1934. death is said to have occurred on the date stated above, at 12 Midnight
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prostatic Obstruction | 3 yrs ago. |
| Chronic myocarditis | |

Other **contributory causes** of importance:

Name of operation: Prostatectomy Date of: April 24
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88560

Registration District No. 73
Primary Registration District No. 214-4 . Local Registrar's No. 87
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mable Turner
(a) Residence. No. ..... St. Driggs, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rubin Turner
6. DATE OF BIRTH (month, day, and year): July 14, 1896
7. AGE: Years 37 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Texas

MOTHER / FATHER
13. NAME: Madison
14. BIRTHPLACE (city or town) (State or country): Texas
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): Texas

17. INFORMANT (Address): Rubin Turner, Driggs, Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Driggs, Idaho. Date: April 30, 193 4
19. UNDERTAKER (Address): Jack C. Wolfe, Idaho Falls, Idaho
20. FILED April 30, 193 4. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 28 193 4
22. I HEREBY CERTIFY, That I attended deceased from April 21, 1934., to April 28, 193 4.
I last saw h[illegible] alive on April 28 193 4.: death is said to have occurred on the date stated above, at 12 noon P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | April 20 |
| Acute Dilatation of Heart | April 28 |

Other **contributory causes** of importance:

Name of operation: None. Date of:
What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88561

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2-1-D

Local Registrar's No. 6

(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 | a

2. FULL NAME Dianna Fern Rasmussen.

(a) Residence. No. ..... St. Victor, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July [redacted], 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 3 | 7 | 5 | ... hrs. or ... min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS

10. NAME OF FATHER Elven A. Rasmussen.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Salt Lake City, Utah.

12. MAIDEN NAME OF MOTHER Anna Lapreal Moulton.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Heber City, Utah.

14. Informant E. A. Rasmussen
(Address) Victor, Idaho.

15. Filed Apr. 27, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 24, (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1934, to Apr 24, 1934
that I last saw her alive on Apr 24, 1934
and that death occurred, on the date stated above, at 8 05 P.M.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? Victor, Ida
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) [signature] M. D.
April 27, 1934 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Victor, Idaho. | 4/27 1934 |

20. Undertaker [signature] Address Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88562

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 43
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 884

2. FULL NAME Alonzo Burnside
(a) Residence. No. ... St. Oregon Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 22, 1904
7. AGE — Years: 29 — Months: 0 — Days: 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mt Pleasant Utah

FATHER
13. NAME: Alexander Burnside
14. BIRTHPLACE (city or town) (State or country): American Fork Utah

MOTHER
15. MAIDEN NAME: Maud Shaw
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Alexander Burnside Idaho
18. BURIAL, CREMATION, OR REMOVAL — Place: Idaho Falls Date: Apl 23 1934
19. UNDERTAKER (Address): Jack G. Willard Idaho Falls, Idaho
20. FILED ... 1934 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 20 1934
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1934, to April 20 1934.
I last saw him alive on April 20, 1934; death is said to have occurred on the date stated above, at 11:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch. Myocarditis | |
| & Valvular lesion | 1932 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pericarditis & Effusion | April 1934 |

Name of operation: None Date of:
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so specify
(Signed) ... M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88563

Registration District No. 73

Primary Registration District No. 2 1V-0 Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willie Osborn Anderson

(a) Residence. No. Idaho Falls Rt #7 St. 50

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: 16 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER

13. NAME: Andrew L. Anderson

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Ethel Williams

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Rex Anderson Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Idaho Falls, Idaho Date: April 22 1934

19. UNDERTAKER (Address): Sam A. Hill and Idaho Falls, Idaho

20. FILED: April 21, 1934 (Signed) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1934, to April 20, 1934. I last saw him alive on April 18, 1934.: death is said to have occurred on the date stated above, at 10.30 P m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma of thigh (Bone) | 1931 |
| Other **contributory causes** of importance: Metastatic sarcoma of abdomen | 1934 |

Name of operation: Amputation Date of: 1/26/32

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury.. 1931

Where did injury occur? School Ground (Specify city or town, county, and state) Idaho

Specify whether injury occurred in ~~**industry, in home, or**~~ in **public place.** ?

Manner of injury: Fell

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify

(Signed) ..... M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88564

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 81
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 1012

2. FULL NAME J. Pierce Cunningham

(a) Residence. No. ..... St. Victor, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret E. Cunningham

6. DATE OF BIRTH (month, day, and year): Aug. 21, 1865

7. AGE: Years 68 | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Proprietor of
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Hotel
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Brockport New York

FATHER
13. NAME: James Cunningham
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER
15. MAIDEN NAME: Mary Steele
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. J. P. Cunningham Victor, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls, Date: Apr. 19, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Ida.

20. FILED: April 20 1934 C. W. Cummins Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14 1934 to Apr. 17, 1934
I last saw h. alive on Apr. 17 1934 death is said to have occurred on the date stated above, at 11:45 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Apr. 14 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) .....

RECEIVED MAY 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88565

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 80
(No. L D S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Kaphammer
(a) Residence No. Rt # 6 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101 a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Kaphammer

6. DATE OF BIRTH (month, day, and year): Aug 17 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 8 | 2 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: John Kaphammer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Maria Meyers
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. John Kaphammer Rt # 6 Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Apr. 23 193 4

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED: Apr 30 193 4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 19 193 4

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 193 4 to Apr. 19, 193 4
I last saw h. m. alive on Apr. 14, 193 4 death is said to have occurred on the date stated above, at 11:40 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uræmia Poisoning | Apr. 18 |

Other **contributory causes** of importance:

| | |
|---|---|
| Intestinal Obstruction | Apr. 14 |

Name of operation: ..... Date of: .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88566

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 18
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Loraine Lyon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 26 1922

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|
| 12 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) DeMoine
(State or country) Iowa

FATHER

13. NAME Aubrey C. Lyon

14. BIRTHPLACE (city or town) Iowa Falls
(State or country) Iowa

MOTHER

15. MAIDEN NAME Velma Hall

16. BIRTHPLACE (city or town) Mason City
(State or country) Iowa

17. INFORMENT Aubrey Lyon
(Address) Tetonia Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date Aug. 1934

19. UNDERTAKER A. B. Zachariah
(Address) Rigby, Ida.

20. FILED 7/19, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 16 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to 4/16, 1934
I last saw her alive on ....., 193.: death is said to have occurred on the date stated above, at 7:40 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra Pneumonia | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Carl Clyes, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88567

Registration District No. 73

Primary Registration District No. 214-D Local Registrar's No. 77

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Atwood Leatha Magdelen Leatha Madlene Atwood

(a) Residence. No. Parker St. Baxter, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 12, 1932

7. AGE: Years | Months: 22 mo | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Parker

MOTHER/FATHER

13. NAME: Lewis E. Atwood

14. BIRTHPLACE (city or town) (State or country): Ogden Utah

15. MAIDEN NAME: Leona L. Tanner

16. BIRTHPLACE (city or town) (State or country): Chester, Idaho

17. INFORMANT (Address): Father

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 4/22, 193.4

19. UNDERTAKER (Address): W. M. Hanson St. Anthony Idaho

20. FILED Apr. 14, 193.4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-18 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934., to Apr. 18, 1934.
I last saw her alive on April 18 1934; death is said to have occurred on the date stated above, at 2.15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Measles | April 8 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bronchial Pneumonia | April 14 |

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury ~~occurred~~ in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 21-0

DO NOT WRITE IN THIS SPACE
State File No. 88568

Local Registrar's No. 74

(No. 188 a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thermo Nelson

(a) Residence. No. ..... St. Grad Ida. Rt. #1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 7 1913

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 20 | 4 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monk Creek Ida.

FATHER

13. NAME Walter Nelson

14. BIRTHPLACE (city or town) (State or country) Monk Creek, Ida.

MOTHER

15. MAIDEN NAME Lula Olsen

16. BIRTHPLACE (city or town) (State or country) Monk Creek Ida.

17. INFORMENT (Address) Walter Nelson Grace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Monk Creek Ida. Date April 5, 1934

19. UNDERTAKER (Address) M. W. Hess Aberdeen

20. FILED Apr. 14, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Jumping from freight train striking head and was thrown under train | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~Suicide, or homicide~~? Accident Date of injury April 13, 1934

Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Fractured Skull and

Nature of injury Body Crushed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred Porter Coroner M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88569

County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2100 Local Registrar's No. 73
(No. L. D. S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johnny Kelsch.

(a) Residence. No. R.D. # 3. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white. | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 1 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Peter Kelsch

14. BIRTHPLACE (city or town) (State or country) St Joseph. Mo.

MOTHER

15. MAIDEN NAME Bertha Postner

16. BIRTHPLACE (city or town) (State or country) Corder. Missouri

17. INFORMENT (Address) Peter Kelsch Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 4-13, 1934

19. UNDERTAKER (Address) R. F. McNaughton Idaho Falls Ida

20. FILED Apl 17, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934, to April 11, 1934
I last saw him alive on April 11, 1934; death is said to have occurred on the date stated above, at 1.45 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral bronchopneumonia | April 1, 1934 |

Other contributory causes of importance:

| | |
|---|---|
| Acute nephritis | Unknown |

Name of operation Date of
What test confirmed diagnosis? Clinical, Lab & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry L. Wilson, M. D.
(Address) Idaho Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88570

Local Registrar's No. 72

PLACE OF DEATH

County of Bonneville
City of Idaho Falls Ida
Registration District No. 73
Primary Registration District No. 2120

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Russell Leo Kjelm

(a) Residence. No. Fifth St. Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

8

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE — Years: 10 | Months: 10 | Days: 20 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Shelley Ida

PARENTS

10. NAME OF FATHER: Henry Kjelm
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweeden
12. MAIDEN NAME OF MOTHER: Delphia Peterson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Kewanee Ill

14. Informant: Henry Kjelm
(Address): Fifth St Ida

15. Filed May 1, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. (Month) 9 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 27, 1934 to Apr. 9, 1934
that I last saw h— alive on Apr. 9, 1934
and that death occurred, on the date stated above, at 2:30 P.M.
The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary): Acute Nephritis

(duration) yrs. mos. 9 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? — Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) F. W. Bell, M. D.
Apr. 10, 1934 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Shelley Cemetery | Apr 12, 1934 |
| 20. Undertaker: V. F. McGhan | Address: Idaho Falls |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2-14-6

DO NOT WRITE IN THIS SPACE

State File No. 8857 1

Local Registrar's No. 71

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laurence George Allen

(a) Residence. No. Thornton Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17-1933.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 2 | 22. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thornton Ida.
(State or country)

FATHER

13. NAME Mark L. Allen

14. BIRTHPLACE (city or town) Hawkins Ida.
(State or country)

MOTHER

15. MAIDEN NAME Lillie C. Crowley.

16. BIRTHPLACE (city or town) Kagamando
(State or country) Idaho.

17. INFORMENT (Address) Mark L. Allen Thornton Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Archer Ida. Date April 10 1934

19. UNDERTAKER (Address) Wagner & Holden Rexburg Ida.

20. FILED 4-10, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 9. 1934.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1934, to April 9, 1934.

I last saw him alive on April 9, 1934: death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strep. Septicemia with multiple abscess | Mar. 1934 |

Other contributory causes of importance:

Name of operation Transfusion Date of April 8 1934

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. R. West, M. D.

(Address) Ryby Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

# PLACE OF DEATH

County of Bonneville

City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88572

Registration District No. 13

Primary Registration District No. 21 Local Registrar's No. 10

(No. I. F. L. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Linda Cathleen Reeves Sessions 92

(a) Residence. No. 692 S. Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chauncey C. Sessions

6. DATE OF BIRTH (month, day, and year) July 28 1907

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 29 | 8 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Eli Reeves

14. BIRTHPLACE (city or town) (State or country) Provo Utah

MOTHER

15. MAIDEN NAME Hannah Olson

16. BIRTHPLACE (city or town) (State or country) Copenhagen

17. INFORMANT (Address) Mrs. Hazel Reeves 692 - 10 - Street

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date April 9 193 4

19. UNDERTAKER (Address) Jack S. Wood Idaho Falls, Idaho

20. FILED 4-10..., 193 7 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 193 4

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 193.., to Apr. 7, 193.4
I last saw h.. alive on Apr. 7, 193..: death is said to have occurred on the date stated above, at 9-30 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Apr. 4 - 193 4 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Acute Myocarditis | 193 4 |
| | |

Name of operation ✓ Date of.....

What test confirmed diagnosis? ✓ Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Clee Clegg, M. D.
(Address) Idaho Falls

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88573

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 69

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine S. Bonnecke

(a) Residence. No. 173 - Maple Street St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emil Bonnecke

6. DATE OF BIRTH (month, day, and year) Sept. 26 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Sweden

FATHER

13. NAME Samuel Johnson

14. BIRTHPLACE (city or town) .... (State or country) Sweden

MOTHER

15. MAIDEN NAME Johanna Johnson

16. BIRTHPLACE (city or town) .... (State or country) Sweden

17. INFORMANT Mrs. Harry E. Fisher (Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Cal. Date April 11 1934

19. UNDERTAKER Jack G. Wood (Address) Idaho Falls, Idaho

20. FILED April 7, 1934 C. J. Greenwood Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934., to April 6, 1934.

I last saw h.. alive on April 6, 1934.; death is said to have occurred on the date stated above, at 9-15 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | unknown |
| | |
| | |
| | |
| Other **contributory causes** of importance: Chronic Interstitial Nephritis | unknown |

Name of operation .... Date of ....

What test confirmed diagnosis? Clinical Were there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Harry E. Willson, M. D.
(Address) Idaho Falls, Ida.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88574

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 68

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

887

2. FULL NAME Mrs. Margaret Stork

(a) Residence. No. 100 South Ridge St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Taylor Stork

6. DATE OF BIRTH (month, day, and year): August 8, 1868

7. AGE: Years 65 | Months 7 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Edinburgh Scotland

FATHER
13. NAME: Edward Miller
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Elizabeth ?
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. L. A. McCaskey Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: April 8 1934

19. UNDERTAKER (Address): Jack A. Woolf Idaho Falls, Idaho

20. FILED: 4/7/..., 1934 (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to April 4, 1934.
I last saw her alive on ..., 193...; death is said to have occurred on the date stated above, at 9:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Scandary Anaemia | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....
(Signed) A. B. Barkenhagen M. D.
(Address) Idaho Falls Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88575

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 67

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Emma A. Cline.

(a) Residence. No. 345 N. Ridge ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. C. M. Cline.

6. DATE OF BIRTH (month, day, and year) Feb. 27 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winona Minn.

FATHER

13. NAME John Ludwig.

14. BIRTHPLACE (city or town) (State or country) Luxemburg

MOTHER

15. MAIDEN NAME Anna Ludwig.

16. BIRTHPLACE (city or town) (State or country) Luxemburg

17. INFORMENT (Address) Dr. C. M. Cline Idaho Falls Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 4-6, 1934

19. UNDERTAKER (Address) V. F. McHaney Idaho Falls Idaho.

20. FILED Apr. 7, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to April 3, 1934
I last saw h alive on April 2, 1934; death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| with apoplexy | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. P. Jacobsen M. D.
(Address) Idaho Falls Idaho

RECEIVED MAY 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88577

**PLACE OF DEATH**

County of Butte
City of Arco, Ida

Registration District No. 59
Primary Registration District No. 2129

Local Registrar's No. 45

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Franklin Hamblet

(a) Residence. No. St. Moore, Ida
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day and year) Nov. 24 1872.

7. AGE: Years 61 | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Pueblo, Colo.

PARENTS

10. NAME OF FATHER: John Turner Hamblet

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Arkansas

12. MAIDEN NAME OF MOTHER: Mary Elizabeth Jones

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Arkansas

14. Informant: Mrs Alex Beverlund
(Address) Moore, Ida

15. Filed April 19, 1934 ~~Stella E. Thompson~~ Acting Registrar
Mary G. Dietrich

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 18 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933, to Apr. 18, 1934, that I last saw h[illegible] alive on Apr. 17, 1934, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum.

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of Dec. 15-1933
Was there an autopsy? No
What test confirmed diagnosis? Laboratory
Signed Dr Egbert, M. D.
Apr. 18, 1934 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Moore, Ida — Date of Burial: April 19 1934

20. Undertaker — Address

...portant. See instruction on back of certificate. ...rtain in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 88578

Local Registrar's No. 37

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cynthia Ruth Hatfield

(a) Residence. No. near S. Plymouth Ida (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

180a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Owen Hatfield

6. DATE OF BIRTH (month, day, and year) Sept 17 186

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mooresville Indiana

FATHER

13. NAME William M. Mary

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Julia A. Miller

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) M L Hatfield New Plymouth

18. BURIAL, CREMATION, OR REMOVAL Place Mt Hyrtle Cem Date , 193

19. UNDERTAKER (Address) Caldwell Ida

20. FILED 4/25, 193 M Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934, to April 18, 1934

I last saw h[illegible] alive on April 18, 1934; death is said to have occurred on the date stated above, at 5-8 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated Umbilical Hernia | |

Other contributory causes of importance:

operation and age

Name of operation Herniotomy Date of Apr 16 '34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos E. Mangum, M. D.

(Address) Nampa, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88579

County of Canyon
City of Caldwell Registration District No. 1
Primary Registration District No. 2005 Local Registrar's No. 39

(No. 5 miles so. Caldwell)
(If death occurred in a hospital or institution, give its name instead of street and number.)

25

2. FULL NAME Louis Samuel David Martin

(a) Residence. No. 5 miles so. Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18th 1922

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 11 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cozy Basin Idaho

FATHER

13. NAME John L. Martin

14. BIRTHPLACE (city or town) (State or country) Bellevue Idaho

MOTHER

15. MAIDEN NAME Effie Hunter

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Mrs. John L. Martin Caldwell Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Knowlton Cemetery Date May 6, 1934

19. UNDERTAKER C. V. Pickard (Address) Caldwell Idaho

20. FILED 5/7, 1934 W. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| History of case — Intestinal flu | 5-1 |
| Because of religious belief no physician was called. | |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. D. Talley Coroner

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88580

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 35

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Kenneth Turner

1000

(a) Residence. No. Route 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16 1926

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eatonville Wash

FATHER

13. NAME M D. Turner

14. BIRTHPLACE (city or town) (State or country) Dayton Oregon

MOTHER

15. MAIDEN NAME Maud Eppler

16. BIRTHPLACE (city or town) (State or country) Palouse Wash

17. INFORMENT (Address) M D. Turner R 2 Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wilder Ida Date 4-13, 1934

19. UNDERTAKER Paul L. Base (Address) Caldwell Idaho

20. FILED 4/14, 1934 M Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1934, to 4-11, 1934

I last saw him alive on 4-11, 1934: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia following a cold | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M D Montgomery, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 88581

Local Registrar's No. 36

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Hiram Frances Rock

(a) Residence. No. Caldwell Ida RFD

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME John Rock

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Amena Green

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs Rena Rock Caldwell Rt #2 Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date April 14, 1934

19. UNDERTAKER (Address) C. T. Jacobsen Caldwell Idaho

20. FILED 4/17, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to April 12, 1934

I last saw him alive on April 12, 1934; death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Vascular Renal Disease | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Newberry, M. D.

(Address) Caldwell Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1605

DO NOT WRITE IN THIS SPACE

State File No. 88582

Local Registrar's No. 47

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mathew Russell

(a) Residence. No. Caldwell, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. J. A. Ferguson. Caldwell Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Cem. Date May 9, 1934

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida.

20. FILED 5/8, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes & | |
| Cardio-vascular-renal | |
| disease | |

Other contributory causes of importance:

Refusal to cooperate.
Hypertension & arterial
Sclerosis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. J. Tikker, M. D.

(Address)

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88583

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 40
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sheridan Anderson

(a) Residence. No. Odd Fellows Home St. .....
(Usual place of abode) Caldwell Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Bachelor
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 14 - 1853
7. AGE: Years 80 | Months 4 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Frank H. Price - Matron -
18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 5/8, 1934
19. UNDERTAKER (Address): C. D. Buckmun Emmett Idaho
20. FILED 5/8, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/6 1934
22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to May 6, 1934.
I last saw him alive on May 5, 1934: death is said to have occurred on the date stated above, at 6 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | several months |
| Other **contributory causes** of importance: | |

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Jos. Coen M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1 11 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88584

County of Canyon
City of Caldwell
Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 38

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Sarah Ida Johnson

(a) Residence. No. Caldwell Idaho S. Kimball St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 21st 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 8 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centralia
(State or country) Wisc

FATHER

13. NAME Jack Kipfer

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Foldom

16. BIRTHPLACE (city or town) Ohio? Not known
(State or country)

17. INFORMENT (Address) Mrs. Z. B. Keenan Island, Colo.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Co. Idaho Date 5-2, 1934

19. UNDERTAKER E. N. Peckham
(Address)

20. FILED 5-1, 1934 J. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-28-1934

22. I HEREBY CERTIFY, That I attended deceased from Apl 26, 1934, to Apl 28, 1934
I last saw h alive on Apl 28, 1934: death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Vascular Renal disease | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. J. Newberry, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
1934
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 88585

County of Canyon
City of Caldwell
Canyon Parma.
Registration District No. 1007
Primary Registration District No. 3
Local Registrar's No. 31
(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Floyd Ross.

(a) Residence. No. Parma Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lois Ross.
6. DATE OF BIRTH (month, day, and year) Sept 30 1896
7. AGE: Years 36 | Months 6 | Days 13. | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 5 yrs.

12. BIRTHPLACE (city or town) (State or country): Jerome Arizona

FATHER
13. NAME: Oliver W Ross.
14. BIRTHPLACE (city or town) (State or country): Alabama.

MOTHER
15. MAIDEN NAME: Hattie Hargett
16. BIRTHPLACE (city or town) (State or country): Mississ

17. INFORMENT (Address): Oliver W Ross
18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Parma Date 4-13, 1934
19. UNDERTAKER: C V Peckham (Address) Caldwell Idaho.
20. FILED 5-7, 1934 Ethel Jarvis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-12 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coroners jury verdict. Cause of death was a bullet wound in the head, the said wound being self inflicted. | — |
| Other contributory causes of importance: We further find his death being suicide. | " |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Wm D Tolley Coroner, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88586

**PLACE OF DEATH**

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 40

(No. 1½ m. Powerline Rd.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Hazel Lois Smith

(a) Residence. No. 1½ mi Powerline Rd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 22-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME M. R. Smith

14. BIRTHPLACE (city or town) Hennessey
(State or country) Okla.

MOTHER

15. MAIDEN NAME Ruth Carpenter

16. BIRTHPLACE (city or town) Peekaboo
(State or country) Idaho

17. INFORMENT M. R. Smith
(Address) R.F.D. #5 Nampa

18. BURIAL, CREMATION, OR REMOVAL
Place Peekaboo, Idaho Date ....., 193..

19. UNDERTAKER Mrs. Minnie M. Talley
(Address) Nampa, Idaho

20. FILED May 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| History of case - Mother with milk fever & nursing baby Causing diarrhea and convulsions. | |

Other contributory causes of importance:

No physician called on account of religious belief.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. D. Talley Coroner, M. D.

(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88587

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 46

(No. 903 2d st S.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina Orpha ~~Jeter~~ Jeter

165

(a) Residence. No. Bozeman Mont. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H.H.Jeter

6. DATE OF BIRTH (month, day, and year) 6/26/78

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME J.W.Barnes

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Marcus

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT H.H.Jeter
(Address) Bozeman Mont.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place. Bozeman Mont Date. 4/14, 1934

19. UNDERTAKER F.K.Robinson
(Address) Nampa, Idaho

20. FILED May 4, 1934 Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/13/34

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 193.4, to 4-13, 193.4

I last saw her alive on 4-13, 193.4; death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lysol poisoning drank 2 oz | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Nervous breakdown & melancholia, 2 mo | |
| | |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, (suicide), or homicide? Yes Date of injury .., 193.
Where did injury occur? Nampa
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard Wilkins, M. D.
(Address) Nampa, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAY 1 0 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88588

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 50

197

2. FULL NAME Antonio M. Martinez

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. ... mos. 8 ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Mexican | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Martinez

6. DATE OF BIRTH (month, day and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 36 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Taos, New Mexico

PARENTS

10. NAME OF FATHER Abel Martinez
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New Mexico
12. MAIDEN NAME OF MOTHER Rufina Martinez
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) New Mexico

14. Informant Paul Martinez
(Address) Nampa, Idaho

15. Filed May 8, 1934 Lyda Rodgers Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 30th., 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ------, 19..., to ------, 19...
that I last saw h... alive on ------, 19...
and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Coroner's Jury Verdict:
"Gun shot wound fired from pistol, held in hands of Julia Martinez, his wife".
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. 0 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis?

(Signed) Wm. D. Talley Coroner M. D.
5-1st, 1934 (Address) Nampa, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Kohlerlawn, Nampa, Ida. | 5-7 1934 |
| 20. Undertaker | Address |
| Wm. D. Talley | Nampa, Idaho |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAY 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88589

County of Canyon
City of ~~Boomerang~~ Melba
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 57
(No. 3 mi. no. Melba)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Leonard Pittman 44

(a) Residence. No. 3 mi. no. Melba St.
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luella Pittman

6. DATE OF BIRTH (month, day and year) Sept. 6th 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 8 | — | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Union (State or country) Nebraska

PARENTS

10. NAME OF FATHER John James Wesley Pittman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Minnie Goodman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Indiana

14. Informant Mrs C. Powell
(Address) Melba Idaho.

15. Filed May 8, 1934 Lydia Rodgers Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 6th 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, to May 6, 1934
that I last saw him alive on May 5, 1934
and that death occurred, on the date stated above, at 4:10 P. m.
The CAUSE OF DEATH* was as follows:
Cancer Stomach ? Liver
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Surgery
(Signed) Horace Pilkington M. D.
5/7, 1934 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Kohlerlawn-Nampa. | 5-8 1934 |

20. Undertaker Wm D. Talley Address Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88590

**PLACE OF DEATH**

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 42

(No. Samaritan Hospital) 127
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle I. Lumsden

(a) Residence. No. ..... St. New Plymouth Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wm S. Lumsden

6. DATE OF BIRTH (month, day, and year): May 6th 189[illegible]

7. AGE: Years 37 | Months 11 | Days 15 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Garrison Idaho

FATHER

13. NAME: Louise Sturel

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Emma Glover

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMENT (Address): Wm S. Lumsden New Plymouth Idaho

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Idaho Date 4-24, 1934

19. UNDERTAKER (Address): Mrs. Viviam M. Talley Nampa, Idaho.

20. FILED May 3, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/20, 1934, to 4/21, 1934

I last saw her alive on ....., 193..: death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis Liver | |
| Chronic adhesive Pleurisy Double T.B. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W C Wilson, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 1934

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88591

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 41

(No. 5 mi. west Karcher Road)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Loren Elzie Trumbull 170

(a) Residence. No. 5 mi. W. Karcher Road St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 31 at 1886

7. AGE — Years: 47 | Months: 8 | Days: 12. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Auburn Co. (State or country) Iowa.

FATHER

13. NAME Lewis M. Trumbull
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Isabel Sleaster
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Isabel Trumbull Nampa, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 4-16 1934 Kohlerlawn
19. UNDERTAKER Wm. D. Talley (Address) Nampa Idaho
20. FILED May 3, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13 1934
22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw him alive on ✓, 193...: death is said to have occurred on the date stated above, at about 7 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wound in Right Temple Inflicted by himself. with 22 Caliber Rifle. | |
| Suicide. | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Rabbit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4/13, 1934
Where did injury occur? 4 miles West Nampa on Farm.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Farm. 4 miles from Nampa Res.
Manner of injury Gun Shot Wound in Right Temple
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm. D. Talley Coroner M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88592

## PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 44
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 129

2. FULL NAME Martin Collins

(a) Residence. No. Homedale, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/13/54

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 78 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Seth Wallace
(Address) Homedale, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 4/17, 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED May 3, 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-19-, 1934, to 4-13, 1934.
I last saw him alive on 4-13, 1934.: death is said to have occurred on the date stated above, at 10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 4-11-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Nephritis | Several Years |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) V. C. Coulthard M. D.
(Address) Nampa Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED

**PLACE OF DEATH**

County of Canyon

City of —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88593

Registration District No. 7

Primary Registration District No. 2086 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Max Wagner Miller 1932

(a) Residence. No. 3 - Miles North Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sep-18-1933

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

MOTHER FATHER

13. NAME C. F. Miller
14. BIRTHPLACE (city or town) Iowa (State or country)

15. MAIDEN NAME Wagner
16. BIRTHPLACE (city or town) Nebraska (State or country)

17. INFORMANT C. F. Miller (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Place Nampa Date 5/3, 1934

19. UNDERTAKER F. K. Robinson (Address) Nampa, Ida

20. FILED May 4, 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/30 1934

22. I HEREBY CERTIFY, That I attended deceased from Ap. 30, 1934, to Ap. 30, 1934.
I last saw h... alive on dead on arrival 193...: death is said to have occurred on the date stated above, at 4:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drown. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? —. If so, specify.....
(Signed) Samuel A. Swayne, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88594

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 43

(No. 920 Davis Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen D. Young

(a) Residence. No. 920 Davis Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louis L. Young

6. DATE OF BIRTH (month, day, and year) Aug 15th 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 66 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) new york

FATHER

13. NAME Samuel Sackett

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mr. L. L. Young Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida Date April 8, 1934 Kohlerdown

19. UNDERTAKER (Address) Mrs. Nina M. Talley Nampa, Idaho

20. FILED May 3, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934, to April 6, 1934.

I last saw h.. alive on April 5, 1934.: death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | about 3-15-34 |

Other contributory causes of importance: Chronic Nephritis Cerebral sclerosis

Name of operation ..... Date of ..... What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Dell Orme M. D.

(Address) Nampa Ida

RECEIVED MAY

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88595

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 47

(No. Samariton Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME H.A. Quakenbush

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) UNknown
(State or country)

17. INFORMANT Samariton Hospital
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 4-24., 1934.

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED May 4., 1934. Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to Apr. 22, 1934.
I last saw him alive on Apr. 22, 1934.; death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Prostate | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Unknown | |
| | |
| Uremia | |

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Hall M. D., M. D.
(Address) Nampa, Ida.

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88596

Local Registrar's No. 88

884

**PLACE OF DEATH**

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

(No. 524 - 19th Ave. So.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aletha Belle Wills

(a) Residence. No. 524 - 19th ave So St.

(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Joseph Wills

6. DATE OF BIRTH (month, day and year): Jan. 8th 1855

7. AGE — Years: 79 | Months: 3 | Days: 19 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Jennings Co. Indiana

PARENTS

10. NAME OF FATHER: Jacob Horn

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Penna.

12. MAIDEN NAME OF MOTHER: Putoff

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Mrs. Linnie Brown

(Address): Nampa, Idaho

15. Filed May 3, 1934 Lyda Rodgers Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 27 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1934 to April 27, 1934

that I last saw h~~e~~ alive on April 27, 1934

and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. C. Horton M. D.

4-28, 1934 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of ~~Burial, Cremation~~, or Removal: Watseka, Illinois — Date of Burial: 19

20. Undertaker: Mrs. Nina M. Talley — Address: Nampa, Ida.

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item o information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88597

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 39

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Ruddell

(a) Residence. No. 1011-10 ave S St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/5/70

7. AGE: Years 64 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country)

FATHER

13. NAME
14. BIRTHPLACE (city or town) .... (State or country)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) .... (State or country)

17. INFORMANT .... E. L. Goodnight (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date ....., 1934

19. UNDERTAKER F. K. Fabun (Address) Nampa Ida

20. FILED May 3., 1934. Lydia Rodgers. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-29 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 4-29 1934, to ....., 193....
I last saw h~~e~~ alive on 4-29, 1934: death is said to have occurred on the date stated above, at 10 05 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the | |
| breast - | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Breast removed Date of 1932
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) .... C. Horton M. D.
(Address) .... Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88598

**PLACE OF DEATH**
County of Caribou
City of Soda Springs

Registration District No. 5-3
Primary Registration District No. ____ Local Registrar's No. 9

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Barfuss

117

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 27 1915

7. AGE — Years: 19 | Months: 1 | Days: 25 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ____
10. Date deceased last worked at this occupation (month and year): April 1934
11. Total time (years) spent in this occupation: All of Life

12. BIRTHPLACE (city or town) (State or country): Paris Idaho.

FATHER
13. NAME: John Stucki.
14. BIRTHPLACE (city or town) (State or country): Switzerland.

MOTHER
15. MAIDEN NAME: Louise Stocker.
16. BIRTHPLACE (city or town) (State or country): Bourguely Switzerland

17. INFORMENT (Address): Louise Barfuss Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Paris Idaho Date: April 24 1934.

19. UNDERTAKER: L. M. Williams (Address): Montpelier Ida.

20. FILED May 1, 1934 ____ Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1934, to April 22, 1934.
I last saw he alive on April 22, 1934: death is said to have occurred on the date stated above, at 1:15 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis following appendicitis. | |

Other contributory causes of importance:

| | |
|---|---|
| Appendicitis | |

Name of operation: Appendectomy Date of: April 14 1934
What test confirmed diagnosis? Appendix ruptured free pus in abdominal cavity Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) Spencer H. Lucky, M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canboy

City of Soda Springs Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88599

Registration District No. 87

Primary Registration District No. 7159 Local Registrar's No. 7

(No. 5 ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orlando Shawkey

(a) Residence. No. Bancroft Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Baby. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feby 20-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 0 | 0 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baby.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Soda Springs Ida

MOTHER FATHER

13. NAME C W Shawkey

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Hattie Toogland

16. BIRTHPLACE (city or town) (State or country) Chesterfield Ida

17. INFORMANT (Address) C. W. Shawkey Bancroft Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Bancroft Ida Date 3-3-1934

19. UNDERTAKER (Address) C. E. Patterson Soda Springs Ida

20. FILED 3-1-, 1934 D. Russell Light Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-1-1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 28-, 1934, to Mch. 1st, 1934.

I last saw he alive on Mch. 1, 1934: death is said to have occurred on the date stated above, at 4.50 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Organic Heart Dis. | |
| Congenital | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88600

**PLACE OF DEATH**
County of Caribou.
City of Soda Springs. Registration District No. 82
Primary Registration District No. 7159 Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME George Fredrick Bunn.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rena Nye Bunn.

6. DATE OF BIRTH (month, day, and year): January 15, 1866.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 2 | 29 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Barber & Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Prsse 1932
11. Total time (years) spent in this occupation: all Life.

12. BIRTHPLACE (city or town) (State or country): Morgan Utah.

FATHER
13. NAME: George Bunn.
14. BIRTHPLACE (city or town) (State or country): Kent County England

MOTHER
15. MAIDEN NAME: Susan Simpons.
16. BIRTHPLACE (city or town) (State or country): Sussex England.

17. INFORMENT (Address): Mrs Ida Bratton Paris Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Paris Idaho. Date: Apr. 17, 1934

19. UNDERTAKER (Address): Frank W. Higgins Montpelier Idaho.

20. FILED April 14, 1934. Dr. Russell Tight Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 14 1934.

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to April 14, 1934
I last saw him alive on April 14, 1934; death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate | |

Other contributory causes of importance:

Name of operation: Prostatic Resection. Date of: Apr. 14, 1934.
What test confirmed diagnosis? Cystoscopic Examination. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Spencer H. Kelly, M. D.
(Address) Paris Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Caldwell

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88601

Registration District No. 82

Primary Registration District No. 2459 Local Registrar's No. 20

(No. Caldwell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ed Mussel

(a) Residence. No. Burley Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, and year) Feb 21 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 70 | 2 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Mussel

14. BIRTHPLACE (city or town) (State or country) Penn. U.S.A.

MOTHER

15. MAIDEN NAME Anna Engle

16. BIRTHPLACE (city or town) (State or country) Penn. U.S.A.

17. INFORMENT (Address) Jas. Ed. Mussel Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 4-27, 1934

19. UNDERTAKER (Address) Jas. E. Pierce Burley Idaho

20. FILED April 28, 1934 D. Russell Lynch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-27/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-1-34, 193..., to 4-27-, 193.4

I last saw h— alive on 4/27/34, 193...: death is said to have occurred on the date stated above, at 8 A.P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | — |

Other contributory causes of importance:

None

Name of operation None Date of 4-22-27

What test confirmed diagnosis? Path. Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elmer Keeslar, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canboyz
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88602

Registration District No. 8-2
Primary Registration District No. 2159 Local Registrar's No. 19
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Freeman August Hog Strom

(a) Residence. No. Central, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 29 1909
7. AGE: Years 25 | Months 2 | Days 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Central Ida

FATHER
13. NAME: August Hog Strom
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Mary Anderson
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Central Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Central Ida Date Apr. 28 1934

19. UNDERTAKER: O. D. Stutzman
(Address) Soda Springs Ida

20. FILED 4-26, 1934 O. D. Russell Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1934, to Apr. 25, 1934
I last saw h. alive on Apr. 25, 1934: death is said to have occurred on the date stated above, at 11 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendicitis | 4-19-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: Appendectomy Date of 4-20-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B. E. Zaring M. D.
(Address) Soda Springs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8860

Registration District No. 82

Primary Registration District No. 7159, Local Registrar's No. 18

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mayme Eger Brandow

(a) Residence. No. Kemmerer Wyo. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of C Watt Brandow

6. DATE OF BIRTH (month, day and year) Sept. 15-1872

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 61 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clayton Iowa

MOTHER/FATHER

13. NAME Eger.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) Jack McCarty. 980 So 134 E Salt Lake City Utah

18. ~~BURIAL~~, CREMATION OR REMOVAL Place Liberty Park Date 4-27 1934

19. UNDERTAKER (Address) C. D. Stubbs Soda Springs Ida.

20. FILED 4-23, 1934 Dr Rudell Figart
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to April 22, 1934.

I last saw her alive on 4-22, 1934; death is said to have occurred on the date stated above, at 6:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Anuria | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Nail | |
| | |
| | |

Name of operation Nephrectomy Date of 4-15-34

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ernest E. Eger T ....., M. D.

(Address) Soda Springs, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED IN 1934

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88604

Registration District No. 87

Primary Registration District No. 2159 Local Registrar's No. 21

(No. Soda Springs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Geo. A. Whitworth

(a) Residence. No. Inkom, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Agnes Williams

6. DATE OF BIRTH (month, day, and year) November 3, 1869.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Honeyville, Utah.

MOTHER FATHER

13. NAME Geo. Whitworth

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Mary Wheatley

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) Mrs. Geo. A. Whitworth, Inkom, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Inkom, Ida. Date Apr. 30, 1934

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED Apr. 30, 1934. W. Russell Tyrrell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-10-34, 193..., to 4-27-34, 193...
I last saw h.. alive on 4-27-34 193...: death is said to have occurred on the date stated above, at 7 P. ..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate Gland | |

Other **contributory causes** of importance:

Name of operation Resection Date of 4-24-34
What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ellis R. Carey M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88605

**PLACE OF DEATH**
County of Cassia
City of Alexander
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Bernice West

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fe | white | married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Alma H. West

6. DATE OF BIRTH (month, day, and year) April 5, 1891

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 42 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 12-26-33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Connecticut

FATHER

13. NAME Simeon Drake

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Jane Wadrop

16. BIRTHPLACE (city or town) (State or country) Wellsville Utah

17. INFORMENT (Address) Alma H. West Alexander Ida

18. BURIAL, CREMATION, OR REMOVAL Place Jason Cemetery Date Jan. 4, 1934

19. UNDERTAKER F. M. Williams
(Address) Twin Falls Ida

20. FILED Jan. 3, 1934 D. Russell Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-1-34 193

22. I HEREBY CERTIFY, That I attended deceased from 12-27-33, 193, to 1-1-34, 193

I last saw her alive on 1-1-34, 193: death is said to have occurred on the date stated above, at 7:30 AM 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | 12-26-33 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Cholecystitis (about) | 12-28-33 |
| Hepatitis " | 12-28-33 |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) T. E. Fanning, M. D.

(Address) Grace, Idaho

RECEIVED APR 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88606

**PLACE OF DEATH**
County of Caribou
City of Soda Springs Registration District No. 82
Primary Registration District No. 7159 Local Registrar's No. 53
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry C. Christensen

(a) Residence. No. Grace Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma Christensen

6. DATE OF BIRTH (month, day, and year) May 7-1885

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 8 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Creamery man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Until Death

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Christian Christensen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Marie Larsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. Emma Christensen Soda Springs Ida

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Grace Ida Date 1-13, 1934

19. UNDERTAKER Hendricks (Address) Preston, Idaho,

20. FILED 1-13, 1934 Dr. Russell Tyrrell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-13-1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 1- 1934, to 1-13-, 1934
I last saw him alive on Jany 13, 1934; death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| None | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ellis Kay Ellis, M. D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 19 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8860?

**PLACE OF DEATH**
County of Canbow
City of Soda Springs Ida
Registration District No. 92
Primary Registration District No. 7159 Local Registrar's No. 44

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Randolph Long

(a) Residence. No. Paris, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ann Long

6. DATE OF BIRTH (month, day, and year) Oct 7, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 3 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) At time of death
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) McDonnes Co
(State or country) Ire

FATHER
13. NAME John R. Long
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Flora Whittier
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMENT (Address) Elizabeth Ann Long Paris Ida

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Paris Cem. Date 1-18, 1934

19. UNDERTAKER (Address) Ezra Hepterand Soda Springs Ida

20. FILED 1-13-, 1934 D. Russell Taylor
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-13-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1933, to Jany 13, 1934
I last saw him alive on Jany 13, 1934: death is said to have occurred on the date stated above, at 12 40 am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Sigmoid flexure | |
| Other contributory causes of importance: | |
| None | |

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Elmer Kaeser, M. D.
(Address) Soda Springs, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 19 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88608

**PLACE OF DEATH**

County of Caribou
City of Soda Springs
Registration District No. 87
Primary Registration District No. 2159 Local Registrar's No. 5
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ones Svensen

(a) Residence. No. Lago Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Raymond Svensen

6. DATE OF BIRTH (month, day, and year) Jany 29-1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business, in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newton Utah
(State or country)

FATHER

13. NAME Henry Jenkins

14. BIRTHPLACE (city or town) Newton Utah
(State or country)

MOTHER

15. MAIDEN NAME Lettie Rigby

16. BIRTHPLACE (city or town) Newton Utah
(State or country)

17. INFORMENT Raymond Svensen
(Address) Lago Ida

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Lago Ida Date 1-26-, 1934

19. UNDERTAKER C. D. Kleinman
(Address) Soda Springs Ida

20. FILED 1-26-, 1934 Dr. Russell Tigert
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jany 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 23, 1934 to Jany 26, 1934
I last saw him alive on Jany 26, 1934: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstruction ? | |
| Bowels | |
| | |
| Other contributory causes of importance: | |
| None | |
| | |

Name of operation Exploratory Date of 1-25-34
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify

(Signed) Ellis Kackley, M. D.
(Address) Soda Springs Idaho

RECEIVED APR 19 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs (Ida.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88609
State File No.

Registration District No. 87

Primary Registration District No. 2159 Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Caribou Hospital)

2. FULL NAME Alonzo W. Andrews

(a) Residence. No. Briggs, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Wood Andrews

6. DATE OF BIRTH (month, day, and year) Feby 18-1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 55 | 0 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Life Insurance Agent

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 2-24-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weber Utah

FATHER

13. NAME Charles Andrews.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah M. Jaques.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Lucy W. Andrews (Address) Briggs, Idaho.

18. ~~BURIAL~~, CREMATION OR REMOVAL Place Bates, Idaho Date 2-24 1934

19. UNDERTAKER C. E. Hilfpmann (Address) Soda Springs Ida

20. FILED 2-24 1934 Dr. Russell Tigert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1934., to 2-24-, 1934.

I last saw him alive on 2-14, 1934: death is said to have occurred on the date stated above, at 12 ... m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | ~~2-19~~ |
| Pneumonia | 2-11-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardiac Disease | |
| 25 years standing | |
| | |

Name of operation. Hypostatic Date of 2-21-34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Elliott Kapp M. D.

(Address) Soda Springs Ida

RECEIVED APR 19 1934

**PLACE OF DEATH**
County of Caribou
City of Soda Springs
Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88610

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 9
(No. 117)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar James Mayne

(a) Residence. No. Paul Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 25 1916

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 17 | 2 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Hi school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Boy.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grost Utah

FATHER

13. NAME Edwin J. Mayne

14. BIRTHPLACE (city or town) (State or country) Paul Valley Utah

MOTHER

15. MAIDEN NAME Irene Regan

16. BIRTHPLACE (city or town) (State or country) Kelton Utah

17. INFORMANT Francis M. Adams
(Address) Paul Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Nal Idaho Date 3-16 1934

19. UNDERTAKER C. A. Rutzman
(Address) Soda Springs Ida

20. FILED 3-15 1934 Dr. Ruwaldt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1934, to 3-14, 1934
I last saw him alive on 3-14 1934; death is said to have occurred on the date stated above, at 9:35 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis following a ruptured appendix | 3/7/34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | 34 |

Name of operation Appendectomy Date of 3/9/
What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Buckley Elk Kan ty., M. D.
(Address) Soda Springs, Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED APR 19 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88611

PLACE OF DEATH
County of Caribou
City of Soda Springs (Ida)
Registration District No. 82
Primary Registration District No. 7159 Local Registrar's No. 8
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence Woods. 128

(a) Residence. No. Macky Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Claude E Woods.
6. DATE OF BIRTH (month, day, and year): Aug 13 1901
7. AGE: Years 32 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spokane, Wash

FATHER
13. NAME: Joe Ritsone
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Maruitha Thompson
16. BIRTHPLACE (city or town) (State or country): Heber Utah

17. INFORMENT (Address): Claude Woods Macky, Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Macky Ida Date: 3-9, 1934
19. UNDERTAKER (Address): E P Lindsay Soda Springs Ida
20. FILED: 3-90, 1934 Dr Russell Funk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-9-1934
22. I HEREBY CERTIFY, That I attended deceased from: Feby-20-, 1934, to 3-9-, 1934
I last saw her alive on 3-9-, 1934; death is said to have occurred on the date stated above, at 8.45 pm.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | |
| Other contributory causes of importance: | |
| None | |

Name of operation: None Date of: —
What test confirmed diagnosis? Gen'l Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify: No

(Signed) Elbis Rackley, M. D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1934

**PLACE OF DEATH**
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 82
Primary Registration District No. 2159

DO NOT WRITE IN THIS SPACE
State File No. 88612

Local Registrar's No. 10

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas H.Hatch

(a) Residence. No. Blackfoot, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 20.1976

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 5 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payson Utah

FATHER
13. NAME Wm H.Hatch
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER
15. MAIDEN NAME Martha Hancock
16. BIRTHPLACE (city or town) (State or country) Prove, Utah.

17. INFORMENT (Address) A.J.Hatch Lorenzo Idaho

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Riverside & Thomas 3/15/34 193

19. UNDERTAKER E.T.Peck
(Address) Blackfoot, Ida.

20. FILED 3/15, 193 4 D. Russell Tingey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/10/34 193

22. I HEREBY CERTIFY, That I attended deceased from 3/10/34, 193, to 3/10/34, 193
I last saw him alive on 3/10/34, 193: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of Aneurism of Arch of Aorta | |

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On the street, dropped dead
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Willis K.Ackley Ellis Mackey, M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 19 1934

**PLACE OF DEATH**

County of Caribou

City of Soda Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88613

Registration District No. 87

Primary Registration District No. 2159 Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Caribou Hospital)

2. FULL NAME Theodore Enders

(a) Residence. No. Soda Springs Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of: Mary A. Enders.

6. DATE OF BIRTH (month, day, and year): January 9-1865

7. AGE: Years 69 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Ranch Stockman and Hotel man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hamburg Germany

FATHER

13. NAME: Enders

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Katherine Roth

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mary A. Enders Soda Springs Ida

18. BURIAL, ~~CREMATION OR~~ REMOVAL

Place: Soda Springs Date: 3-20 1934

19. UNDERTAKER: E. J. Pettingill
(Address) Soda Springs Idaho

20. FILED 3-19, 1934 D. Rubert Tight
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1933, to 3-17, 1934.

I last saw him alive on 3-17 1934: death is said to have occurred on the date stated above, at 5.45 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | |
| Induced by Labor | |
| Pneumonia, Right | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |
| | |
| | 6 |

Name of operation None Date of

What test confirmed diagnosis? Physical Exam X-Ray Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alex Cassity M. D.

(Address) Soda Springs Ida.

RECEIVED APR 19 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88614

Registration District No. 6 2

Primary Registration District No. 2 1 5 9 Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Bennion

(a) Residence. No. ..... Soda Springs Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary Louise Bennion

6. DATE OF BIRTH (month, day, and year): Dec 29-1899

7. AGE — Years: 34 | Months: 2 | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Rider for

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Dry Valley Cattle Co

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Orange Salt Lake Co Utah

FATHER

13. NAME: Marcus Bennion

14. BIRTHPLACE (city or town) (State or country): Rush Valley Utah

MOTHER

15. MAIDEN NAME: Lucy E Smith

16. BIRTHPLACE (city or town) (State or country): Farmington Utah

17. INFORMANT (Address): M L Bennion Salt Lake City Utah Rt 2

18. BURIAL, CREMATION OR REMOVAL — Place: Soda Springs Date: 3-25 1934

19. UNDERTAKER (Address): E White Soda Springs Ida

20. FILED 3-24, 1934 D. Russell Tugert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 193..., to 3-22, 193.4

I last saw him alive on 3-15, 1934: death is said to have occurred on the date stated above, at 7:15 a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia (Bilateral) | 3/17/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| none | |
| | |

Name of operation... none Date of.....

What test confirmed diagnosis? None Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) .. D. Russell Tugert, M. D.

(Address) Soda Springs, Ida

RECEIVED APR 1 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8861[illegible]

**PLACE OF DEATH**
County of Caribou
City of Soda Springs, Idaho
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. #13
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ma Ree Ames

(a) Residence. No. Pocatello, Idaho St. 321 South Tenth 1010
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fe | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 21, 1923

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 10 | 5 | 7 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert, Idaho

FATHER
13. NAME Clarence C. Ames
14. BIRTHPLACE (city or town) (State or country) Cleveland, Idaho

MOTHER
15. MAIDEN NAME Sophrona Simons
16. BIRTHPLACE (city or town) (State or country) Preston, Idaho

17. INFORMENT (Address) Sophrona Ames. Pocatello, Idaho

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Rupert, Idaho Date March 31 193 1934

19. UNDERTAKER C. L. McHan
(Address) Pocatello, Idaho

20. FILED March 30, 1934 Dr Russell Tigert
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 193 4

22. I HEREBY CERTIFY, That I attended deceased from March 26, 193 4 to March 28, 193 4
I last saw her alive on 3-28-34 193 : death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Mar. 25 1934 |
| Other contributory causes of importance: | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify No.

(Signed) Evan M. Kackley, M.D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1934

RECEIVED APR 19 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88616

**PLACE OF DEATH**

County of Canbon
City of Soda Springs Ida
Registration District No. 87
Primary Registration District No. 2159
Local Registrar's No. 5 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME: Florence Welch

(a) Residence. No. [illegible] Fund. Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Welch

6. DATE OF BIRTH (month, day, and year) May 22 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 8 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Mills

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) John Welch Fund Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Fund Cem. Date Feb. 20, 1934

19. UNDERTAKER (Address) E. H. Hilliard Soda Springs Ida

20. FILED 2-17, 1934 Mrs. L. S. Fitt Registrar.

April 13, 1934 Dr. Russell Egert

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 8, 1934 to Feby 16, 1934

I last saw her alive on Feby 15, 1934; death is said to have occurred on the date stated above, at 6:31 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. G. Fitt, M. D.

(Address) Soda Springs Ida

RECEIVED APR 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8861?

Registration District No. 8 2
Primary Registration District No. 2159 Local Registrar's No. 15

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cornell W. Nate

(a) Residence. No. Dokeville Wyo St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Parks

6. DATE OF BIRTH (month, day, and year) ~~April 16 1848~~ May 8 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ~~40~~ 50 | — | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Jan. 1934

12. BIRTHPLACE (city or town) (State or country) Dingle Idaho

FATHER

13. NAME Henry W. Nate

14. BIRTHPLACE (city or town) (State or country) Paris Idaho

MOTHER

15. MAIDEN NAME Mary Sawyer

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Henry W. Nate Dingle Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL Place Dingle Idaho Date April 4, 1934

19. UNDERTAKER (Address) F. B. Wilkinson Soda Springs Idaho

20. FILED 4/6, 1934 Dr. Russell Tigert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to April 1, 1934.

I last saw him alive on April 1, 1934.: death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | 3-26-34 |
| Myocardial failure | 3-28-34 |
| | |
| | |
| | |
| Other contributory causes of importance: Acute gastritis | 3-20-34 |
| | |
| | |

Name of operation Appendectomy Date of 3-27-34

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. B. Lindsay, M. D.

(Address) Dokeville, Wyoming

RECEIVED APR 1 0 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88618

PLACE OF DEATH
County of Bear Lake
City of Soda Springs
Registration District No. 82
Primary Registration District No. 7159
Local Registrar's No. 76-716

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Addie J. Bowman (Bauman) 143 (3)

(a) Residence. No. St. Charles, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Bowman

6. DATE OF BIRTH (month, day, and year) Feb 26-1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39 | 1 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: School Teacher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Charles
(State or country) Idaho

FATHER
13. NAME Thos S. Purnyre
14. BIRTHPLACE (city or town) St. Charles
(State or country) Idaho

MOTHER
15. MAIDEN NAME Sarah Larsen
16. BIRTHPLACE (city or town) St. Charles
(State or country) Idaho

17. INFORMENT Mrs. Thos S. Purnyre
(Address) St. Charles Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St. Charles Cem Date April 13 1934

19. UNDERTAKER F. M. Williams Jr.
(Address) Montpelier Idaho

20. FILED 4-10, 1934 D. Russell Tigert
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-1-34, 193..., to 4-10-34, 193...
I last saw h... alive on 4-10-34, 193...: death is said to have occurred on the date stated above, at 12:05 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pelvic Abscess due to Ruptured Right Ovary | |

Other contributory causes of importance:

Name of operation Laparotomy Date of 3-15-34
What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas Parkin, M. D.
(Address) Soda Springs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88619

Registration District No. 119
Primary Registration District No. 2198 Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hyrum Tremayne

(a) Residence. No. Albion et da St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. H. M. Tremayne

6. DATE OF BIRTH (month, day, and year) Feb. 16 - 1851

7. AGE — Years: 83 — Months: — Days: 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.): /
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): England.

MOTHER FATHER

13. NAME Hyrum Tremayne
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT H. M. Tremayne (Address) Albion Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Albion Ida Date 3/ , 1934

19. UNDERTAKER W. E. Johnson (Address) Albion Ida

20. FILED 3/5 , 1934 C. L. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 , 193 4 , to Mar. 4 , 193 4 .
I last saw him alive on Feb. 26 193 4 death is said to have occurred on the date stated above, at .... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Feb 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Interstitial Nephritis | Probably two years |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193 .
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Slater M. D.
(Address) Albion Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILED (AT)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88620

**PLACE OF DEATH**
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
(No. .....)
Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Morris Douglas

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Oct 21 1887

7 AGE: Years 36 | Months 6 | Days 1 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sheare + Farm
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Idaho

PARENTS
10 NAME OF FATHER: Ralph Douglas
11 BIRTHPLACE OF FATHER (city or town) (State or country): England
12 MAIDEN NAME OF MOTHER: Jane Stone
13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mary Douglas
(Address) Rupert Idaho

15 Filed 4-25-1934 E. H. Elmore Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr (Month) 22 (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1934, to Apr 22, 1934, that I last saw h~~im~~ alive on Apr 22, 1934, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows: Rocky Mountain Spotted Fever

(duration) yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fayer N. Kinsey, M. D.

4-25-1934 (Address) Rupert Kinsey

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| Rupert, Ida. | |
| 20. Undertaker | Address |
| W. A. Goodman | Rupert |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 8862[illegible]

**PLACE OF DEATH**
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Hans Peter Nelson

(a) Residence. No. Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. H. P. Nelson

6. DATE OF BIRTH (month, day, and year) Aug 4 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 6 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 2/33

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Manti
(State or country) Utah

MOTHER FATHER

13. NAME Hans Nelson

14. BIRTHPLACE (city or town) .....
(State or country) Denmark

15. MAIDEN NAME Annie Nelson

16. BIRTHPLACE (city or town) .....
(State or country) Denmark

17. INFORMANT Mrs. H. P. Nelson
(Address) Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 3/26, 1934

19. UNDERTAKER D. E. Johnson
(Address) Burley Ida.

20. FILED 3/24, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1934, to 3/23, 1934.
I last saw him alive on 3/22, 1934: death is said to have occurred on the date stated above, at 3:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac | Unknown |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. E. Greco, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88624

**PLACE OF DEATH**
County of Cassia
City of Oakley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 26

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Adams

(a) Residence No. Oakley - Idaho St. 101
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. John Adams

6. DATE OF BIRTH (month, day, and year) Aug. 22 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 75 | 8 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 4/12/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Logan Co.
(State or country) Utah

MOTHER FATHER

13. NAME John Adams

14. BIRTHPLACE (city or town)
(State or country) England

15. MAIDEN NAME Mary Howells

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. John Adams
(Address) Oakley - Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Oakley, Ida. Date 4/25, 1934

19. UNDERTAKER W. E. Johnson
(Address) Burley - Ida.

20. FILED 4/24, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-20., 193.4., to 4-23., 193.4.
I last saw h...alive on 4-22., 193.4.; death is said to have occurred on the date stated above, at ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar | |
| bilateral | 4-13-34 |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) ... M. D.
(Address) ... Burley, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88625

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME George Eugene Schroeder

(a) Residence. No. 252 So. Overland St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 4 1865

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Artist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 3/1/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Oak Park Illinois

MOTHER FATHER

13. NAME J. H. C. Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN Theodora Fahrenholz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Melvin Fred Schroeder 252 So Overland

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 4/15, 1934

19. UNDERTAKER J. R. Johnson
(Address) Burley Idaho

20. FILED 4/12, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1934, to 4-11, 1934

I last saw h....alive on 4-11, 1934; death is said to have occurred on the date stated above, at 9:40 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valv. Hrt Dis | about |
| Mitral Insuf. | 15 yrs. |
| Influenza | about 10 days |
| | |
| Other **contributory causes** of importance: | |
| Pneumonia Broncho | |
| Following in Influenza | 5 days |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. Mac Frazier, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88626
State File No.

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 23
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Kelly Bailey

(a) Residence. No. 345 - 28 Normal St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nephi Bailey

6. DATE OF BIRTH (month, day, and year): April 22 1858

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 76 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Ottawa Illinois

FATHER

13. NAME: Kelly
14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT (Address): Fred Shamroad 345 E Normal

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Idaho Date: 4/10, 1934

19. UNDERTAKER (Address): Johnson Mortuary Jerry McCullough

20. FILED 4/6, 1934 Laura Greer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1932 to 4-7-, 1934.
I last saw h... alive on 4-6-, 1934: death is said to have occurred on the date stated above, at 6 P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | About Jan - 1932 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Ludlam Fraser, M. D.
(Address) Burley, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8862

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 22

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Mae Sanders. 148

(a) Residence. No. Malta Ida. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Carlo Sanders

6. DATE OF BIRTH (month, day, and year): June 24 1905

7. AGE — Years: 28 Months: 7 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Ute Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housekeeping
10. Date deceased last worked at this occupation (mo. and yr.): 4/6/34
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Paris Ida.

MOTHER FATHER

13. NAME: John T. Horne
14. BIRTHPLACE (city or town) (State or country): Paris Ida
15. MAIDEN NAME: Roxie Fullmer
16. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

17. INFORMANT (Address): Joseph Carlo Sanders Malta Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Murray - Ut. Date 4/11, 1934

19. UNDERTAKER (Address): Wm. Johnson Burley Ida.

20. FILED 4/16, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4, 193

22. I HEREBY CERTIFY, That I attended deceased from 4/1/34, 193., to 4/6/34, 193.
I last saw h... alive on 4/1/34, 193.: death is said to have occurred on the date stated above, at 11:25 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Pneumonia | |
| b. | |
| c. | |
| d. | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88628

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Margretta Christensen

(a) Residence. No. Farmington Utah St. Farmington Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mads Christensen

6. DATE OF BIRTH (month, day, and year): Oct. 23 - 1858

7. AGE — Years: 75 — Months: 5 — Days: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 3/?/34

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Denmark.

FATHER

13. NAME: Jens Christiansen

14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER

15. MAIDEN NAME: Tine Bensen

16. BIRTHPLACE (city or town) (State or country): Denmark.

17. INFORMANT (Address): Wilford W. Christensen Pike - Utah

18. BURIAL, CREMATION OR REMOVAL
Place: Farmington Ut. Date: 4/8, 1934

19. UNDERTAKER (Address): L. E. Johnson Burley Ida.

20. FILED 4/5, 193.. Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4 193

22. I HEREBY CERTIFY, That I attended deceased from 3/30/, 193.4., to 4/4/, 193.4.

I last saw her alive on 4/2, 193.4.; death is said to have occurred on the date stated above, at 1130P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If specify .....

(Signed) G. G. Pope, M. D.

(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88629

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 20

(No. ) 175
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lenard Walter Feagans

(a) Residence. No. 312 St. S. Oakley
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elda Feagans

6. DATE OF BIRTH (month, day, and year) Jan 28, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 50 | 2 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Painter and Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, Indiana

FATHER

13. NAME Wm Feagans

14. BIRTHPLACE (city or town) (State or country) Baldwin, Indiana

MOTHER

15. MAIDEN NAME Mary Lenard

16. BIRTHPLACE (city or town) (State or country) Thivaus, Louisana

17. INFORMENT (Address) Elda Feagans Burley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Burley, Idaho Date Apr 4, 1934

19. UNDERTAKER Jos. P. Payne (Address) Burley, Idaho

20. FILED Apr 3, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 1, 1934.

I last saw him alive on April 1, 1934: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Bronchial | April 1 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh E Dean, M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Delco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8863c

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Calvin Ardell Newbold

(a) Residence. No. 1 Mi E Delco 2½ Mi N-½ Mi E St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8-1925

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 8 | 3 | 13 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 4/8/34

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Bridge Idaho

**MOTHER**

13. NAME Leo. Alvin Newbold

14. BIRTHPLACE (city or town) (State or country) Marysville Utah

**FATHER**

15. MAIDEN NAME Dolores Potter

16. BIRTHPLACE (city or town) (State or country) Jerome Ida.

17. INFORMANT (Address) Geo. Alvin Newbold Bridge Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Declo Date. 4/16., 1934

19. UNDERTAKER (Address) Johnson Mortuary Twin McCulloch-Ghent

20. FILED 4-17-34., 1934 Laura Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/14 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934., to April 14., 1934.
I last saw him alive on April 13 1934.: death is said to have occurred on the date stated above, at 7:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | April 8. |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Hugh E. Dean, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88631

PLACE OF DEATH
County of Clark
City of Winsper P O

Registration District No. 125
Primary Registration District No. 2223
Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Mc Kinley Rumbarr

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1893

7. AGE: Years 41 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Sheepherder
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Charles Joseph Rumbarr
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Ella Pinkerton
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Lohas Joseph Rumbarr

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Winsper P O Date 4/6, 1934

19. UNDERTAKER (Address) None

20. FILED April 5 1934 C E Jones M D Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Probably 4/2 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Apparently a heart attack, Body found on the range April 4, 1934 | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) C E Jones, M.D.
(Address) St Anthois Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clark
City of Kilgore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 125
Primary Registration District No. 2203

DO NOT WRITE IN THIS SPACE
State File No. 88632

Local Registrar's No. 101 5

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Smith

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Roscoe Smith

6. DATE OF BIRTH (month, day, and year)

7. AGE: 42 Years | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kilgore Idaho

FATHER
13. NAME: Gotlieb Rasmussen
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Annie Anderson
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): Mrs Geo B Allen Dubois Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Kilgore Idaho Date: Feb 6, 1934

19. UNDERTAKER (Address): None

20. FILED: Feb 5, 1934 C E Jones MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| No physician in attendance | |
| Pneumonia | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C E Jones, M. D.
(Address) Kilgore Idaho

over

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8863

Registration District No. 96

Primary Registration District No. 216

Local Registrar's No. 29

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James William Banker

(a) Residence: No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Millie Dorothie Banker

6. DATE OF BIRTH (month, day, and year) Feb 21 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

FATHER

13. NAME Absolem Banker

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Susan Tittle

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Ethel Simmons Craigmont Ida

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 4-24, 1934

19. UNDERTAKER C. E. Moore (Address) Craigmont Ida

20. FILED 4/23, 1934 V. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 22 1934

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934, to April 5, 1934

I last saw h[illegible] alive on April 5, 1934: death is said to have occurred on the date stated above, at 5:05 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | Unknown |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arterial sclerosis | unknown |
| Coronary sclerosis | 1934 |

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Hopkins, M. D.

(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 20

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 88634

Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

38

2. FULL NAME C. A. Foltz

(a) Residence. No. ..... St. Hope - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louise Foltz

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. R.R. Locomotive Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richfield Pennsylvania

FATHER

13. NAME Jacob Foltz

14. BIRTHPLACE (city or town) (State or country) Richfield Pennsylvania

MOTHER

15. MAIDEN NAME Emma Rophon

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records; State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Date ....., 193..

19. UNDERTAKER W. A. Shaver
(Address) Orofino

20. FILED 4/23, 1934 W. A. Shaver
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1934, to April 21, 1934

I last saw him alive on April 21, 1934; death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro-Spinal Syphilis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? + + Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Louis McElway, M. D.

(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88635

Registration District No. 70

Primary Registration District No. 2107

Local Registrar's No. 31

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Suke

(a) Residence. No. ..... St. Priest River - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) September 20, 1901

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 32 | 07 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Towner
(State or country) North Dakota

FATHER

13. NAME Gustave Suke

14. BIRTHPLACE (city or town)
(State or country) United States

MOTHER

15. MAIDEN NAME Mary E. Stubble

16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMENT Records: State Hospital North
(Address) Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Apr. 24, 1934

19. UNDERTAKER T. A. Billberg, Hosp. Asst.
(Address) Orofino - Idaho.

20. FILED 4/25, 1934 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20 1934

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1933, to April 20, 1934
I last saw him alive on April 20, 1934; death is said to have occurred on the date stated above, at 8:20 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro-Spinal Syphilis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Wassermann + + Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McElwain, M. D.
(Address) Orofino - Idaho

RECEIVED MAY 4 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8863b

County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 32
(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Janicka

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMENT (Address) Orofino Hosp Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 4/30, 1934

19. UNDERTAKER W. A. Shaw
(Address) Orofino Ida

20. FILED 4-30, 1934 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-29-1934

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1934, to April 29, 1934
I last saw him alive on April 23, 1934: death is said to have occurred on the date stated above, at 12:15 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral embolism + thrombosis | April 21 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical + post mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...
(Signed) R. J. Hopkins, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88637

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 24

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George E. Kilgore

(a) Residence. No. ..... St. Clarks Fork, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 74 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel Kilgore

6. DATE OF BIRTH (month, day, and year) April 27, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 0 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sewell, Maine
(State or country)

FATHER

13. NAME Alphius Kilgore

14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER

15. MAIDEN NAME Lucia Swain

16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMENT (Address) Records: State Hospital North, Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Apr. 3, 1934

19. UNDERTAKER F. A. Billberg, Hosp. Supt.
(Address) State Hospital No., Orofino, Idaho.

20. FILED 4/5, 1934 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to April 2, 1934
I last saw him alive on April 2, 1934; death is said to have occurred on the date stated above, at 1:10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular heart disease | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Paranoid Condition

Name of operation None Date of
What test confirmed diagnosis? Physical Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Stowe McKelway, M. D.
(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

FILED

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88638

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 25

(No. Stare Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sophia White

(a) Residence. No. ..... St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: Stare Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Hospital Cemetery Date April 11, 1934

19. UNDERTAKER F. A. Billberg, Hosp. Attdt. (Address) Orofino - Idaho.

20. FILED 4/11, 193 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 8 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 1926, ~~1933~~, to April 8, 1934

I last saw her alive on April 8, 1934; death is said to have occurred on the date stated above, at 8.50 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular heart disease | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Paranoid Condition | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McElwain, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8863

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 26

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joan Beverly Carrico

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Nov 27 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orofino Idaho

FATHER

13. NAME Dewey Carrico

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Murial A. Nelson

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Dewey Carrico Orofino Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Ida. Date 4-11, 1934

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida.

20. FILED 4/13, 1934 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-9 1934.

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1934 to April 9, 1934

I last saw her alive on April 8, 1934 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | |
| as a sequella | |
| of | |
| Other contributory causes of importance: Measles | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. B. Pappenhagen, M. D.

(Address) Orofino Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88640

**PLACE OF DEATH**
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 27
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Albert M. Van Deavener

(a) Residence. No. Weippe St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Buna Van Deavener

6. DATE OF BIRTH (month, day and year) July 12 - 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 47 | 8 | 29 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm work
(c) Name of employer self

9. BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10. NAME OF FATHER N. P. Van Deavener
11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Virginia
12. MAIDEN NAME OF MOTHER Ellen Raines
13. BIRTHPLACE OF MOTHER (city or town) (State or County) West Virginia

14. Informant Buna Van Deavener
(Address)

15. Filed 4/13, 19[illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) 11 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to 4-11, 1934
that I last saw him alive on March 3, 1934
and that death occurred, on the date stated above, at 8 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma Stomach
(Pylorie area)
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Jan 10 1934
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) E. G. Beardsley, M. D.
4-14, 1934 (Address) Lewiston

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weippe Ida | 4-13 1934 |
| 20. Undertaker Orofino Mortuary. | Address Orofino Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8864

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 1
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Minnie E. Blake

(a) Residence. No. Orofino Ida St.
(Usual place of abode.)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edwin H. Blake

6. DATE OF BIRTH (month, day and year) May 27. 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 73 | 10 | 24 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minnesota

PARENTS

10. NAME OF FATHER Davies
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Ives
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant (Address) Ed Blake Orofino Ida

15. Filed 4-21, 19.. Registrar. W. A. Shaw

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) 21 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to April 21, 1934
that I last saw her alive on April 21, 1934
and that death occurred, on the date stated above, at 7.45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary edema
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic fibroid Tuberculosis (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) A. S. Pappenheimer M. D.
4-21-34, 19.. (Address) Orofino Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Orofino Ida | 4-23 1934 |
| 20. Undertaker Orofino Mortuary | Address Orofino Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAY 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 88642

## CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Mackay.

Registration District No. 76
Primary Registration District No. 2153 Local Registrar's No. 181
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Harris

(a) Residence. No. Mackay Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. 12 yrs. mos. ds. How long in U. S. if of foreign birth? 66 yrs. mos. ds.
(If nonresident give city or town and State.)

151

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Harris

6. DATE OF BIRTH (month, day and year) May 9, 1842

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 91 | 10 | 16 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cardiff, Wales

PARENTS
10. NAME OF FATHER John Payne
11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) C. H. Harris Mackay Idaho

15. Filed May 7, 1934 Rose Nowocke Registrar.

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 26 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/5/34, 19..., to 3/26/34, 19...
that I last saw h.... alive on 3/26/34, 19...
and that death occurred, on the date stated above, at 4:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gangrene of left foot -
Septicemia
(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Senility
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 2/15/34
Was there an autopsy? No
What test confirmed diagnosis? Clinical symptoms
(Signed) J. P. Richards, M. D.
3/26, 1934 (Address) Mackay, Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Mt. View Cemetery | 3-28 1934 |

20. Undertaker Gladys Garnier Address Mackay Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Custer

City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE
State File No. 8864[illegible]

Local Registrar's No. 180

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Mullick

(a) Residence. No. ..... Challis Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Breyer Mullick

6. DATE OF BIRTH (month, day, and year) Oct 4 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Joseph Mullick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) John C. Millick

18. BURIAL, CREMATION, OR REMOVAL Place Challis Ida. Date April 11 1934

19. UNDERTAKER E & S Funk (Address) Blackfoot

20. FILED May 7, 1934 Rose Norwood Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/6/34, 193..., to 4/10, 193 4

I last saw h[illegible] alive on 4/10, 193 4: death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic Nephritis | |
| Chronic Rheumatism | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carroll Green M. D.

(Address) Challis Ida.

RECEIVED APR 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88645

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Custer
City of Challis
Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 169
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 25

2. FULL NAME Edward W Whitney

(a) Residence. No. St,
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about 64 | | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country) Mich.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) "
(State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) "
(State or County) "

14. Informant Emmett Donahue
(Address)

15. Filed April 15, 1934. Elsie McKenney Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH April (Month) 15 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to April 15, 1934
that I last saw h[illegible] alive on April 14, 1934
and that death occurred, on the date stated above, at 3-a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

*Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. F. Kinney M. D.
April 15, 1934 (Address) Challis, Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Challis, Idaho | April 16 1934 |
| 20. Undertaker | Address |
| Gladys Garnier | Ida Falls |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88646

PLACE OF DEATH

County of Custer

City of Stanley

Registration District No. 105

Primary Registration District No. 2186

Local Registrar's No. 170

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald P Shelyes

(a) Residence. No. S Stanley St Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): April 18, 1934

7. AGE: Years: Premature Birth; Months: 5; Days: ; If LESS than 1 day, hrs. or 4 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Stanley Idaho

PARENTS

10. NAME OF FATHER: Estel Samuel Shelyes

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Salem Illinois

12. MAIDEN NAME OF MOTHER: Marie Veirdi

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ogden Utah

14. Informant: Irene E. Schaaff R.N.
(Address): Stanley Idaho

15. Filed April 30, 1934. Edna M. Kenny Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 18 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18 10 20 am, 1934, to April 18 2.1 am, 1934, that I last saw him alive on April 18, 1934, and that death occurred, on the date stated above, at 10 24 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Stanley, Idaho. | April 18 1934 |
| **20. Undertaker** | **Address** |
| Friends | Stanley, Ida |

RECEIVED MAY 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Elmore

City of Atlanta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 34

Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE

State File No. 8864.

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Charla

(a) Residence. No. Atlanta Idaho St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ernest Charles

6. DATE OF BIRTH (month, day, and year)

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Cherokee (State or country) Iowa

FATHER

13. NAME Lawson H. Kellogg

14. BIRTHPLACE (city or town) — (State or country) —

MOTHER

15. MAIDEN NAME Frances Eugenia Weller

16. BIRTHPLACE (city or town) — (State or country) —

17. INFORMENT (Address) Ernest Charles Atlanta, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Atlanta, Date 4-19, 1934

19. UNDERTAKER NONE - Mrs. E.C. McGuire and (Address) Mrs Vera Davis of Atlanta prepared body for burial

20. FILED 5/12, 1934 Geo. M. Waters Dep. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, 193..., to April 19, 1934

I last saw h[e]r alive on April 15, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, bronchial (Hypostatic) | 4/18/34 |
| Other contributory causes of importance: Cerebral Hemorrhage | 4/12/34 |

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Sam R. Page, M. D.

(Address) Atlanta, Idaho

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88648

County of Franklun
City of Clifton
Registration District No.
Primary Registration District No.
Local Registrar's No. 21

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert LaVoil Porter

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 6 1928

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clifton Idaho

FATHER

13. NAME Robert Porter

14. BIRTHPLACE (city or town) (State or country) Clifton Idaho

MOTHER

15. MAIDEN NAME Belva McDermitt

16. BIRTHPLACE (city or town) (State or country) Clifton Idaho

17. INFORMENT (Address) Robert Porter Clifton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clifton Idaho Date Apr 24 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED May 8, 1934 G. W. State Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1934, to 4-22, 1934

I last saw h in alive on 4-22, 1934, death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intussusception | 4-19-34 |
| Other contributory causes of importance: Congenital Heart | at birth |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Cutler, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 8864

Local Registrar's No. 20

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Slenia Porter

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mark F. Porter

6. DATE OF BIRTH (month, day, and year) Jan 6 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 3 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER

13. NAME Robert Gregory

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sbenia Marshel

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mark F. porter Mapleton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Idaho Date Apr 20 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED May 8, 1934 G. W. Staley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12 —, 1934, to Apr 18 —, 1934

I last saw h[illegible] alive on Apr 18, 1934: death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial-Pneumonia | 4/17-34 |

Other contributory causes of importance:

Diabetis Mellitis - 15 years duration

Name of operation None Date of —

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none none

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Staley, M. D.

(Address) Preston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Franklin

City of Whitney

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88650

Registration District No. 27

Primary Registration District No. 2705 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sidney Marcus Beckstead

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lela Beckstead

6. DATE OF BIRTH (month, day, and year): Jan 2 1871

7. AGE: Years 63 | Months 3 | Days 17 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): South Jorden Utah

FATHER

13. NAME: Thomas Beckstead

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Sarah Ashton

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Lela Beckstead Whitney

18. BURIAL, CREMATION, OR REMOVAL Place: Whitney Idaho Date: Apr 21, 1934

19. UNDERTAKER: M. W. Hendricks (Address): Preston Idaho

20. FILED May 4, 1934 G. A. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to April 19, 1934

I last saw him alive on April 19, 1934: death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach and Liver. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P. X- Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Orval R. Cutler M.D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 88651

Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Jane Sant

(a) Residence. No. Preston Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Sant Jr.

6. DATE OF BIRTH (month, day, and year) 29th July 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|
| 67 | 8 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home

10. Date deceased last worked at this occupation (month and year) March 1934

11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (city or town) Providence (State or country) Utah

FATHER

13. NAME John C Telford

14. BIRTHPLACE (city or town) Maysville (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Lois Van Liwan

16. BIRTHPLACE (city or town) Labara (State or country) Upper Canada

17. INFORMENT (Address) Lester C. Sant Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Treasureton Cem Date 4-4, 1934

19. UNDERTAKER L. L. Johnson
(Address) Preston Idaho

20. FILED May 8, 1934 G W Stokes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1933, to 4-1, 1934

I last saw her alive on 3-30, 1934; death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Cardio-Valvular Desease | 10-1-32 |
| Arterio sclerosis | Several years |
| Chronic Nephritis | 1 yr ago |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. P. Cutler, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2 119

DO NOT WRITE IN THIS SPACE
State File No. 88652

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Belva Phillipps Schwartz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Godfrey Schwartz

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 31 — Months: — Days: 16 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Weston Idaho

FATHER

13. NAME: Wm. Phillipps
14. BIRTHPLACE (city or town) (State or country): Brigham City Utah

MOTHER

15. MAIDEN NAME: Matilda Perry
16. BIRTHPLACE (city or town) (State or country): Perry Utah

17. INFORMENT (Address): Godfrey Schwartz Dayton Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Dayton Idaho Date: Apr 9, 1934
19. UNDERTAKER (Address): M. W. Hendricks Preston
20. FILED May 2, 1934 — Geo. Stoker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 of, 193 4, to April 7, 193 4
I last saw her alive on April 1st, 193 4; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cor. Lobes with Acute decompensation | Jan 1st 1932 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Idaho If so, specify .....
(Signed) R. R. Wells, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8865

**PLACE OF DEATH**
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 15
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reese H Jensen

(a) Residence. No. St. (Usual place of abode)
Length of residence in city or town where death occurred. yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 25 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Delloyd Jensen

14. BIRTHPLACE (city or town) (State or country) Preston

MOTHER

15. MAIDEN NAME Wanda Harris

16. BIRTHPLACE (city or town) (State or country) Fairview Idaho

17. INFORMENT (Address) Delloyd Jensen Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Apr 11, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED May 8, 1934 G W State Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 6, 1934
I last saw him alive on April 6, 1934; death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| Spina Bifida | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Eugene Notley M. D.
(Address) Preston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88654

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME R Kanow

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Japanese | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of K. Kanow

6. DATE OF BIRTH (month, day, and year) July 1 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Caf'e

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME Kanow

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME Uta Kanow

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) Mrs K. Kanow wife Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sacramento Calf Date Apr 11, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED May 8, 1934 G. W. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to April 5, 1934
I last saw him alive on April 5, 1934; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute bacterial endocarditis | March 1, 1934 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Pt Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) O. B. Cutler, M. D.
(Address) Preston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1934

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88656

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 273

(No.) Gooding Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Irene Janoushek

(a) Residence. No. ____ St. Hagerman, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ____ mos. 4 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 17th., 1925

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 8 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Nampa.
(State or country) Idaho

FATHER

13. NAME Joseph Janoushek

14. BIRTHPLACE (city or town) Decatur Co.
(State or country) Kansas

MOTHER

15. MAIDEN NAME Anna Urban

16. BIRTHPLACE (city or town) Decatur Co.
(State or country) Kansas

17. INFORMENT (Address) Joe Janoushek Hagerman, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Idaho. Date 4/16, 1934

19. UNDERTAKER Mrs. Nina M. Fallen
(Address) Nampa, Idaho.

20. FILED 4-30, 1934 J. A. Cranmell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-14-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1934, to 4-14, 1934

I last saw h alive on 4-14, 1934, death is said to have occurred on the date stated above, at 5:35 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gut perforation, | 4-6 |
| following | |
| Ruptured appendix | 4-8 |

Other contributory causes of importance:

Name of operation Lap. T clam Date of 4-10

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Jas. D. Cranmell, M. D.

(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88657

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 2
Primary Registration District No.
Local Registrar's No. 272

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Twila T Fleischman

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Leland Fleischman

6. DATE OF BIRTH (month, day, and year) Sept 9- 1910

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 23 | 7 | 12 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Findley (State or country) Ohio

FATHER
13. NAME Clifford C. Jamming
14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER
15. MAIDEN NAME Daisy Garrish
16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMENT C C Jamming (Address) Gooding Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 4-25, 1934

19. UNDERTAKER Thompsons (Address) Gooding Idaho

20. FILED 4-30, 1934 J A Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1934, to 4-20, 1934
I last saw her alive on 4-20, 1934; death is said to have occurred on the date stated above, at 6 40 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Broncho Pneumonia | 4-14 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J A Cromwell, M. D.
(Address) Gooding Ida.

RECEIVED MAY 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88658

**PLACE OF DEATH**

County of .....

City of .....

Registration District No. 24

Primary Registration District No. .....

Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Maxine Rutherford

(a) Residence. No. Gooding Idaho St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1 6 2

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W. | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or 39 min. |
|---|---|---|---|
| — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Gooding
(State or country)

FATHER

13. NAME Geo. V. Rutherford

14. BIRTHPLACE (city or town) Ore.
(State or country)

MOTHER

15. MAIDEN NAME Doris E. Trees

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Mrs. B. W. Hallman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED May 10, 1934 J. H. Conrad
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1934, to 4-19, 1934

I last saw h.. alive on 4-19, 1934; death is said to have occurred on the date stated above, at 3:40 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Hemorrhage | |
| Cause unknown | |
| | |
| Other contributory causes of importance: | |
| Malena | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Houston E. Snyder, M. D.

(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding

City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88659

Registration District No. 32

Primary Registration District No. 2021 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mathilda Hale

(a) Residence. No. Hagerman St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cassius C. Hale

6. DATE OF BIRTH (month, day, and year): April 8 1855

7. AGE — Years: 79 — Months: — — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Nathaniel Flowers.

14. BIRTHPLACE (city or town) (State or country): Do Not Know

MOTHER

15. MAIDEN NAME: Mary Elizabeth Ware

16. BIRTHPLACE (city or town) (State or country): Do not Know

17. INFORMANT (Address): Mrs. J. R. Wagner Hagerman, Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place: Hagerman Cem Date: 4/27, 1934

19. UNDERTAKER (Address): Evans & Johnson Burg - L. Johnson

20. FILED: April 25, 1934 Mrs. Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/25 193 4

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 193 4, to 4-24, 193 4

I last saw her alive on 4-24, 193 4; death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach. | 1929 ? |

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Davies M. D.

(Address) Glenns Ferry, Ida.

RECEIVED APR 20 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88660

PLACE OF DEATH
County of Gooding
City of Hagerman

Registration District No. 22
Primary Registration District No. 2018
(No. )
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rachel Ann Wicklund

(a) Residence. No. Hagerman St.
(Usual place of abode)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jonas Wicklund

6. DATE OF BIRTH (month, day and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 76 | 1 | 7 | 12 hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home work.
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Manti Utah

PARENTS

10. NAME OF FATHER Moses Gifford
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Jackson Co. Missouri
12. MAIDEN NAME OF MOTHER Sarah Price
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales, Utah

14. Informant Clarence Price Wicklund
(Address) Hagerman, Idaho.

15. Filed Apr 4, 1934 O. L. Simonton Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 2. (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to April 2, 1934,
that I last saw h[illegible] alive on March 20, 1934
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Endocarditis, with Mitral insufficency
(duration) 1 yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Hydrothorax.
Pneumonia (duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical.
(Signed) Thos D Peet M. D.
April 2, 1934 (Address) Twin Falls Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Hagerman, Idaho. | April 4 - 1934 |
| 20. Undertaker Evans & Johnson L D Johnson | Address Buhl, Ida. |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM U. S. No. 623/M-1119

RECEIVED MAY 4 1934

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 105

Primary Registration District No. 2183

File No. 88661

County of Idaho

City of Cottonwood

(No. Our Lady of Consolation Hospital)

Registered No. 10

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Frank F. E. McLaughlin

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Male | White | Widowed |

6. DATE OF BIRTH: Aug. (Month) 30 (Day) 1895 (Year)

7. AGE: 38 Yrs. 7 Mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Radcliff, Ohio

10. NAME OF FATHER: Alvin McLaughlin

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Electy Howard

13. BIRTHPLACE OF MOTHER (State or Country): Pelleton, Ohio.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. E. M. McLaughlin

(Address) Boise, Idaho

15.

Filed Apr. 8 1934 W. F. Cox Local Registrar

per S. B.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 8th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1934 to April 8 1934 that I last saw him alive on April 8 1934 and that death occurred on the date stated above, at 10:40 A.M.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Lobar

Nephritis.

(Duration) ..... Yrs. 3 mos. ..... ds.

Contributory (Secondary) Cirrhosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wesley F. Cox M. D.

4/8 1934 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cottonwood, Ida. | Apr. 10 1934 |
| **20. UNDERTAKER** | **ADDRESS** |
| Glenn Arlor | Orangeville |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 10 1934

PLACE OF DEATH

County of Idaho

City of Elk City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88662

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 80

(No. Elk City, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Massam

(a) Residence. No. ..... St. Elk, City, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Many years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold

10. Date deceased last worked at this occupation (month and year) 4-16-34.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quebec, Canada

FATHER

13. NAME John Massan

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Ann Houston

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) S. A. Fallon, Elk City, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date 4-19, 1934

19. UNDERTAKER (Address) Vassar-Shaughnessy Mortuary, Lewiston, Idaho

20. FILED 5-8, 1934 B. C. Chipman, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on 4-14, 1934: death is said to have occurred on the ~~date stated above~~ 4-16-34, at 5 P. m. Approx.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? General Examination of body. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. W. Boyd, M. D.

(Address) Elk City, Idaho.

RECEIVED MAY 10 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of White Bird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88663

Registration District No. 10 3

Primary Registration District No. 2181

Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Effie Thompson Lowther

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert J Lowther

6. DATE OF BIRTH (month, day, and year) June 25 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 41 | 9 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Sept 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho

FATHER

13. NAME Albert Daniel Thompson

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Millie Johnson

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT (Address) Edward Lowther White Bird, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. White Bird Ida Date. 4-13., 1934

19. UNDERTAKER (Address) L. A. Haycock Grangeville Ida

20. FILED May 8., 1934. R. C. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933, to 4-11, 1934.

I last saw her alive on 4-10., 1933.; death is said to have occurred on the date stated above, at 5:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) V. B. C. Chipman, M. D.

(Address) Grangeville Ida

RECEIVED APR 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 88664

2. FULL NAME Ah Kan

(a) Residence. No. ..... Grangeville Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Chinaman | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)
Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 108 | — | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Mar 10 193 4

19. UNDERTAKER Glenn Nelson
(Address)

20. FILED Apr 6, 193 4 B. Chipman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 8 193 4

22. I HEREBY CERTIFY, That I attended deceased from Feb ..., 193 4, to Mar 8, 193 4.

I last saw h/m alive on Mar 2, 193 4; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteria Sclerosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. C. Chipman, M. D.

(Address) Grangeville, Ida.

RECEIVED MAY 10 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8866

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachael Woods

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/22/1854

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 80 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jackson County Ohio

FATHER

13. NAME: Ephrim Johnston

14. BIRTHPLACE (city or town) (State or country): Jackson Co. Ohio.

MOTHER

15. MAIDEN NAME: Rebecca Jones

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Mrs J. E. Hiles Grangeville Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date March 29 1934

19. UNDERTAKER (Address): C. A. Hancock Grangeville Idaho

20. FILED May 8, 1934 B. C. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27/1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to March 27, 1934
I last saw h.. alive on March 5 1934: death is said to have occurred on the date stated above, at 3.20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic intestinal nephritis | 1928 |

Other **contributory causes** of importance:

| | |
|---|---|
| Hemiplegia Left side. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No .. Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. D. Sturmick M. D.
(Address) Grangeville Idaho

RECEIVED MAY 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88600

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Everett E. Williams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 12 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 49 | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho

FATHER

13. NAME Wm Henry Williams

14. BIRTHPLACE (city or town) Ga.
(State or country)

MOTHER

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) Oregon
(State or country)

17. INFORMANT Ralph Williams
(Address) Kane Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 5-1, 1934

19. UNDERTAKER C. A. Hancock
(Address) Grangeville Ida.

20. FILED May 8, 1934 B. Chipman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-1 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1934, to 5-1, 1934.

I last saw h/m alive on 5-1, 1934; death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) B. Chipman, M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8866

**PLACE OF DEATH**

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaretta Sophia Rice

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1/4/1858

7. AGE — Years: 76 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Mariposa, California

MOTHER FATHER

13. NAME: James E. McCready

14. BIRTHPLACE (city or town) (State or country): Dublin, Ireland

15. MAIDEN NAME: Hannah Cochran

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Walter S. Rice, Grangeville

18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville Ida. Date: 3/28, 1934

19. UNDERTAKER (Address): L. W. Hancock, Grangeville Ida.

20. FILED May 8, 1934 B. C. Chipman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/26/1934

22. I HEREBY CERTIFY, That I attended deceased from 3-22-, 1934, to 3-26-, 1934.
I last saw her alive on 3-26-, 1934.: death is said to have occurred on the date stated above, at 9.40 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other **contributory causes** of importance:

| | |
|---|---|
| High Blood Pressure | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) B. C. Chipman, M. D.
(Address) Grangeville Ida.

RECEIVED MAY 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88669

Local Registrar's No. 23

**PLACE OF DEATH**

County of Jefferson
Registration District No. 98
City of Rigby
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Great Barker

(a) Residence. No. ..... St. Willard, Utah
(If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Priscilla Barker

6. DATE OF BIRTH (month, day and year) May 5, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 66 | 11 | 28 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Willard
(State or country) Utah

PARENTS

10. NAME OF FATHER John N. Barker.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) England.

12. MAIDEN NAME OF MOTHER Mary Ann Smart.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) England

14. Informant C. J. Call D.C.
(Address) Rigby, Idaho.

15. Filed 5-3, 1934 W. E. Eckersell
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
May (Month) 3 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1934, to May 3, 1934,
that I last saw him alive on May 3, 1934
and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:
Pneumonia

2 (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (Secondary) Rheumatism
..... (duration) ..... yrs. 2½ mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. J. Call, M. D.
May 3, 1934 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Willard, Utah | 5/6/34 19 |

20. Undertaker W. E. Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88670

PLACE OF DEATH
County of Jefferson.
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Kinghorn.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXXX~~ Elizabeth Kinghorn.

6. DATE OF BIRTH (month, day and year) August 8 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 60 | 8 | 21 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

PARENTS

10. NAME OF FATHER Alexander Kinghorn.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Jane Campbell.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14. Informant Joseph A. Kinghorn
(Address) Rigby, Idaho. R. #1

15. Filed May 2, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 29, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1930, to Apr 29, 1934
that I last saw him alive on Apr 29, 1934
and that death occurred, on the date stated above, at 2:50 P m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension
(duration) 5 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Lab.
(Signed) W. R. Abbott, M. D.
May 1, 1934 (Address) Ida Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Lewisville, Idaho. | 5/3/34 19 |

| 20. Undertaker | Address |
|---|---|
| A B Eckersell | Rigby |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88671

**PLACE OF DEATH**

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 21

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

88?

2. FULL NAME George Howland Yoe.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXXXX~~ Martha Yoe.

6. DATE OF BIRTH (month, day and year) May 31, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 59 | 10 | 29 | hrs. or min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10. NAME OF FATHER George Yoe

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Fannie Cramer.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant Martha Yoe
(Address) Rigby, Idaho.

15. Filed May 1, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 29 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 29, 1934
that I last saw him alive on April 28 1934
and that death occurred, on the date stated above, at 6:30A m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. West M. D.

1934 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Shelton, Idaho. | 5/2 1934 |

| 20. Undertaker | Address |
|---|---|
| A B Eckersell | Rigby |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88672

Local Registrar's No. 20

**PLACE OF DEATH**

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Baby Hawker

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 3, 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 3 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) Menan, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Lee Hawker

11. BIRTHPLACE OF FATHER (city or town) Menan
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Emma Hardner

13. BIRTHPLACE OF MOTHER (city or town) Mount Vernon
(State or Country) Washington

14. Informant Lee Hawker
(Address) ....

15. Filed Apr. 20, 1934 C B Eckwall Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 24 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1934 to Apr 23, 1934
that I last saw him alive on April 20, 1934
and that death occurred, on the date stated above, at 3:pm m.

The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia

(duration) .... yrs. .... mos. 10 ds.

CONTRIBUTORY (Secondary) Unknown
(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. A. Anderson, M. D.
Apr 25, 1934 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Annis, Idaho | April 25, 1934 |

20. Undertaker C B Eckwall Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

RECEIVED MAY 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88673

**PLACE OF DEATH**
County of Jefferson
City of Annis

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Thomas Rose.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Etta Mae Rose.

6. DATE OF BIRTH (month, day and year) Apr. 10, 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day |
|---|---|---|---|---|
| | 65 | 0 | 12 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Council Bluffs, Iowa.

PARENTS

10. NAME OF FATHER Francis Rose.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) France.

12. MAIDEN NAME OF MOTHER Janette (Unknown).

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) France

14. Informant Etta Mae Rose
(Address) Lorenzo, Idaho. R. #1

15. Filed Apr. 25, 1934 A B Beckwith Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April (Month) 22 (Day) 1934 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1933, to Apr 30, 1934, that I last saw him alive on Apr 30, 1934, and that death occurred on the date stated above, at 11:40 A m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
Three attacks
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Struck by baseball
8-7-33 (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) C A Beckwith, M. D.
4-25 1934 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Annis, Idaho. | 4/25/34 19 |

20. Undertaker C A Beckwith Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAY 1 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88674

Local Registrar's No. 18

**PLACE OF DEATH**
County of Jefferson
City of Grant
Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. Chapman Randall.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE of~~) Ella Randall.

6. DATE OF BIRTH (month, day and year) Jan. 19, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 73 | 3 | 0 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Retired

9. BIRTHPLACE (city or town) Utah.
(State or country)

PARENTS

10. NAME OF FATHER Franklin Randall.

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Ellen Duncan.

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant C A Randall
(Address) Idaho Falls, Idaho. R. #5

15. Filed Apr 21, 1934 C A Eckersell
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 19 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1930 to Apr. 19, 1934
that I last saw h..... alive on Apr 18, 1934
and that death occurred, on the date stated above, at 5:30A m.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis
Cardiac asthenia.
Indefinite (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Pulmonary edema and hypostasis
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Edema 48 hrs
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) J. O. Millar, M. D.
Apr. 20, 1934 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Grant, Idaho. | 4/22/34 19 |

20. Undertaker C A Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAY 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88675

Local Registrar's No. 17

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Henry Clay Collins

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 11 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 2 | 5 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10. NAME OF FATHER Silas Collins

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Martha Ann Bennett

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant George M. White ✓
(Address) Rigby Route 3.

15. Filed 4/19, 1934 A. B. Eckhardt, Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 16 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Apr 16, 1934
that I last saw him alive on Apr 16, 1934
and that death occurred, on the date stated above, at 220 p. m.

The CAUSE OF DEATH* was as follows:
Cardiac Dilatation

(duration) .... yrs. 8 mos. .... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. A. Anderson ✓, M. D.
...., 19.... (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Annis, Idaho | 4-19 1934 |

| 20. Undertaker | Address |
|---|---|
| Lynn Walden | Rigby. |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88676

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 16
(No. Pirie)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Johnson Monroe

(a) Residence. No. Pirie Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Sarah Alice Monroe

6. DATE OF BIRTH (month, day, and year): May 31 1859

7. AGE — Years: 74 | Months: 10 | Days: 16. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 1930.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Allan Monroe.
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Mary Thomas.
16. BIRTHPLACE (city or town) (State or country): Louisville Kentucky

17. INFORMENT (Address): Sarah Alice Monroe Rt 2. Rigby Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 4-9, 1934
19. UNDERTAKER (Address): V. F. McHarg Idaho Falls Ida.
20. FILED: Apr. 8, 1934 C. E. Eckersell, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-7 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1934 to 4-6, 1934
I last saw him alive on 4-6, 1934 death is said to have occurred on the date stated above, at 7:47 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 3-27 |

Other contributory causes of importance:
Lung blood pressure and hardening of arteries

Name of operation: none Date of:
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. H. Lee, M. D.
(Address) Pirie Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. .....

DO NOT WRITE IN THIS SPACE
State File No. 8867[illegible]

Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ranold Stevens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stevens

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 0 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairview, Utah

FATHER

13. NAME Ranshaw Stevens

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Tranquille Brady

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Huber Folkman Jerome

18. BURIAL, ~~CREMATION, OR~~ REMOVAL Place Jerome Date Mar 20, 1934

19. UNDERTAKER D. O. Henderson (Address) Jerome Idaho

20. FILED 3/23, 1934 Chas F Zeller Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1934, to Mar 16, 1934

I last saw him alive on Mar 16, 1934: death is said to have occurred on the date stated above, at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rocky Mountain Spotted fever | Mar 8, 1934 |

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Reuben C. Mateer M. D.

(Address) Jerome Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 88679

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willard Hyrum Thompson

49

(a) Residence. No. .....
(Usual place of abode) Jerome Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Annie -

6. DATE OF BIRTH (month, day, and year) Oct 6-1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 79 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Thompson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME ~

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) William A. Thompson Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Filer, Cem. Date 4-29, 1934

19. UNDERTAKER (Address) White Mortuary Twin Falls Idaho

20. FILED May 7, 1934 Chas F Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to April 27, 1934

I last saw him alive on Apr. 24, 1934; death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer Prostate | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ~ Date of ~

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Chas F Zeller, M. D.
(Signed)

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 88680

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flora Pearl Quinn 31

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles Fox Quinn.

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 34 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granville, Tenn.

FATHER

13. NAME G. D. Russell

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Tivvie Bryant

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Charles Quinn. Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cemetery Date Feb 25, 1934

19. UNDERTAKER D. A. L'Heureux
(Address) Jerome Idaho

20. FILED 3/17, 1934 Chas F Zeller Jr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1933 to Feb. 23, 1934
I last saw her alive on Feb 22, 1934; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 88681

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Long.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 81 | | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Frederic Long.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lout Ruost

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Effie Daniels. Jerome

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cemetery Date March 2, 1934

19. UNDERTAKER D. O. L. Fuson
(Address) Jerome Idaho

20. FILED 3/2, 1934 Chas F Zeller Jne Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Feb 28, 1934

I last saw h-- alive on Feb 27, 1934; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| with heart failure | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88682

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John Johnson Ellis

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Esther Ellis

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 82 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Harrison Co Missouri

FATHER

13. NAME Edward Logsdon Ellis

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMENT (Address) R E Shawver

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date Mar, 1934

19. UNDERTAKER (Address) D O Stevenson Jerome, Idaho

20. FILED 3/12, 1934 Chas F Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to Feb 29, 1934

I last saw her alive on Feb 29 1934; death is said to have occurred on the date stated above, at 5:10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Heart Failure | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

RECEIVED MAY 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88683

Registration District No. 184

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

10 10

2. FULL NAME Harry Franklin Crayne

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Crayne

6. DATE OF BIRTH (month, day, and year) Oct 2. 1884

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 49 | 6 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Camp Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Green Co. Pa.

FATHER

13. NAME Joseph Crayne

14. BIRTHPLACE (city or town) (State or country) not Known

MOTHER

15. MAIDEN NAME Nevey ——

16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMANT Mrs. Ruth Crayne (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL Place Jerome Cem. Date April 18 1934

19. UNDERTAKER J. R. Wiley (Address) Jerome Idaho

20. FILED 4/17, 1934. Chas. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 15 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14., 1934., to April 15., 1934.

I last saw him alive on April 15, 1934.; death is said to have occurred on the date stated above, at 1:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 4-9-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben C. Matson M. D.

(Address) Jerome Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 88684

2. FULL NAME Mary Virginia Hansen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 27 1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Idaho

FATHER

13. NAME Delbert J Hansen

14. BIRTHPLACE (city or town) ..... (State or country) Idaho

MOTHER

15. MAIDEN NAME Mary Larson

16. BIRTHPLACE (city or town) ..... (State or country) Idaho

17. INFORMANT Delbert J Hansen
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Apr 20, 1934

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED 4/20, 1934 C. F. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1934, to Apr. 18, 1934

I last saw her alive on April 17, 1934; death is said to have occurred on the date stated above, at 12:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | April 15, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**, .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben C. Watson M. D.

(Address) Jerome Ida

RECEIVED MAY 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88685

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Cuenoumra

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 12/34

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jerome (State or country) County

FATHER
13. NAME Ben Cuenoumra
14. BIRTHPLACE (city or town) ..... (State or country) Spain

MOTHER
15. MAIDEN NAME Mary Lopiozu
16. BIRTHPLACE (city or town) ..... (State or country) Idaho

17. INFORMENT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date May 10 1934

19. UNDERTAKER David Heinsman
(Address) .....

20. FILED May 10, 1934 Chas F. Zeller Jr., Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1934, to Mar 18, 1934
I last saw him alive on Mar 15, 1934: death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Prematurity (6½ mo) | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) T. E. Barrett, M. D.
(Address) Meadows Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1934

# PLACE OF DEATH

County of Kootenai

City of Lane

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88686

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Artensa Lenora Glothart

(a) Residence. No. ..... St. Lane, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE~~ of Chas I Glothart

6. DATE OF BIRTH (month, day, and year) April 19 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Belleville, Ohio
(State or country) Richland Co.

MOTHER FATHER

13. NAME Isaac Cornwell

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME ~~n~~

16. BIRTHPLACE (city or town) ~~n~~
(State or country)

17. INFORMANT Chas I. Glothart
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Apr 2, 1934

19. UNDERTAKER M. C. Thornburgh
(Address) Kellogg Idaho

20. FILED 5-9, 1934 W. E. Bolerjack
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1929 to Mar. 15 1932

I last saw her alive on Jan. 26 193 2. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 10 yrs. ago |
| Chronic Myocarditis | 1927 or earlier |
| Cerebral Hemorrhage | Mar. 26 1934. |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. J. Harrison M. D.

(Address) 466 Paulsen Med. Dental Bldg Spokane Wash.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. ~~Rathdrum~~ 30
Primary Registration District No. ~~Rathdrum~~ 1050 Local Registrar's No. 193

DO NOT WRITE IN THIS SPACE
State File No. 88687

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Lucille Bagley

(a) Residence. No. Rathdrum RR #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dan Bagley

6. DATE OF BIRTH (month, day, and year) 12/13/1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62. | 3 | 12 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denison Iowa.

FATHER
13. NAME Borecky
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Josephine
16. BIRTHPLACE (city or town) (State or country) Mrs. ADELLA NELSON

17. INFORMENT (Address) Rathdrum, IDAHO

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pine Grove - Rathdrum Date 3/16, 1934

19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Idaho

20. FILED 4-4-, 1934 E. L. Spokes, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1934, to Mar 12, 1934
I last saw her alive on Mar 10, 1934; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | about 1930 |
| Chronic Myocarditis (Fatty Heart) | 4 |
| Other contributory causes of importance: | |

Name of operation None Date of
What test confirmed diagnosis? History of illness and physical exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Hoover, M.D.
(Address) Rathdrum Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Athol

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 88688

Local Registrar's No. 192

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Hurt-

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Cora Hurt-

6. DATE OF BIRTH (month, day, and year) 880-6-21

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Reuben Hurt-

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Parlee

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT Cora Hurt-
(Address) Athol

18. BURIAL, CREMATION, OR REMOVAL
Place Athol, Ida Date 3-17, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida,

20. FILED 3-30, 1934 E. L. Spohn M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan-31st, 1934, to March 14, 1934

I last saw him alive on March 3, 1934; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Cancer | |
| Cancer of Stomach | |
| Liver and Intestines | 2 Years |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Spohn, M. D.

(Address) Athol Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hunted

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88689

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 191

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John O. Lutz. 135

(a) Residence. No. 118 7th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 24 1844

7. AGE — Years: 89 | Months: 7 | Days: 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ohio

FATHER

13. NAME John Lutz
14. BIRTHPLACE (city or town) ..... (State or country) Penn

MOTHER

15. MAIDEN NAME Margaret Wise
16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Mrs. E. J. Burdette (Address) Cda

18. BURIAL, CREMATION OR REMOVAL
Place Forest C. D. A. Date 3-17 1934

19. UNDERTAKER Money Mortuary (Address) Cda

20. FILED 3-28 1934 E. L. Sponn MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-15 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to March 15, 1934.
I last saw him alive on March 14, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Prostatism | 1924 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pyelo nephritis | 1933 |

Name of operation none Date of —
What test confirmed diagnosis? Sob. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? — (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) O. M. Beutler M. D.
(Address) Coeur d'Alene Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8865

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 190

(No. Coeur d'Alene Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Baskett 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 4, 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 20 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Chas. E. Baskett

14. BIRTHPLACE (city or town) Wash.
(State or country)

MOTHER

15. MAIDEN NAME Mabel Crawford

16. BIRTHPLACE (city or town) Neb.
(State or country)

17. INFORMANT Mrs. Eva Stone
(Address) Kellogg, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 3/21/34

19. UNDERTAKER Hazen & Jaeger
(Address) Spokane, Washington.

20. FILED 3-26, 1934. E. L. Spokane MD
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from March ..., 1934, to March 19 1934.
I last saw her alive on March 18 1934 death is said to have occurred on the date stated above, at 5:30a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Miliary tuberculosis of lungs | 3 years Very bad two mo. |

Other **contributory causes** of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. L. Spokane, M. D.
(Address) Coeur d'Alene

Mailed.

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88691

County of Kootenai
City of C. D. A.

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 189

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert J. Mitchem

(a) Residence. No. 1513 3rd ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Mitchem
6. DATE OF BIRTH (month, day, and year): 3-2-1874
7. AGE — Years: 60 | Months: 0 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Machinist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: G.N. Railroad
10. Date deceased last worked at this occupation (mo. and yr.): April 1933
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER
13. NAME: James Mitchem
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Susan Stanley
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Mrs. Jennie Mitchem CDA
18. BURIAL, CREMATION, OR REMOVAL
Place. Cedar Park Cem. Date. 3-22-1934
19. UNDERTAKER (Address): Mooney Mortuary CDA
20. FILED 3-26, 1934. E. L. Sparks M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-19-1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to March 19 1934
I last saw him alive on March 18 1934: death is said to have occurred on the date stated above, at 11-A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma R. Kidney | 1931 |
| Other **contributory causes** of importance: | |

Name of operation none Date of .....
What test confirmed diagnosis? Pyelogram Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) O. M. Husted M. D.
(Address) Rural Route 1 Coeur d'Alene, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

1934

Ted.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88692

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 188

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Laura Amy Clark

(a) Residence. No. South 11th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Clark

6. DATE OF BIRTH (month, day, and year) 6-17-1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 65 | 9 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) St. Charles Idaho.
(State or country)

FATHER

13. NAME Lars Larson

14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Kirsten Jensen

16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Joseph Clark Ella
(Address)

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place St. Charles, Idaho Date 3-22-1934

19. UNDERTAKER Mooney Mortuary Cda
(Address)

20. FILED 3-21-, 1934. E. L. Sparks
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1934, to 3-21, 1934.
I last saw her alive on 4-20, 1934: death is said to have occurred on the date stated above, at 11.30 Am.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Inguinal Glands | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Field, M. D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED MAR 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88693

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 186

(No. 822 Riverside Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Julia Rawson

(a) Residence. No. 822 Riverside Ave. (Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

85

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | married |

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Roy T. Rawson

6. DATE OF BIRTH (month, day, and year) 1881-1-14

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 53 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-3-1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northfield Minn.

FATHER

13. NAME Andrew Trove.

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Don't-Know.

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) R.T. Rawson

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Forest Date 3-14, 1934

19. UNDERTAKER (Address) Carey Funeral Home Coeur d'Alene Ida

20. FILED 3-13, 1934 E.L. Lyons M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-13 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to March 12, 1934.

I last saw h~~e~~r alive on 12th inst., 1934.: death is said to have occurred on the date stated above, at 2.10 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Retrobulbar abscess. | |
| Thrombosis of Cavernous Sinus | 8 days |

Other contributory causes of importance:

Name of operation opened abscess Date of March 11/34.

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold L. Lyons M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88694

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 185

(No. Kootenai Co.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert C. Roscoe

(a) Residence. No. Kootenai County Hospital St.
(Usual place of abode)
Length of residence in city or town where death occurred, 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jane Roscoe

6. DATE OF BIRTH (month, day, and year) January 11, 184[illegible]7

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 87 | 1 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 20 years ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

FATHER
13. NAME James Roscoe
14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER
15. MAIDEN NAME Eliza - -
16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMENT (Address) James M. Rosse Rathdrum Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Rathdrum - Pine Cemetery Date 2/19, 1934
19. UNDERTAKER Cassedy Funeral Home (Address) Rathdrum Ida.
20. FILED 3-12, 1934 E. L. Spohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/17 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934 to Feb 15, 1934
I last saw him alive on Feb 15, 1934; death is said to have occurred on the date stated above, at 11:30A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | |
| Aortic Stenosis with decompensation | Months |
| Other contributory causes of importance: | |

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Spohn, M. D.
(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88695

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1050
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 184

2. FULL NAME Dorothy Maude Bare

(a) Residence. No. St. Springston Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September 19 1926

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 7 | 5 | 17 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 1st School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Springston Idaho

PARENTS

10. NAME OF FATHER William Roy Bare
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nebraska
12. MAIDEN NAME OF MOTHER Annie Agnes Rowe
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Manitoba, Canada

14. Informant W. R. Bare
(Address) Springston Idaho

15. Filed 3-7, 1934 E. L. Spohn MD Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 4 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1934, to March 4, 1934
that I last saw h[illegible] alive on March 2, 1934
and that death occurred, on the date stated above, at 3:25 A m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (Secondary) Measles
(duration) yrs. mos. 12 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of
Was there an autopsy? —
What test confirmed diagnosis? —

(Signed) E. Lamoreaux M. D.
March 5, 1934 (Address) St. Maries Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Harrison Idaho | 3/5 1934 |
| 20. Undertaker Cassedy Funeral Home | Address Coeur d'Alene |

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8869

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 202

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard D. Schierman.

(a) Residence. No. 902 - N. 7th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1934-4-19

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho.

MOTHER FATHER

13. NAME Alex Schierman
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Lydia Fisher
16. BIRTHPLACE (city or town) (State or country) Farmington Wash.

17. INFORMANT Alex Schierman
(Address)

18. BURIAL, CREMATION OR REMOVAL
Forest Place. Coeur d'Alene Date. 4-23, 1934

19. UNDERTAKER Cassell Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 4-24, 1934. E. L. Sposhr M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1934, to 4/21, 1934.
I last saw him alive on 4/20, 1934.: death is said to have occurred on the date stated above, at 11 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Debility | |
| (mother suffered from Goitre and Nephritis During pregnancy) | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.:.....
Nature of injury.:.....

24. Was disease or injury in any way related to occupation of deceased?...no. If so, specify.....

(Signed) ..... M. D.
(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur'd Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 88698

Local Registrar's No. 182

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

88 c

2. FULL NAME Marion Bonney

(a) Residence. No. ..... St. Careywood, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 25, 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 4 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Soldier

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infintry

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1934

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) Goodland
(State or country) Kansas

FATHER

13. NAME Earl Everett Bonney

14. BIRTHPLACE (city or town) .....
(State or country) South Dakota

MOTHER

15. MAIDEN NAME Sarah Ann Stouffer

16. BIRTHPLACE (city or town) .....
(State or country) Iowa

17. INFORMANT Donald Bonney
(Address) Careywood, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Idaho Date 3/5, 1934

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 3-7, 1934. E. L. Sparks M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-4 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ did not see deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Auto Accident | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-4 1934
Where did injury occur? Highway ½ mile below Hayden Lake Store
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Auto Accident
Nature of injury Crushed Skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) C. H. Reed Coroner, M. D.
(Address) Coeur d'Alene Idaho

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8869

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 182
(No. ) 882
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Otelia Wunderlick
(a) Residence. No. 752 N. 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1868 - 8 - 14
7. AGE: Years 65 | Months 6 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year) 3-4-1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Stevensville Wis.

FATHER
13. NAME: John Wunderlick
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Augusta Lemke
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Ad Wunderlich
18. BURIAL, CREMATION, OR REMOVAL: Forest - Place Coeur d'Alene Ida Date 3-7, 1934
19. UNDERTAKER (Address): Cossedy Funeral Home Coeur d'Alene Ida.
20. FILED 3-7-, 1934 E. L. Dyson MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-5- 1934
22. I HEREBY CERTIFY, That I attended deceased from did not see, 193, to, 193
I last saw her alive on, 193: death is said to have occurred on the date stated above, at Not known
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) C. H. Teed Coroner M. D.
(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8870

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 207
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Gray

(a) Residence. No. 1021 Young Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1921-2-27

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 13 | 1 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lamont Wash.

FATHER
13. NAME W. Gray
14. BIRTHPLACE (city or town) (State or country) Summerset Ky.

MOTHER
15. MAIDEN NAME Bertha D. Mulford
16. BIRTHPLACE (city or town) (State or country) Trenton Mo.

17. INFORMANT (Address) W. L. Gray

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 4-8, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 4-30, 1934 E. L. Spahn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1934, to 4-5, 1934
I last saw him alive on 4-5, 1934; death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock | |
| Fall from a truck | |

Other **contributory causes** of importance:

Name of operation none Date of.....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.., 193.
Where did injury occur? 744 Military Drive Coeur d'Alene
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury Fell from a truck
Nature of injury Fell from a truck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Harold J. Sturgis M. D.
(Address) Cda Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88701

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 206

(No. 88?)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward W Guenther

(a) Residence. No. St. Harrison, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Annie C. Guenther

6. DATE OF BIRTH (month, day, and year) 84-7-11

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

FATHER

13. NAME Julius Guenther

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Dorothy —

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Virgil E. Guenther (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Ida Date 3-24, 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Idaho

20. FILED 4-30, 1934. E. L. Spohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to March, 1934. Last saw him alive on March 21, 1934; death is said to have occurred on the date stated above, at 8:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | 1930 |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Nephritis | |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold J Seeger, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur D' Alene,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88702

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 205

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura Romelda Anderson

(a) Residence. No. 421 Indiana Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Anderson

6. DATE OF BIRTH (month, day, and year)
Sept. 3, 1892

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 41 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grand Rapids
(State or country) Minn.

MOTHER FATHER

13. NAME John Mayer

14. BIRTHPLACE (city or town) .....
(State or country) Canada

MOTHER

15. MAIDEN NAME Clara Lauriault

16. BIRTHPLACE (city or town) .....
(State or country) Canada

17. INFORMANT Mrs. Clara Mayer
(Address) Coeur D' Alene, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place St. Thomas Date 4/24., 193 4

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Idaho.

20. FILED 4-30., 193 4 E. L. Spohn M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21 193 4

22. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1933, to 4-21, 1934.
I last saw her alive on 4-21., 1934: death is said to have occurred on the date stated above, at 7.30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Hypostasis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. H. Teed M. D.
(Address) Coeur d Alene Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88703

**PLACE OF DEATH**

County of Kootenai
City of Hayden Lake

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 204

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James N. Morris

(a) Residence. No. (Usual place of abode) St. Hayden Lake Ida.
Length of residence in city or town where death occurred 40 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Della Morris

6. DATE OF BIRTH (month, day, and year) 1873 - 6 - 30

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) April 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER FATHER

13. NAME ——— Morris

14. BIRTHPLACE (city or town) (State or country) Mo.

15. MAIDEN NAME Do not Know

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Leonard Morris

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 4-26 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 4-25, 1934. E. L. Sprohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24 1934

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased from April 24 1934, to April 24 1934

I last saw him alive on April 24 1934; ~~dead~~ death is said to have occurred on the date stated above, at 8-40P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy - | Time Unknown |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis - | 5 years |
| Hypertension | 5 years |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) E. L. Sprohn M.D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 88704

Local Registrar's No. 203

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Freeman Ring

(a) Residence. No. 1409 N. 7th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Martha Ring

6. DATE OF BIRTH (month, day, and year) 1908 - 2 - 15

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 2 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 13 - 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leadville Colo.

FATHER

13. NAME John Ring

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Ida Peterson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Martha Ring

18. BURIAL, CREMATION, OR REMOVAL Ida Forest Place Coeur d'Alene Date 4-24, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address)

20. FILED 4-25, 1934 E. L. Dyson MD
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to Apr 21, 1934

I last saw him alive on Apr 21, 1934, death is said to have occurred on the date stated above, at 8:45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | |

Other contributory causes of importance:

Septic sore throat 1 wk in Jan.
Pleurisy with effusion
Double pneumonia
Multiple abscesses

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Dyson MD, M. D.

(Address) Coeur d'Alene Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 88705

Local Registrar's No. 201

(No. 1014 Fruitland add.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Washington

(a) Residence. No. (Usual place of abode) St. Fruitland add. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | B. | Widower |

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Fannie Washington

6. DATE OF BIRTH (month, day, and year) 1859-12-27

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 77 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pullman

10. Date deceased last worked at this occupation (month and year) Nov. 1923

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Alabama.

FATHER

13. NAME — Washington

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMENT (Address) Mrs M. M. Barton

18. BURIAL, CREMATION, OR REMOVAL Place Forest Coeur d'Alene Date 4-23, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 4-24, 1934 E. L. Brahn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-19- 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on 4-19-, 1934; death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Reed, M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 200

DO NOT WRITE IN THIS SPACE
State File No. 88706

(No. ) 88
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph A. Kay

(a) Residence. No. 328 S 16th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sadie Kay

6. DATE OF BIRTH (month, day, and year) 1859 - 3 - 27

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | 0 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

FATHER

13. NAME Jas. Kay.

14. BIRTHPLACE (city or town) —
(State or country) England

MOTHER

15. MAIDEN NAME — Walker

16. BIRTHPLACE (city or town) —
(State or country) Wales.

17. INFORMENT (Address) C. A. Kay 328 S 16th St.

18. BURIAL, CREMATION, OR REMOVAL Date 4 - 17, 1934
Place Forest Cemetery Coeur d'Alene

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 4 - 17, 1934 E. L. Spokes, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 13 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to April, 1934
I last saw h.. alive on April, 1934, death is said to have occurred on the date stated above, at 12 45 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | not known |

Other contributory causes of importance:

| | |
|---|---|
| Senility | |

Name of operation none Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193.
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Harold D. Stuger M. D.
(Address) Cd'A Idaho

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88707

**PLACE OF DEATH**

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 199

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anthony A. Sage

(a) Residence. No. 223 Foster St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Minerva Sage
6. DATE OF BIRTH (month, day, and year): 1848 1-24
7. AGE: Years 86 | Months 2 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Doctor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): 1924
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Saratoga N.Y.

FATHER
13. NAME: Allan Sage
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): F.H. Babb

18. BURIAL, CREMATION OR REMOVAL: Place Forest Home Coeur d'Alene Ida. Date 4-16, 1934

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED April 17 1934 E.A. Sparks Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-14 1934

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1934 to April 14, 1934.
I last saw him alive on 4/13, 1934; death is said to have occurred on the date stated above, at 12:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Gradual. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Apoplexy. | 4/14/34 |

Name of operation: none Date of: .....
What test confirmed diagnosis? Clinical observation Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C.M. Heuter, M. D.
(Address) Coeur d'Alene Ida.

91
84

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88708

**PLACE OF DEATH**

County of Kootenai

City of Rathdrum

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 197

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Matson

(a) Residence. No. Kootenai County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): 1863-2-3

7. AGE — Years: 71 — Months: 2 — Days: 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Matson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMENT (Address): Anton Olson

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Forest Cemetery Date: 4/6, 1934 Coeur d'Alene

19. UNDERTAKER (Address): Cassedy Funeral Home Rathdrum, Idaho.

20. FILED 4-9-, 1934 E. L. Spohn, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-4 1934

22. I HEREBY CERTIFY, That I attended deceased from February 17 1934, to Apr 4th, 1934

I last saw h.) alive on Apr 3, 1934 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis with decompensation | 4 mo |
| Cardiac failure | |

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. Spohn, M.D.

(Address) Coeur d'Alene Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88709

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 196

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabelle McClarin

(a) Residence. No. 831 - N. 7th St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Archie McClarin

6. DATE OF BIRTH (month, day, and year) 1851-9-6

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 83 | | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario

FATHER
13. NAME L. S. Wing
14. BIRTHPLACE (city or town) (State or country) Vermont -

MOTHER
15. MAIDEN NAME Isabella Forbes
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Rosalie Wing

18. BURIAL, CREMATION, OR REMOVAL Iowa - Place Coeur d'Alene Date 3-19, 1934

19. UNDERTAKER Casady Funeral Homes
(Address) Coeur d'Alene Idaho

20. FILED 4-9-, 1934 E. L. Spoh M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 19 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to Mar 19 1934
I last saw her alive on March 16, 1934; death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 4 days |

Other contributory causes of importance:

| | |
|---|---|
| Old age. | |

Name of operation No. Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Spoh M.D., M. D.
(Address) Coeur d'Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur D' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 8871U

Local Registrar's No. 195

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

107

2. FULL NAME Florence Walls

(a) Residence. No. Sand Point, Idaho St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 13 mos. How long in U. S., if of foreign birth? yrs. 9 mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Walls

6. DATE OF BIRTH (month, day, and year): July 7, ~~XX~~ 1906

7. AGE: Years 27 | Months 7 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): March 1934

11. Total time (years) spent in this occupation: 5

FATHER

12. BIRTHPLACE (city or town) (State or country): England

13. NAME: Castle

MOTHER

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Lakeside Hospital Coeur D' Alene, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Forest Cemetery Date: 4/2, 1934.

19. UNDERTAKER (Address): Mooney Mortuary Coeur D' Alene, Idaho.

20. FILED 4-9-, 1934. E. L. Sporhn, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 30 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934., to March 30, 1934.

I last saw her alive on March 30 1934.; death is said to have occurred on the date stated above, at 3.9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary infarction | |
| Secondary to | |
| Hysterectomy | |

Other contributory causes of importance:

Name of operation: Hysterectomy Date of:

What test confirmed diagnosis: Exam Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Howard J. Sturges, M. D.

(Address) C D A Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8871

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 194

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Farr

(a) Residence. No. 1021 - 1st St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | married |

5a. If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of Jas. F. Farr

6. DATE OF BIRTH (month, day, and year) 1853-9-27

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Huron Co. Ontario

FATHER

13. NAME Alexander McLean

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Christena Dougall

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Glenn Farr 1003 - B - St.

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Ida Date 4-5-1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 4-5-1934 E. L. Spokely, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-3 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1934., to April 3rd, 1934.

I last saw her alive on April 3rd, 1934.; death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 2 weeks Ago |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Organic Heart Disease | ? |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? Physical findings. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Ferd. Kenaw, M. D.

(Address) Coeur d'Alene, Idaho

RECEIVED DEATH 7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88712

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 218

(No. 206)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Mae Craig

(a) Residence. No. 10th & Harrison St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 4-25-1934
7. AGE — Years: 0 Months: 0 Days: 0 If LESS than 1 day, 3 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Coeur d'Alene Ida.

FATHER
13. NAME: Edward R. Craig
14. BIRTHPLACE (city or town) (State or country): N. Dakota

MOTHER
15. MAIDEN NAME: Arscil Innes
16. BIRTHPLACE (city or town) (State or country): N. Dak. State

17. INFORMANT (Address): Edward R. Craig Cda Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Forest Lawn Cda Date: 4-29, 1934
19. UNDERTAKER (Address): Murray Mortuary Cda Ida.
20. FILED 4-30, 1934 E. L. Spathe M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-26 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934, to Death, 193..
I last saw her alive on April 28, 1934: death is said to have occurred on the date stated above, at 10:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Prematurity | Birth |
| Persistant (Enlarged) Thymus | Birth |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: Physical findings Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Roy S. Henson, M. D.
(Address) Coeur d'Alene, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88716

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 10.50 Local Registrar's No. 217

(No. [illegible] Sherman)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [illegible] Swanson

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): 7-7-1872

7. AGE — Years: 61 | Months: 8 | Days: 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lumberman

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Gus Swanson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Richard Swanson, Kenwood, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Forest, Idaho Date: 5-2, 1934

19. UNDERTAKER (Address): Mooney Mortuary

20. FILED 4-30, 1934 E. L. Spoon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-30 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1934, to April 30, 1934.

I last saw h[illegible] alive on April 30 1934 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis — | ? |
| (Dropsy) | |

Other **contributory causes** of importance:

Arteriosclerosis

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Coeur d'Alene, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8871?

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 216

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mike P. Bliss

(a) Residence. No. Kootenai County Hospital St. Harrison Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Do not know
7. AGE: Years 64 | Months - | Days - | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Do not know

FATHER
13. NAME: " " "
14. BIRTHPLACE (city or town) (State or country): " " "

MOTHER
15. MAIDEN NAME: " " "
16. BIRTHPLACE (city or town) (State or country): " " "

17. INFORMANT (Address): Helen Brown - Matron Rathdrum Idaho
18. BURIAL, CREMATION OR REMOVAL
Place. Rathdrum Idaho Date. 5/2, 1934
19. UNDERTAKER (Address): Cassidy Funeral Home Rathdrum Ida
20. FILED 4-30-, 1934. E. L. Sproule M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/25 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar. 17th, 1934., to Apr. 28., 1934.
I last saw him alive on Apr. 28 1934.: death is said to have occurred on the date stated above, at 10:15 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ca of Stomach | Known 7 mo. |
| | Probably 2 yrs. |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. L. Sproule M.D., M. D.
(Address) Coeur d'Alene

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88718

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 215

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Josephine Price

(a) Residence. No. St. Edgemere Idaho (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Thomas Price

6. DATE OF BIRTH (month, day, and year): 8 Jan 3, 1853

7. AGE: Years 79 | Months 3 | Days 19 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oregon

FATHER
13. NAME: [illegible] Long
14. BIRTHPLACE (city or town) (State or country): Do not know

MOTHER
15. MAIDEN NAME: " " "
16. BIRTHPLACE (city or town) (State or country): " " "

17. INFORMENT (Address): L. W. Price Edgemere Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Wash. Date: 4/24, 1934
19. UNDERTAKER (Address): Cassedy Funeral Home Rathdrum Idaho
20. FILED 4-30, 1934 E. L. Strohm M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 22 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to April 22, 1934
I last saw her alive on April 22, 1934; death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malnutrition | Jan. 1933 |
| Senility (Senile dementia) | 2 mos. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation: None Date of
What test confirmed diagnosis? Physical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. F. Hoovey M. D.
(Address) Rathdrum Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8871

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 214

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Moras

(a) Residence. No. (Coeur d'Alene Hospital) St. Spirit Lake Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Amelia Moras

6. DATE OF BIRTH (month, day and year) Feb. 25-1891 2-25-99

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 43 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumber Grader

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1933

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Pinacino Moras

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Don't-Know

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) John Salcatti Spirit Lake Idaho

18. BURIAL, CREMATION OR REMOVAL Place. Spirit Lake Ida. Date 4-26, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Rathdrum Ida

20. FILED 4-30, 1934 E. L. Spokes M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-23 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21-, 1934 to April 23., 1934.
I last saw him alive on April 23 1934.; death is said to have occurred on the date stated above, at 8 ..... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | fall of '33 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Alexander Barclay, M. D.
(Address) Coeur d'Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 6 1945

STATE OF IDAHO )
) ss.
COUNTY OF KOOTENAI.)

I, A. B. NELSON, MANAGER OF THE CASSEDY FUNERAL HOME, RATHDRUM', IDAHO, DO HEREBY CERTIFY THAT ON APRIL 23, 1934, AT SPIRIT LAKE, IDAHO, ONE JOHN NASATO, COMMONLY KNOWN AS "JOHN MORAS" DIED. THAT I REMEMBER THE FRIEND WHO GAVE THE INFORMATION RECORDED IN THE DEATH CERTIFICATE SAID SAID MAN USED THE NAME OF "JOHN MORAS" SINCE HE HAD BEEN IN THIS COUNTRY: THAT IT WAS THE NAME THE LODGE HE BELONGED TO AND WHICH PAID A FUNERAL BENEFIT KNEW HIM AS AND THE FRIEND GAVE IT TO ME AS THE ONE WHICH SHOULD BE USED. THE WIDOW OF THE LATE JOHN NASATO DID NOT MAKE THE ARRANGEMENTS NOR SIGN THE CERTIFICATE OR THE MISTAKE WOULD NOT HAVE BEEN MADE FOR WE LATER LEARNED SHE KNEW THE NAME OF "JOHN MORAS" HAD NOT BEEN LEGALIZED.

FEB 7 1945

I PERSONALLY KNOW THAT JOHN MASATO AND JOHN MORAS WERE THE SAME MAN, AND THAT JOHN MASATO DIED AT SPIRIT LAKE, IDAHO, APRIL 23, 1934, AND WAS BURIED IN GREENWOOD CEMETERY, SPIRIT LAKE, IDAHO, APRIL 26, 1934, AND THAT SAID JOHN MASATO WAS THE HUSBAND OR AMELIA MORAS.

I FILE THIS AFFIDAVIT TO CORRECT THE NAME AS IT APPEARS ON THE DEATH CERTIFICATE AS "JOHN MORAS", AND HEREBY CERTIFY IT SHOULD APPEAR AS "JOHN NASATO".

A. B. Nelson

Subscribed and sworn to before me this 3rd day of February, 1945

[signature]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Kootenai

City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 88720

Local Registrar's No. 213

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels C. Ware

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Do not know

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Railroad Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) " " "

MOTHER

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address) F. F. Horning Rathdrum, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Minn. Minneapolis, Date 4/21, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Rathdrum, Idaho.

20. FILED 4-30, 1934 E. L. Spohn MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934, to Apr. 19, 1934

I last saw h[illegible] alive on Apr 19, 1934; death is said to have occurred on the date stated above, at 2 45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ? |
| Other contributory causes of importance: | |
| Fecal impaction | 24 hrs. |
| Cold-Bronchitis | 2 weeks. |

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) F. F. Horning, M. D.

(Address) Rathdrum Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

DO NOT WRITE IN THIS SPACE

State File No. 88721

Registration District No. 30

Primary Registration District No. 10 50 Local Registrar's No. 212

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian H. Engen

(a) Residence. No. 507 Foster Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth 50 yrs. mos. ds.

44

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Addie

6. DATE OF BIRTH (month, day, and year): 2-26 1865

7. AGE — Years: 69 | Months: 1 | Days: 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Merchant & Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER

13. NAME Halvor Engum

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME Lena Veelo

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Mrs. Esther Engen Sullivan Coeur d'Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Forest Lawn Cem. Date 4-26 1934

19. UNDERTAKER (Address): Mary Mortuary Coeur d'Alene

20. FILED 4-30, 1934 E. L. Sportsman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15 1934, to April 24 1934.

I last saw him alive on April 24 1934: death is said to have occurred on the date stated above, at 10:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ca of Stomach | Probably 18 mo. |
| | |
| | |
| | |

Other **contributory causes** of importance:

Generalized Abdominal Ca.

Name of operation none Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. H. Stockwell, M. D.

(Address) Coeur d'Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88722

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 211
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Hanson

(a) Residence. No. County County Hospital St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 79 — Months: — Days: — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Do not know
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Do not know

FATHER

13. NAME: " " "
14. BIRTHPLACE (city or town) (State or country): " " "

MOTHER

15. MAIDEN NAME: " " "
16. BIRTHPLACE (city or town) (State or country): " " "

17. INFORMENT (Address): Mrs. Helen Brown, Matron Rathdrum, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Cem / Date 4/23 Rathdrum, 1934
19. UNDERTAKER: Cassedy Funeral Home (Address) Rathdrum, Idaho.
20. FILED 4-30, 1934 E. L. Spahn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/20 193

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934, to April 20, 1934
I last saw h.l.m alive on April 17, 1934: death is said to have occurred on the date stated above, at 1:45 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 30 min |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | Years |
| Hypertension | Years |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Spahn, M. D.
(Address) Rathdrum

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88723

**PLACE OF DEATH**
County of Kootenai
City of Cda

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 210
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sophia Schmidt

(a) Residence. No. 1219 B. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A Schmidt (deceased)
6. DATE OF BIRTH (month, day, and year): March 19, 1851
7. AGE: Years 83 | Months 0 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Thos Sidler
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Mrs. Ida Coy Lewiston Ida
18. BURIAL, CREMATION, OR REMOVAL
Place. Forest Cemetery Date. 4-12, 1934
19. UNDERTAKER (Address): Mahoney Mortuary Coeur d'Alene
20. FILED 4-20, 1934 E. L. Sphon MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-9 1934
22. I HEREBY CERTIFY, That I attended deceased from did not see, 193...., to ....., 193....
I last saw her alive on 4-9..., 1934: death is said to have occurred on the date stated above, at 9 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. NO If so, specify.....
(Signed) ..... E. H. Reed, M. D.
(Address) Coeur d'Alene Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DECEMBER MAY

Kootenai

# PLACE OF DEATH

County of

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 209

Benson

DO NOT WRITE IN THIS SPACE

State File No. 88724

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Laura J. Thomas. 90

(a) Residence. No. 326 Forest Drive St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore

6. DATE OF BIRTH (month, day, and year): 6-1-1853

7. AGE: Years 80 | Months 10 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Red Wing Minn.

MOTHER FATHER

13. NAME: Henry Eckes

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Emily Randall

16. BIRTHPLACE (city or town) (State or country): Wis.

17. INFORMANT (Address): Mrs. C. E. Chantry Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL
Place: Forest Lawn Cem. Date: 4-11 1934

19. UNDERTAKER (Address): Mooney Mortuary Coeur d'Alene

20. FILED 4-30 1934 E. L. Sperry M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-9 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1934., to Mar 29th, 1934.
I last saw her alive on Mar 29th, 1934.: death is said to have occurred on the date stated above, at 8:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Organic Heart Disease | 1914 |
| Arteriosclerosis | — |

Other **contributory causes** of importance:

| | |
|---|---|
| Bronchial Pneumonia | 3/15/1934 |

Name of operation: None Date of:
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ferd Henneberry M. D.
(Address) Coeur d'Alene Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8872.5

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 208

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Bailey Stewart

(a) Residence. No. 404 Walnut St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed or divorced, HUSBAND of (or) ~~WIFE~~ of Luby M. Stewart

6. DATE OF BIRTH (month, day, and year) 1865 - 4 - 30

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 68 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME Henry Stewart

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Elizabeth Oxley

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT (Address) Lillie M. Stuart Forest

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 4 - 10, 1934

19. UNDERTAKER (Address) Cassidy Funeral Home Coeur d'Alene Ida.

20. FILED 4 - 30, 1934 E. L. Brohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4 - 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1934, to Apr 7, 1934.
I last saw him alive on apr 7, 1934; death is said to have occurred on the date stated above, at 8.30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Failure | 10 days |
| Decompensation | 2 years |
| Myocarditis | years |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) E. L. Brohn M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ... 19...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8872o

**PLACE OF DEATH**

County of Kootenai

City of Spirit Lake

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 2

(No. Spirit Lake, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert S. Mason

(a) Residence. No. Spirit Lake, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lucy Mason

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 76 | 4 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bedford, Iowa.

FATHER

13. NAME James Mason

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Margaret (not obt)

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMENT (Address) Mrs. Lucy Mason. Spirit Lake, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Date 3-31, 1934

19. UNDERTAKER Smith Funeral Home (Address) 1124 W. Riverside Ave.

20. FILED Mar 30, 1934 A C Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1934, to Mar. 27, 1934

I last saw him alive on Mar. 27, 1934; death is said to have occurred on the date stated above, at 8 45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1) Cerebral Hemorrhage (Right) | 3/26/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

arteriosclerosis
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Lahiri, M. D.

(Address) Spirit Lake, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8872

**PLACE OF DEATH**
County of Latah
City of Deary
Registration District No. 64
Primary Registration District No. 2144
(No. )
Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

164

**2. FULL NAME** Clara F. Hinman

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Maurice Hinman

6 DATE OF BIRTH (month, day and year) May 25 - 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 11 | ~~28~~ | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Minn.

PARENTS
10 NAME OF FATHER Lawson H.H. Rice
11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont
12 MAIDEN NAME OF MOTHER Susan Rice
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 Informant Eva Jaunsch
(Address) Deary Ida

15 Filed May 4, 1934 Lucy M Pickerd
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May. (Month) 30 (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1934, to May 3, 1934, that I last saw her alive on May 30, 1934, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:
Senility
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Chas A. Mayer M. D.
May 30, 1934 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Avon Ida | May 6 1934 |
| 20. Undertaker John J. Pickerd. | Address Troy Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88726

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar D. Kellom

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Effie Kellom

6. DATE OF BIRTH (month, day, and year) August 9 1868

7. AGE: Years 62 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ills.

MOTHER / FATHER

13. NAME Geo W Kellom
14. BIRTHPLACE (city or town) (State or country) New York
15. MAIDEN NAME Anna Burrows
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Mrs Effie Kellom

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date April 22 1934

19. UNDERTAKER (Address) John J. Pickard Troy Ida

20. FILED April 20 1934 Lucy M. Pickard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1934 to April 19, 1934

I last saw him alive on April 15 1934; death is said to have occurred on the date stated above, at 6:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. A. Meyer M. D.

(Address) Troy Idaho

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88723

**PLACE OF DEATH**

County of Latah
City of Troy
Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No. )

2. FULL NAME Christena Youngberg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced (or) WIFE of John Youngberg

6. DATE OF BIRTH (month, day and year) July 2 - 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House wife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Olaf Olson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Marie Ericksou
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Lena Olson (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place West Dala Date Apr. 30 1934

19. UNDERTAKER John J. Pickerd (Address)

20. FILED April 30 1934 Lucy M. Pickerd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Apr (day) 28 (year) 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1934, to Apr 28, 1934.
I last saw h[illegible] alive on Apr 27, 1934; death is said to have occurred on the date stated above, at 5.4 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Geo. C. Mayer, M. D.
(Address) Troy Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 88736

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guy Wardwell Tibbett

1887

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20:1920

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 13 | 10 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harvard
(State or country) Idaho

FATHER

13. NAME Richard G. Tibbett

14. BIRTHPLACE (city or town) Manistee
(State or country) Mich

MOTHER

15. MAIDEN NAME Lillian Coffman

16. BIRTHPLACE (city or town) Elkton
(State or country) Vt.

17. INFORMENT Lillian Tibbett
(Address) Palouse Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Idaho Date April 20 1934

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED April 18th, 1934 J. W. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally Killed. | |
| by Log rolling over him. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 17 1934

Where did injury occur? Potlatch Latah Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Log rolling on top of him

Nature of injury Crushed injuries internal

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. W. Thompson, M. D.

(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

RECEIVED MAY 10 1934

DO NOT WRITE IN THIS SPACE
State File No. 8873

County of Latah
City of Onaway
Registration District No. 65
Primary Registration District No. 2146
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Jane Cone

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Cone

6. DATE OF BIRTH (month, day, and year) Nov, 11; 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Nov. 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Mayville Iowa

FATHER

13. NAME A. A. Jones

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Tibiah Evans

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) John Cone Onaway Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Idaho Date May 4, 1934

19. UNDERTAKER D. D. Kimball (Address) Palouse Wash.

20. FILED May 3rd, 1934 D. J. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to March 4, 1934
I last saw her alive on March 4, 1934; death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | |
| Cardio Vascular Renal disease | |
| Termin of Bronchopneumonia | |

Other contributory causes of importance:
arthritis
Cardiac decompensation

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. C. Wilson, M. D.
(Address) Moscow, Ida

RECEIVED MAY 10 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 88732

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Bell E Murphy

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of T. M. Murphy

6. DATE OF BIRTH (month, day, and year) Jan, 5; 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 3 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) April 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Neola
(State or country) Iowa

FATHER

13. NAME Henry Ribbon

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Clough

16. BIRTHPLACE (city or town) Wales
(State or country)

17. INFORMENT T. M. Murphy
(Address) Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Wash Date May 6, 1934

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED April 5th, 1934 J. W. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...

I last saw h... alive on —, 193...: death is said to have occurred on the date stated above, at 415 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Died suddenly | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Influenza | April 22nd |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88735

Registration District No. 61

Primary Registration District No. 10 11 Local Registrar's No. 28

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James White

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 60 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate White

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 80 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Raharney (State or country) Ireland

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Ennis

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT Mrs. James White (Address) ########## Moscow

18. BURIAL, CREMATION OR REMOVAL

Place. ### Moscow Date 4/4, 1934

19. UNDERTAKER E. R. Stark (Address) .....

20. FILED 5/2/34 1934 Harry Osborne Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/2/34 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| Senility | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic interstitial nephritis | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) C. Cranahan M. D.

(Address) Moscow Ida.

RECEIVED MAY 7 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88736

Registration District No. 6 1

Primary Registration District No. 1011 Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

35

2. FULL NAME Cle Ctness

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Ctness

6. DATE OF BIRTH (month, day, and year)
Feb. 18, 1860

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 20 years ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Norway

FATHER

13. NAME Cle Ctness

14. BIRTHPLACE (city or town) ..... (State or country) Norway

MOTHER

15. MAIDEN NAME Guri Ctness

16. BIRTHPLACE (city or town) ..... (State or country) Norway

17. INFORMANT Fred Ctness
(Address) Moscow, Ida.

18. BURIAL, ##########VAL
Place Moscow Date 4/3, 1934

19. UNDERTAKER E. R. Short
(Address) Moscow

20. FILED 5/2, 1934 J. Sarpsnes Jr.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/2 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Apr. 2, 1934, I last saw alive on April 1, 1934: death is said to have occurred on the date stated above, at 4:30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis of Hip | |
| and Spine | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cardio arterial | |
| Sclerosis | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify .....

(Signed) E. Thompson, M. D.
(Address) Moscow Idaho

MAY 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88737

**PLACE OF DEATH**

County of Latah
City of Moscow (rural)

Registration District No. 6 1
Primary Registration District No. 1 0 1 1 Local Registrar's No. 3 0

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jones James Headrick

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis Headrick

6. DATE OF BIRTH (month, day, and year)
Dec. 12, 1859

7. AGE: Years 74 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) Apr. '34
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Monroe, Co. (State or country) Kentucky

FATHER
13. NAME Andrew Jackson Headrick
14. BIRTHPLACE (city or town) ..... (State or country) Tenn.

MOTHER
15. MAIDEN NAME Nancy Dorothy Daniels
16. BIRTHPLACE (city or town) ..... (State or country) Kentucky

17. INFORMANT Ralph A. Headrick (Address) Gresham, Oregon

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place ... Spokane, Wash. Date Apr. 12, 193 4

19. UNDERTAKER F. R. Hart (Address) .....

20. FILED 5/2/34, 193... [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 9, 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patient dead when I arrived. | |
| Probably Coronary disease | |

Other **contributory causes** of importance:

Name of operation V Date of .....
What test confirmed diagnosis? V. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Doyle M. Lively M. D.
(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88738

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda Stellman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? 66 yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Stellman

6. DATE OF BIRTH (month, day, and year): Sept. 22, 1856

7. AGE — Years: 77 | Months: 6 | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Lambrecht

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. Joseph Hennen, Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL
Place: Salem, Oregon Date: 4/16, 1934

19. UNDERTAKER: W. R. Ghrist
(Address) Moscow

20. FILED: 5/2, 1934 Harry Thornock
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1934, to 3-26, 1934.

I last saw her alive on 3-26, 1934. death is said to have occurred on the date stated above, at 11:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | 3-25-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph C. Wilson, M. D.

(Address) Moscow, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED BY [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88739

**PLACE OF DEATH**

County of Latah
City of Moscow, (rural)

Registration District No. 61
Primary Registration District No. 1911 Local Registrar's No. 302
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Alvin Barnett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche Barnett

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Truck Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 4/1/93

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Morristown, Minn.

FATHER

13. NAME Alvin G. Barnett

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary Shangenburg

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Fred Barnett
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 4/19 193 4

19. UNDERTAKER [illegible] F. R. Short
(Address) [illegible] Moscow

20. FILED 5/2 193 4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/16 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | |
| Toxic dust | |
| in field | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) F. R. Short M. D.
(Address) Moscow

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88740

Registration District No. 6 1

Primary Registration District No. 1 0 1 1 Local Registrar's No. 3 3

(No. Latah County Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Brown

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Not known

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| about 83 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1920

11. Total time (years) spent in this occupation 50 yr.

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Not known " "

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Latah County Records Moscow, Idaho

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Moscow Date 4/19, 193 4

19. UNDERTAKER H. A. Short (Address) Moscow

20. FILED 5/2/34 193... Harry Embree Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Did not see this man before he died- was found dead in bed. | |
| Other **contributory causes** of importance: | |
| Had Syphilis with aftereffect joints | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Doyle M. Lyeth, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88741

Registration District No. 6-1

Primary Registration District No. 1011 Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Crawford Whitmore

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecil H. Whitmore

6. DATE OF BIRTH (month, day, and year): Jan. 6, 1859

7. AGE — Years: 75 | Months: 3 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: at home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Bronson Mich.

FATHER

13. NAME: Levi Crawford

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Melissa Collins

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT (Address): Lena Whitmore Moscow, Idaho

18. BURIAL, [redacted] Place: Moscow Date: 4/22, 1934

19. UNDERTAKER (Address): W. R. Shoup Moscow

20. FILED 5-2, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to Apr. 19, 1934

I last saw her alive on Apr. 19, 1934; death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | |
| Obesity | |
| | |

Name of operation: None Date of: .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was ~~disease~~ or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Cameron, M. D.

(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8874Z

## PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 6 1

Primary Registration District No. 1 0 1 1

Local Registrar's No. 3 5

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernt Nielsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 51 yrs. ... mos.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Nielsen

6. DATE OF BIRTH (month, day, and year)
Feb. 25, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 73 | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Bandmaster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** with R.C.T.C. at U. of I.

10. Date deceased last worked at this occupation (mo. and yr.) 4/34

11. Total time (years) spent in this occupation 16yrs.

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Bessie Nielsen
(Address) Moscow

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 4/29, 1934

19. UNDERTAKER H. R. Short
(Address)

20. FILED 5/2, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/27/34

22. I HEREBY CERTIFY, That I attended deceased fr 4/27/34, 193..., to 4/27/34, 193.
I last saw him alive on 4/24/34, death is s
to have occurred on the date stated above, at 2 P. m
The **principal cause of death** and related causes of imp
tance were as follows:

| | Date of on |
|---|---|
| Acute Coronary Occlusion | 4/27/34 |

Other **contributory causes** of importance:

Name of operation ..... Date of ....
What test confirmed diagnosis? .... Was there an autops

23. If death was due to exter'l causes **(violence)** fill in the following:
Accident, suicide, or homicide? ..... Date of injury ...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occup of deceased? ..... If so, specify .....

(Signed) Doyle M. Evelyn, M.D.
(Address) Moscow, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88743

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey R. Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alton Smith

6. DATE OF BIRTH (month, day, and year): Feb. 7, 1853

7. AGE: Years 81 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lawyer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 3/34

11. Total time (years) spent in this occupation: 41yrs.

12. BIRTHPLACE (city or town) (State or country): Whitewater Wis.

FATHER

13. NAME: Lyman Smith

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Mary Wood

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT (Address): Mrs. H.R. Smith Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Moscow Date: 4/29, 1934

19. UNDERTAKER (Address): H.R. Short Moscow

20. FILED 5-2, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1934, to April 27, 1934.
I last saw him alive on April 24, 1934.: death is said to have occurred on the date stated above, at 7:30 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cont. myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of: .....
What test confirmed diagnosis: Clinical only. Was there an autopsy?: .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) C. Cumbow, M. D.
(Address) Moscow Idaho.

RECEIVED MAY

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88744

Registration District No. 61

Primary Registration District No. 101 Local Registrar's No. 31

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Winfield Scott Ross

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Jane King Ross

6. DATE OF BIRTH (month, day, and year) Sept. 12, 1854

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boone County Ky.

FATHER

13. NAME William A. Ross

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Mahalia Madison

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Precious Berger
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place... Moscow ..... Date 5/2..., 193.4

19. UNDERTAKER H. C. Shope
(Address) Viola

20. FILED 5-2..., 193.4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/30 193 4

22. I HEREBY CERTIFY, That I attended deceased from 4/29/28..., 193...., to 4/30/34, 193....
I last saw him alive on 4/30/34...: death is said to have occurred on the date stated above, at 10.30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 4/27/34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Mass in chest
Carcinoma Possible
Malignancy

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Doyle M. Suhr M. D.
(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 25 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88746

PLACE OF DEATH
County of Latah
City of Genesee
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

205-122

2. FULL NAME Stella Maude Edwards

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred: 12 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of R. L. Edwards

6. DATE OF BIRTH (month, day, and year) June 25, 1892

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 41 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mossley, Ontario Canada

FATHER

13. NAME E. A. Dafoe

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) R. L. Edwards Genesee, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Genesee, Idaho Date 4/9/34, 193..

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED 4/11/20., 1934 E. H. Field Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/6/33, 193..., to 4/7/34, 193...
I last saw her alive on 3/15/34, 193...: death is said to have occurred on the date stated above, at 12 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Von Recklinghausen disease | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Doyle M. Lochridge M. D.
(Address) Moscow Idaho

OVER.

FORM No. A-26 1-19.

RECEIVED

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 49
Primary Registration District No. 2127
(No. ..... St.)

State File No. 8875
Local Registrar's No. .....

1. PLACE OF DEATH
County of Lewis
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leona Mae Davis

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Baby

6. DATE OF BIRTH: Nov (Month) 16 (Day) 99 (Year)

7. AGE: 1 Yrs. 3 Mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Kamiah

10. NAME OF Father: James A Davis

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Daisy Conrad

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stella Brooks
(Address) Kamiah Ida

15.
Filed 4-13 1934 Nell Robertson
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 8 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/1 1934 to about 19....,
that I last saw her alive on 2/28 1934,
and that death occurred on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(Duration) ..... yrs. ..... mos. 28 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. B. Bryan M. D.
2/28/1934 (Address) Kamiah Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah
DATE OF BURIAL: Mar 2 1934

20. UNDERTAKER: Kamiah Funeral Home
ADDRESS: Kamiah Ida

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 2 1934

STATE OF _____

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88754

**PLACE OF DEATH**

County of Lewis

City of Nezperce Idaho

Registration District No. 47

Primary Registration District No. _____ Local Registrar's No. 188

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Leona Georgia Lampoltshamer

(a) Residence. No. _____ St. _____

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| female | white | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|---|---|---|---|
| X | X 2 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer

9. BIRTHPLACE (city or town) Nezperce Idaho
(State or country) Born

PARENTS

10. NAME OF FATHER Frank X Lampoltshamer

11. BIRTHPLACE OF FATHER (city or town) X Landshut
(State or Country) X Germany

12. MAIDEN NAME OF MOTHER X Theresa Fuchs

13. BIRTHPLACE OF MOTHER (city or town) X Spokane
(State or County) X Wash

14. Informant X Mrs Frank Lampoltshamer
(Address) X Nezperce Idaho

15. Filed Apr 28, 1934 Albert Huff Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH X March (Month) 7 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to Mar. 7, 1934

that I last saw her alive on Mar. 7, 1934

and that death occurred, on the date stated above, at 6.30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

_____ (duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (Secondary) Pertussis

_____ (duration) _____ yrs. _____ mos. 16 ds.

18. Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? _____ Date of no

Was there an autopsy? _____

What test confirmed diagnosis? none

(Signed) Dr. H. Cooper, M. D.

4/28, 1934 (Address) Nezperce Ida

19. Place of Burial, Cremation, or Removal: Catholic Cemetery — Date of Burial: Mar 9 1934

20. Undertaker: Albert Huff — Address: Nezperce Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2013

DO NOT WRITE IN THIS SPACE

State File No. 88755

Local Registrar's No. 13

(No. 49)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tea Ea. Helfewell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary A. Burnard Helfewell

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 9 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agriculturist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dec 10th 1933

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Robert Helfewell

14. BIRTHPLACE (city or town) (State or country) Sheffield England

MOTHER

15. MAIDEN NAME Elizabeth Tyssen

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMENT (Address) Mary A. Helfewell Paul

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Date 3-15, 1934

19. UNDERTAKER (Address) Cox & Tanner Burley Idaho

20. FILED 3-22, 1934 H. E. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934, to March 10, 1934

I last saw him alive on March 10, 1934; death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Prostate & Bladder | 1932 |
| | |
| | |
| Other contributory causes of importance: | |
| Carcinoma Pt Lungs | 1934 |

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Charles B. Baymer, M. D.

(Address) Burley - Ida

RECEIVED [illegible] 1934 Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg #3.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88756

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Neville

(a) Residence. No. Rexburg #3. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Infant. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 20-1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| X | X | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg #3. Ida.

MOTHER FATHER

13. NAME Edmond Otto Neville

14. BIRTHPLACE (city or town) (State or country) Bancroft Utah

15. MAIDEN NAME Gladis McCracken

16. BIRTHPLACE (city or town) (State or country) Hayden Ida.

17. INFORMANT (Address) G. H. Neville Rexburg #3.

18. BURIAL, CREMATION OR REMOVAL
Place Burton, Ida. Date April 29 1934

19. UNDERTAKER (Address) Boyd F. Kellam Rexburg Ida.

20. FILED 5-7-, 1934 H. C. Young Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-29 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934., to Ap. 4-29-, 1934.
I last saw him alive on 4-29...., 1934. death is said to have occurred on the date stated above, at 2. a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia (Bilateral) | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. B. Bagley, M. D.
(Address) Rexburg

RECEIVED MAY 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88757

**PLACE OF DEATH**
County of Madison
City of Thornton

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 22

(No. 140)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tilden Guy Reid.

(a) Residence. No. Thornton Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Infant.

6. DATE OF BIRTH (month, day, and year) April 9-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| X | X | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett, Ida.
(State or country)

FATHER
13. NAME Guy Reid.
14. BIRTHPLACE (city or town) Lyman
(State or country) Ida.

MOTHER
15. MAIDEN NAME Nettie, Villian
16. BIRTHPLACE (city or town) Rigby Ida
(State or country)

17. INFORMENT (Address) Guy Reid Thornton Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Archer, Ida. Date April 12 1934

19. UNDERTAKER Wm. L. Nelson
(Address) Rexburg, Ida

20. FILED 5-7-, 1934 J Ryanning
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 12 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to April 12, 1934
I last saw h... alive on April 12, 1934; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | |
| Instrumental Delivery | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. R. Ryan, M. D.
(Address) Rexburg

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 19 1934 Southerland

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88758

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Smith Beesley

(a) Residence. No. 9 Rexburg Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Ann Andrews

6. DATE OF BIRTH (month, day, and year) Feb. 23 - 1844.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 90 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.) 1909

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whitewater Franklin County, Ind.

FATHER

13. NAME John Beesley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Mary Smith
(Address) Rexburg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Provo Utah Date ..., 193..

19. UNDERTAKER Nuttall & Mills
(Address) Rexburg Idaho

20. FILED 5-7-, 1934 M Young
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20., 1934, to Apr. 28., 1934.
I last saw him alive on Apr. 28 1934; death is said to have occurred on the date stated above, at 11. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock due to a fall | Apr. 20, 34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ... 193.
Where did injury occur? Rexburg Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ... home
Manner of injury Fell from beef
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) J. H. Southerland M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1934

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88759

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 24

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glen Tom Watts

(a) Residence. No. ..... St. 100 W

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER

13. NAME Moses Watts

14. BIRTHPLACE (city or town) (State or country) Burton Idaho

MOTHER

15. MAIDEN NAME Edna Elnora Byrne

16. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

17. INFORMANT (Address) Moses Watts Rexburg Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Rexburg Date Apr 28 1934

19. UNDERTAKER (Address) Wade Lake of Parker

20. FILED May 7, 1934 J. R. Young Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1934, to Apr 27, 1934.

I last saw him alive on Apr 27, 1934; death is said to have occurred on the date stated above, at 11:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | 4-14-34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg Idaho

RECEIVED AY 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88760

PLACE OF DEATH
County of Madison
City of Salem Ida.

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 23

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester Loveland

(a) Residence. No. Salem, Ida. (Usual place of abode) Rexburg Rt 2 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lily Roberts Loveland

6. DATE OF BIRTH (month, day, and year) April 9 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | X | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Himself

10. Date deceased last worked at this occupation (month and year) 1933.

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Bonniefal Mah

FATHER

13. NAME Joel Loveland.

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Manda Simmons

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Chester Loveland Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Date Apr 21 1934

19. UNDERTAKER Wm. J. Fuller (Address) Rexburg Idaho.

20. FILED 5-7-, 1934 J. R. Young Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to April 17, 1934

I last saw h alive on April 17, 1934; death is said to have occurred on the date stated above, at 7.10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| (Decompensation | |
| (Anasarca | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Gigy, M. D.

(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88761

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 21

(No. ) 704
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Rogers.

(a) Residence. No. Rexburg, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of W. L. Rogers.

6. DATE OF BIRTH (month, day, and year) Feb. 5-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 2 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emporia Mo.

FATHER

13. NAME Henry Fish

14. BIRTHPLACE (city or town) (State or country) Caswell Mo.

MOTHER

15. MAIDEN NAME Eliza Hathaway.

16. BIRTHPLACE (city or town) (State or country) Caswell Mo.

17. INFORMENT (Address) W. L. Rogers Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake, Utah Date Apr. 19, 1934

19. UNDERTAKER (Address) Geo. J. Kelly Rexburg, Ida.

20. FILED 5-7-, 1934 J. R. Young Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ——, 193—, to ——, 193—

I last saw h— alive on ——, 193—: death is said to have occurred on the date stated above, at 11:P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dead When I arrived. | |
| Chronic Myocarditis | |
| Probable Coronary Embolism. | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. D. Kingsley, M. D.

(Address) Rexburg.

RECEIVED MAY 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88762

PLACE OF DEATH
County of Madison
City of Rexburg
Registration District No. 100
Primary Registration District No. 2170
Local Registrar's No. 20

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joyce Colleen Haws

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 6 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Dale Ida
(State or country)

FATHER

13. NAME Raymond Haws

14. BIRTHPLACE (city or town) Teton Ida
(State or country)

MOTHER

15. MAIDEN NAME Mary Olyve Dodson

16. BIRTHPLACE (city or town) S. Dakota
(State or country)

17. INFORMANT Ray Haws
(Address) New Dale

18. BURIAL, CREMATION, OR REMOVAL
Place New Dale Ida Date 4-13, 1934

19. UNDERTAKER H. M. Hargreaves
(Address) St Anthony

20. FILED 5-7, 1934 J Bywater
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to April 10, 1934
I last saw her alive on April 10, 1934; death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Edema of Brain, Extending from Spinous, Extending to brain | |
| (2.) | |

Other contributory causes of importance:
Measles, 10 days previous

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. B. Hagley, M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88765

**PLACE OF DEATH**
County of Madison
City of Rexburg Ida

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels H. Hallstrom

97

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 2-1853.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 80. | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Coal Retailer

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Hans Pearson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Hanna Nelson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Hallstrom, Rexburg, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date April 9, 1934

19. UNDERTAKER (Address) Wayne Tilley Rexburg Ida.

20. FILED 5-7-, 1934 J Rasmussen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1934, to Apr 6, 1934

I last saw him alive on Apr 6, 1934; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Apr | 2-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Uremia | Apr. 4-34 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg Idaho

RECEIVED MAY 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88764

**PLACE OF DEATH**

County of Madison

City of Rexburg #2.

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME William Edwin Hope.

(a) Residence. No. Rexburg #2. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Lucy Jane Higley Hope

6. DATE OF BIRTH (month, day, and year) June 10th 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME James Hope

14. BIRTHPLACE (city or town) (State or country) Lancs England.

MOTHER

15. MAIDEN NAME Martha Goldsmith

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Hyrum A. Hope. Rexburg #2.

18. BURIAL, CREMATION, OR REMOVAL Place Fullerton Cem. Date April 9. 1934

19. UNDERTAKER Wilson J. Fuller
(Address) Rexburg Ida.

20. FILED 5-7-, 1934 J. Rexburg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to April 6, 1934

I last saw him alive on March 28, 1934; death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio vascular renal disease | 2 years |
| Other contributory causes of importance: Gangrene of left leg from obliterated artery | 1 mo |

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ....., 193

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Tom F. Fuchs, M. D.

(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 88760

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 19
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Sid R Saunders

(a) Residence. No. Burley St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 15 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 72 | 4 | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) J C Gaskill Burley, Ida.

15. Filed 5-8, 1934 J. E. Ellsmore Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH April (Month) 16 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
3-28, 1934, to 4-16, 1934
that I last saw him alive on 4-15, 1934
and that death occurred, on the date stated above, at 7½ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Valv. H.t disease About 15 yrs
mitral Insufficiency
Arterio Sclerosis
about (duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ch. Bright's
Dis about (duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Edwin Frazier M. D.
19 (Address) Burley, Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| Burley Ida | |
| 20. Undertaker D E Johnson | Address Burley Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8876

**PLACE OF DEATH**
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
(No. Rupert General Hospital)
Local Registrar's No. 18
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Vondersheldt

(a) Residence. No. Rupert Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred Ferne Vondersheldt

6 DATE OF BIRTH (month, day and year) Nov. 18. 1892

| 7 AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 41 | 4 | 25 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Shelby, Nebr.

PARENTS

10 NAME OF FATHER Harley Vondersheldt
11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa
12 MAIDEN NAME OF MOTHER Ida
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Champlain Illinois

14 Informant Nora Lewis
(Address) 1016 - 6th St. Rupert, Ida.

15 Filed 4-16, 1934 E. H. Elmore Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 13. (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to Apr. 13, 1934, that I last saw him alive on Apr 13, 1934 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:
Head injury
Kicked by horse
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Fayre A. Kenagy, M. D.
Apr 16, 1934 (Address) Rupert

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| | |

| 20. Undertaker | Address |
|---|---|
| W. O. Goodmanson | Rupert Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88768

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Mary J Jones

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 20 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Edwin R Miles
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Jane R Wakefield
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs Chas Jones Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dayton Utah Date , 193

19. UNDERTAKER W A Goodsmen
(Address)

20. FILED 4-11, 1934 C W Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to April 7, 1934
I last saw her alive on April 7, 1934; death is said to have occurred on the date stated above, at 4½ P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia from Infected Mediastinal Glands | 3 months |
| | |
| | |
| | |
| Other contributory causes of importance: Carcinoma of thyroid Gland | 2 yrs |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C W Elmore, M. D.
(Address) Rupert, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

E

DO NOT WRITE IN THIS SPACE
State File No. 88769

Local Registrar's No. 21

## PLACE OF DEATH

County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Alice Ann Simpson

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow of John J Simpson

6 DATE OF BIRTH (month, day and year) Jan 11 - 1881

7 AGE: Years 53 | Months 3 | Days 6 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Ranch
(c) Name of employer

9 BIRTHPLACE (city or town) Star Valley
(State or country) Wyoming

PARENTS

10 NAME OF FATHER G M Murphy
11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia
12 MAIDEN NAME OF MOTHER Alice Simmons
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Utah

14 Informant Mrs Alta Lindsey
(Address)

15 Filed 5-8-, 1934 E A Elmore
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr (Month) 17 (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1934, to April 17, 1934, that I last saw her alive on April 17, 1934, and that death occurred, on the date stated above, at 4 [illegible] m.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) E A Elmore, M. D.
Apr. 19, 1934 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rupert Cemetery | Apr 21 1934 |
| 20. Undertaker W. G. Gardman | Address Rupert Idaho |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 14 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88770

PLACE OF DEATH
County of Minidoka
City of Paul

Registration District No. 19
Primary Registration District No. 2015
(No. ....)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME MacClellan Brown

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

| 7 AGE Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|
| 70 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ....
(c) Name of employer: ....

9 BIRTHPLACE (city or town) (State or country): Indiana

PARENTS

10 NAME OF FATHER: George L Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Indiana

12 MAIDEN NAME OF MOTHER: Caroline Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14 Informant: Walter G Brown
(Address): Paul Idaho

15 Filed 5-8, 1934 E. H. Elmore
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 27 (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1934, to April 22, 1934, that I last saw ~~him~~ alive on April 22, 1934, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? .... Date of ....

Was there an autopsy? ....

What test confirmed diagnosis? ....

(Signed) E. H. Elmore M. D.

5-8, 1934 (Address) Rupert Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Paul Cemetery | Apr 25 1934 |
| 20 Undertaker | Address |
| W. A. Goodman | Rupert Idaho |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Emmerson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8871

Registration District No. 19

Primary Registration District No. 2016 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

124

2. FULL NAME Liana Joey Jeffs

(a) Residence. No. Emmerson St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25 1928

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 3 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmerson Idaho

FATHER

13. NAME Geo. D. Jeffs

14. BIRTHPLACE (city or town) (State or country) Oakley Idaho

MOTHER

15. MAIDEN NAME Clara Crofts

16. BIRTHPLACE (city or town) (State or country) Basalt Idaho

17. INFORMANT (Address) Geo. D. Jeffs Emmerson Ida

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Ida Date 5/1, 1934

19. UNDERTAKER Johnson Mortuary
(Address) Jerry McCulloch Ellsmore

20. FILED 4/30, 1934 C. A. Ellsmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/29 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 193..., to Apr. 29, 1934.

I last saw h alive on Apr. 29, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Peritonitis | Apr. 27th |
| | |

Other **contributory causes** of importance:
Inflamation Infected condition of combile duct 2 wks
Acute jaundice

Name of operation ..... Date of .....

What test confirmed diagnosis? Autop Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in a **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. A. Cutler M. D.

(Address) Heyburn Ida

RECEIVED [illegible] 1934

**PLACE OF DEATH**

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8872

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 24

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Archie Winnett

(a) Residence. No. Heyburn Ida. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6 1926

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 8 | 1 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) 4/?/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER

13. NAME Archie Winnett

14. BIRTHPLACE (city or town) (State or country) Dayton Washington

MOTHER

15. MAIDEN NAME Ethel Sagers

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Archie Winnett Heyburn

18. BURIAL, CREMATION OR REMOVAL

Place ..... Date ....., 193..

19. UNDERTAKER (Address) D E Johnson Burley Idaho

20. FILED 4/24..., 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17..., 1934..., to April 22....., 1934..

I last saw him alive on April 22, 1934.: death is said to have occurred on the date stated above, at ..5 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet fever | April 17 34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....

(Signed) L M Kelly ....., M. D.

(Address) ... Burley Idaho .....

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

RECEIVED [illegible]

PLACE OF DEATH

County of Minidoka

City of Paul

STATE OF IDAHO E.K.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8877?

Registration District No.

Primary Registration District No.

Local Registrar's No. 25

(No. 1 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Franklin D Ashton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 6 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Edward W Ashton

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Elizabeth M Kleta

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Edward Ashton

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cem Date Mar 9, 1934

19. UNDERTAKER W. G. Goodsman
(Address) Rupert Idaho

20. FILED 3-6, 1934 E. W. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 7 1934

22. I HEREBY CERTIFY, That I attended deceased from birth, 193 1, to Mar 7, 193 4
I last saw him alive on Mar 6, 193 4: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious anemia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Bronchopneumonia | |
| | |

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Fayn N. Finney, M.D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88774

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 26

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gustave Adolph Scholer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Belle Scholer

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 66 | 4 | 22. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Jeweler.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry Store.

10. Date deceased last worked at this occupation (month and year) April 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Trout Brook Valley (State or country) Minn.

FATHER

13. NAME John Jacob Scholer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Maria Blank

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) J. M. Scholer. Idaho Falls. Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rupert, Ida. Date , 193

19. UNDERTAKER (Address) Rupert Ida

20. FILED 5-5, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1934, to 4-10, 1934

I last saw him alive on 4-10, 1934; death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Coronary Thrombosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Fayne N. Kenagy M.D.

(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88775

**1. PLACE OF DEATH**
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 27
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Walter H Disney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of: Evelyn E Disney

6. DATE OF BIRTH (month, day, and year): Oct 18 1865

7. AGE — Years: 68 | Months: 4 | Days: 9 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: owner and manager of grocery store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Grocery store
10. Date deceased last worked at this occupation (month and year): Feb 27, 1934
11. Total time (years) spent in this occupation: 35 years

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Don't Know
14. BIRTHPLACE (city or town) (State or country): " Disney

MOTHER

15. MAIDEN NAME: " Brown
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Mrs W. H. Disney Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Rupert Cem. Date: Mar 1, 1934

19. UNDERTAKER: W. A. Goodman Sons
(Address): Rupert Idaho

20. FILED 5-8, 1934 O. F. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Feb 27, 1934
I last saw h~~im~~ alive on Feb 27, 1934: death ~~is said to have~~ occurred on the date stated above, at 9:40 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary disease | Oct 1933 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter~~n~~al causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jayne N. Kenyon, M. D.
(Address) Rupert, Idaho

RECEIVED MAY 14 1934

STATE OF IDAHO Cutler
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88776

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 28

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eldon L Richen 90

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | w | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 30 1928

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Clyde Richen

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Verona Babett

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Clyde Richan

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Rupert Cem Date Mar 16, 1934

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 5 — 8, 1934 E. R. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934, to Mar 16, 1934

I last saw him alive on Mar 10, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation of Heart | |

Other contributory causes of importance:

| | |
|---|---|
| Mitral Incompetency | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. H. Gardner, M. D.

(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8877

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 29

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. L. Maxwell

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unable to get more information

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Don't Know

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Friend

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 5-8, 1934 E. H. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |

Other contributory causes of importance:
(Found dead in bed several hours after death occured)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury W. A. Goodman

Nature of injury Coroner

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88779

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 32

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna E Griffith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME A H Wm. Ainsworth

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME A. H. Tony

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Fancy Caudle

18. BURIAL, CREMATION, OR REMOVAL
Place Paul, Ida. Date , 193

19. UNDERTAKER W A Goodinger
(Address) Rupert, Ida

20. FILED 5-8, 193 4 E. H. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from October, 1930, to Jan. 16, 1934

I last saw her alive on Jan. 13, 1934: death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Coronary Thrombosis | 6 days, |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Arterio sclerosis +
Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Elmore, M. D.

(Address) Rupert, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

STATE OF IDAHO E.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8876

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John H Craven

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Dayman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME John Craven

14. BIRTHPLACE (city or town) Mo
(State or country)

MOTHER

15. MAIDEN NAME Cord Knox

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Wiley Cemetery Paul Idaho
(Address)

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Rupert Ida Date ....., 193..

19. UNDERTAKER W. G. Goodman
(Address)

20. FILED 5-8, 1934 E. R. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1933, to Feb. 13, 1934

I last saw him alive on Feb 13, 1934; death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Arteriosclerosis | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. R. Elmore, M. D.

(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88781

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 100 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Audry Marie Rickman

(a) Residence. No. St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 19, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai, Idaho
(State or country)

FATHER

13. NAME Louis Rickman

14. BIRTHPLACE (city or town) Tekoa
(State or country) Washington

MOTHER

15. MAIDEN NAME Lilyan Cloud

16. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

17. INFORMENT (Address) Mr. & Mrs. Louis Rickman Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho Date April 20 193 4

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 5/7, 1934 J. M. Doyle Registrar.
by AH

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1934 to April 19, 1934

I last saw h alive on April 19 1934; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | April 13 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul W. Robinson M. D.

(Address) Lewiston, Idaho

RECEIVED MAY 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88782

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME James Miller White

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 11 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME John White

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Sarah Brooks

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Mrs. O. B. Bailey Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date April 8, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 5/7, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorhage | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner., M.D.

(Address) Lewiston, Idaho

TION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| EXAMPLE I | | EXAMPLE II | |
|---|---|---|---|
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other CONTRIBUTORY CAUSES of importance: | | Other CONTRIBUTORY CAUSES of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88783

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 7th Ave. ) 170
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernard Tribe Weaver

(a) Residence. No. Lewiston Ida St. Franklin apts
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hazel N Weaver
6. DATE OF BIRTH (month, day, and year): Sept 19 - 1883
7. AGE: 50 Years | Months: 7 | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Goods
10. Date deceased last worked at this occupation (month and year): 4-20-34
11. Total time (years) spent in this occupation: 25 years

12. BIRTHPLACE (city or town) (State or country): Albion Ill

FATHER
13. NAME: Bernard J Weaver
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Ore.

17. INFORMENT (Address): B. C. Bell Lewiston, Ida.
18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Lewiston Ida. Date 4/23, 193 4
19. UNDERTAKER (Address): Gruwell-Wamsley Lewiston, Idaho
20. FILED 4/28, 193 4 J. M. Boyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 21st, 193 4
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound in head. Suicide | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

4/23 (Signed) C. M. Bowers Coroner, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1934

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88784

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. White's Hospital) 38
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thornton Wallace

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Wallace

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME William Wallace

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Everett Wallace Lewiston, Orchards

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Date 4/18, 1934

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho

20. FILED 4/17, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-16-1934

22. I HEREBY CERTIFY, That I attended deceased from ~~April~~ April 5, 1932, to April 16, 1934

I last saw h. alive on April 6, 1934; death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Ulcer with severe hemorrhage. | April 4 |

Other contributory causes of importance:

Syphilis unknown - Was 4+

Name of operation None Date of

What test confirmed diagnosis? Cardinal Symptoms. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88785

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mr. Charles C. Holmes

(a) Residence. No. 1219-Idaho Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Minnie Holmes

6. DATE OF BIRTH (month, day, and year) July 19, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|---|
| | 63 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Albert Holmes

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country) Wisconsin

17. INFORMENT (Address) Mrs. Minnie Holmes Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 4-13, 1934

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho

20. FILED 4/12, 1934 J. M. Engle Registrar.
By [illegible] D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/1/34, 193..., to 4/11, 1934

I last saw he alive on 4/11/34, 193...: death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pulmonary Congestion. | 4/6/34 |

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Negative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Hatch, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 1934

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88786

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Margaret R. Woelflen

(a) Residence. No. 619-Prospect St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | ~~Widowed~~ Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 31, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Farley
(State or country) Iowa

FATHER

13. NAME Timothy Riggen

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Dacey

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT (Address) Mr. Hanrahan, Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 4-10, 1934

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED 4/11, 1934 J. M. Lytle Registrar.
Deputy.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1933, to April 6th, 1934

I last saw her alive on April 6th, 1934; death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | Apr 1st 34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Acute Cardiac Dilatation | About 3 yrs |
| with Brights Disease | 7 years |

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. E. Larsson, M. D.

(Address) Lewiston Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88787

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

43

2. FULL NAME Mary Margaret Elizabeth Erb

(a) Residence. No. 515-6th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George E. Erb

6. DATE OF BIRTH (month, day, and year) 12-13-1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pierce,
(State or country) Idaho

FATHER

13. NAME Matthew Dowd

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT George E. Erb
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date 4-9, 1934

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED 4/11, 1934 J. M. Lytle Registrar.
By D.C.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1934 to April 6, 1934

I last saw her alive on April 6th, 1934; death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | about Feb 26 '34 |
| Toxemia | |

Other contributory causes of importance: Cancer of Liver

Name of operation Exploratory Date of 3/30/34

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Corman, M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.....

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 77

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Erb

(a) Residence. No. 515 - 6th Avenue St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of George E. Erb

6. DATE OF BIRTH (month, day, and year) December 13, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pierce, Idaho
(State or country)

FATHER

13. NAME Michael Dowd

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Brogan

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT George E. Erb
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Apr. 9, 1934

19. UNDERTAKER Vassar-Shaughnessy
(Address) Lewiston, Idaho

20. FILED Apr. 11, 1934 J. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1934, to April 6, 1934.

I last saw her alive on Apr. 6, 1934; death is said to have occurred on the date stated above, at 2:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxemia | About 2/26/34 |
| Other **contributory causes** of importance: | |
| Cancer of Liver | |

Name of operation Exploratory Operation Date of 2/20/34

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. E. Vassaw, M. D.

(Address) Lewiston, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88788

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Margarette Tippett

(a) Residence. No. St Joseph Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | ---------- |

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 18, 1933.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 3 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ----------

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ----------

10. Date deceased last worked at this occupation (mo. and yr.) ----------

11. Total time (years) spent in this occupation ------

12. BIRTHPLACE (city or town) Asotin
(State or country) Washington

FATHER

13. NAME Ben K Tippett

14. BIRTHPLACE (city or town) Enterprise
(State or country) Oregon

MOTHER

15. MAIDEN NAME Enid Rimel

16. BIRTHPLACE (city or town) Asotin
(State or country) Washington

17. INFORMANT William P. Tippett
(Address) Asotin Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston ~~Asotin~~ Wash. Date 4/6, 1934

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED 4/5, 1934. J. M. Lyle Registrar.
4-4-34

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934, to April 4, 1934.

I last saw her alive on April 4 1934; death is said to have occurred on the date stated above, at 11 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro enteritis & atrepsia from birth. | |
| Other **contributory causes** of importance: | |
| Heart failure | |

Name of operation none Date of

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul D. Johnson, M. D.

(Address) April 4 - 1934

RECEIVED MAY [illegible] 1934

Inman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88789

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Thomson

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 9 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Vet.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT
(Address) Lewiston, Idaho

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Moscow, Idaho Date April 4 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 4/4, 1934 J. M. Lytle Registrar.
by M.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934, to March 31, 1934

I last saw h alive on March 27, 1934; death is said to have occurred on the date stated above, at March date m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Pneumonia & Brights Disease | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. F. Inman, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1934

Dr. Watt.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8879

Registration District No. 92
Primary Registration District No. 2170
Local Registrar's No. 52

**PLACE OF DEATH**

County of Nez Perce
City of ~~Lewiston~~ Gifford

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence May Howerton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E. J. Howerton

6. DATE OF BIRTH (month, day, and year) Sept, 24, 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 48 | 6 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kirksville
(State or country) Mo.

FATHER

13. NAME Aden Page

14. BIRTHPLACE (city or town) .....
(State or country) Mo.

MOTHER

15. MAIDEN NAME Loretta Mustoe

16. BIRTHPLACE (city or town) .....
(State or country) Mo.

17. INFORMENT E. E. Howerton
(Address) Look Out, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Look Out, Idaho Date April 12 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Apr 11, 1934
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1934, to Apr 10, 1934
I last saw her alive on Apr 10, 1934: death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebritis | 4-8-34 |
| Other contributory causes of importance: | |
| Ex Opthalmic Goitre | 1920 |

Name of operation for Goitre Date of 1924
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) E. E. Watt, M. D.
(Address) Gifford, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 88792

Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Elvin Williams

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Annie Jenkins

6. DATE OF BIRTH (month, day, and year) Nov. 10 1892

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) Apr 24 1934

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Malad R.F.D. #2 Idaho

FATHER

13. NAME Edwin Williams

14. BIRTHPLACE (city or town) (State or country) Willard Utah

MOTHER

15. MAIDEN NAME Lucy Green

16. BIRTHPLACE (city or town) (State or country) Malad R.F.D.#2 Idaho

17. INFORMENT (Address) Annie L. Williams Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial Place May 1 1934 Da Malad Idaho

19. UNDERTAKER (Address) Malad Idaho

20. FILED 4/30, 1934 J.M. Kerns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 29 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to April 29, 1934

I last saw h.. alive on April 29, 1934: death is said to have occurred on the date stated above, at 12:30 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | April 24 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) O.B. Mabey M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88793

County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Millward

(a) Residence. No. Malad Idaho St. Community Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Baby |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and Mar 16 34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Albert Henry Millward

14. BIRTHPLACE (city or town) (State or country) Chesterfield Idaho

MOTHER

15. MAIDEN NAME Hazel Elizabeth Reese

16. BIRTHPLACE (city or town) (State or country) Malad Idaho

17. INFORMENT (Address) A H Millward Malad, R.F.D. #2

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Apr 8, 1934

19. UNDERTAKER J. Guy Hansen
(Address) Malad Idaho,

20. FILED May 5, 1934 J. M. Lewis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1934, to April 7, 1934
I last saw him alive on Apr 7, 1934; death is said to have occurred on the date stated above, at 2.30, m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature 6 mos. | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) V. J. Garst, M. D.
(Address) Malad Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1934

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 88794

Local Registrar's No. 8

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David R Edwards

(a) Residence. No. Malad Idaho St. Samaria Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Esther Price

6. DATE OF BIRTH (month, day, and year) June 7 1845

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|
| 88 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Robert Edwards

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Esther Williams Samaria Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Samaria Idaho Date Apr 24 1934

19. UNDERTAKER J. Ling Hansen
(Address) Malad Idaho

20. FILED 4/30 1934 J. M. Nuss
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930., to Apr 22, 1934

I last saw h— alive on Apr 20, 1934; death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Arteriosclerosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. M. Nuss, M. D.

(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 30

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8879

PLACE OF DEATH
County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 2609 Local Registrar's No. 9
(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Robert Brown

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 2 1926

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 7 | 4 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Apr 6 1934
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER
13. NAME Herbert A Brown
14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER
15. MAIDEN NAME Margaret Witteveen
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Herbert A Brown Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ogden Utah Date Apr 27 1934

19. UNDERTAKER Jos Sing Benn
(Address) Malad Idaho

20. FILED 4/30, 1934 J.M. Kerr
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to April 25, 1934
I last saw h alive on April, 1934: death is said to have occurred on the date stated above, at 8:20 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Emphysema | |
| | April 7 |
| | |
| | |
| Other contributory causes of importance: Pleural Pneumonia | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O.A. Wahlen, M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 1934

PLACE OF DEATH

County of Owhee

City of 3 Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. ~~37~~ 31

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 88796

Local Registrar's No. 86

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Felix ~~O'a Bidi~~ Omabeiti

170

(a) Residence. No. 3 Creek St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb2./1898

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 36 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Cattle Ranvher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME ~~O'a Bidi~~ ? Omabeiti

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date April 25 1934

19. UNDERTAKER (Address) F E Drake

20. FILED Apr. 24, 1934 Geo. Twiddy M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SUICIDE | |
| Gunshot wound self inflicted | |

Other contributory causes of importance:

In Presence of Deputy Sherrif as Attested to by signature below No Coroner avaiable

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Gunshot head wound

Nature of injury Head almost decapitated

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chris Cox Ass Deputy Sheriff M. D.

(Address) Twin Falls Twin Falls Co Ida

WESTERN SHOSHONE AGENCY

E. On R.

# STANDARD CERTIFICATE OF DEATH

IDAHO
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH:
County Owyhee. State Idaho. 8879. Registered No. 87
Township Western Shoshone Reservation. or Village None. or
City None. No. ---------- St., ---- Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- days. How long in U. S., if of foreign birth? -- yrs. -- mos. -- days.

2. FULL NAME Maizie Paddy.
Residence: ~~No.~~ Western Shoshone Reservation. ~~St.~~ Idaho. Ward. ----------
(Usual place of abode) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female. | 4/4 Paiute Indian. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nat. Paddy.

6. DATE OF BIRTH (month, day, and year) ? ? 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 60 | ? | ? | -- hrs. or -- mins. |

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own home.

10. Date deceased last worked at this occupation (month and year) August 1933. 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town and State or country):
Paradise Valley, Nevada.

FATHER

13. NAME: Jim Garfield.

14. BIRTHPLACE (city or town and State or country):
Unknown.

MOTHER

15. MAIDEN NAME: Minnie ?.

16. BIRTHPLACE (city or town and State or country):
Paradise Valley, Nevada.

17. INFORMANT (name and address):
Office records. Owyhee, Nevada.

18. BURIAL, ~~CREMATION, REMOVAL~~
Place W. Shoshone Res., Idaho. Date ----------, 193

19. UNDERTAKER (name and address):
Friends. Owyhee, Nevada.

20. FILED Apr 18, 1934 Wm. Eckenbeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21 193 4

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1933, to March 21, 193 4
I last saw her alive on March 21, 193 4 death is said to have occurred on the date stated above, at 7.00p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, pulmonary, chronic. | 1930 |

Other contributory causes of importance:
Respiratory Influenza during 1933.

Name of operation ---------- Date of ----------
What test confirmed diagnosis? Laboratory. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ---- Date of injury ----, 193 -
Where did injury occur? ----------
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify ----------
(Signed) Louise W. Ryan
(Address) Owyhee, Nevada.

8—209g

U. S. GOVERNMENT PRINTING OFFICE: 1933 o11—3184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Owyhee

City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 107

Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE

State File No. 88798

Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Melvina Taylor

(a) Residence. No. Homedale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Homedale, Ida.

FATHER

13. NAME Charles S. Taylor

14. BIRTHPLACE (city or town) Beechmont (State or country) Wash.

MOTHER

15. MAIDEN NAME Joyce Shubert

16. BIRTHPLACE (city or town) Gay Stamp (State or country) Wash.

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Milder, Ida Date , 193

19. UNDERTAKER Paul S Case (Address) Caldwell Ida

20. FILED May 1st, 1934 E. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Apl. 30, 1934, to Apl. 30, 1934

I last saw her alive on Apl 30, 1934: death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. A. Marsh M. D.

(Address) Homedale, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88799

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Bascom L. Wells.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Wells.

6. DATE OF BIRTH (month, day, and year) Feb. 2 1862.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 72 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 2-11-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ida.

MOTHER FATHER

13. NAME Alex Wells.

14. BIRTHPLACE (city or town) ..... (State or country) Ida.

15. MAIDEN NAME Emma Coats.

16. BIRTHPLACE (city or town) ..... (State or country) England.

17. INFORMANT ..... (Address) Payette Idaho

18. BURIAL, ~~CREMATION~~ or REMOVAL Payette Idaho
Place Payette, Ida. Date 4-23 1934

19. UNDERTAKER Glenn C. Loucks (Address) Payette Idaho

20. FILED Apr 30 1934 J. O. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1934, to Apr. 20, 1934

I last saw him alive on Apr. 20, 1934; death is said to have occurred on the date stated above, at 2:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiovascular renal disease | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... Merrill Loucks, M. D.
(Address) ..... Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 19[illegible]

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88800

Registration District No. 25
Primary Registration District No. 2467 2072
Local Registrar's No. 93 19

(No. ) 182
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cornelius O'Connor

(a) Residence. No. Pocatello St. RFD 1 Tyhee, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1909

7. AGE: Years 24 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wibaux Mont

FATHER

13. NAME Wm O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret O'Keefe

16. BIRTHPLACE (city or town) (State or country) Mpls. Minn

17. INFORMENT (Address) Wm O'Connor Tyhee Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Apr. 27, 1934

19. UNDERTAKER (Address) Dacomard Funeral Home Pocatello Idaho

20. FILED May 6, 1934 D. Ramsey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental drowning. | |
| Jumped from leaking boat | |
| with clothes on and went | |
| down in a short time. | |
| approx. 200 yds from shore | |

Other contributory causes of importance:
Place: Rainbow Beach about 13 mi.
North East of Am. Falls, Ida.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~Suicide, or homicide~~? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Dowse Coronor, M. D.

(Address) Am. Falls, Ida

RECEIVED MAY 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8880[illegible]

**PLACE OF DEATH**

County of Power
City of American Falls, Idaho

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 18
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

169

2. FULL NAME William John Emmitt

(a) Residence. No. 5 Miles north of American Falls St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER

13. NAME John Emmitt

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Geo. W. Lusby
(Address) American Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place I.O.O.F. Am Falls Date 4/15/34, 193..

19. UNDERTAKER Am Dana
(Address) American Falls, Idaho

20. FILED 4/16 1934 Genevieve Nash
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/12/34

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Suicide: by Drowning | ..... |
| in American Falls | ..... |
| Lake. | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? Power Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Am Dana Coronem. D.
(Address) American Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88802

Registration District No. 25
Primary Registration District No. 2012 Local Registrar's No. 20

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Janet Spaker

(a) Residence. No. Aberdeen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 28, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 hours | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Grays Canyon Idaho

FATHER

13. NAME Clarence B Spaker.

14. BIRTHPLACE (city or town) (State or country) Mt Pleasant Iowa

MOTHER

15. MAIDEN NAME Vera Pierson.

16. BIRTHPLACE (city or town) (State or country) Plymouth Utah

17. INFORMENT (Address) Clarence B Spaker Aberdeen, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Ida Date April 30

19. UNDERTAKER Brown & Eldredge
(Address) Blackfoot, Ida.

20. FILED 5/29, 193 4 Genevieve Watts
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1934, to 4-29, 1934

I last saw h.r alive on 4-29, 193 4; death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V G Logan, M. D.

(Address) American Falls Ida

RECEIVED MAY 12 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2.5

Primary Registration District No. 2072

Local Registrar's No. 17

DO NOT WRITE IN THIS SPACE
State File No. 88803

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. FULL NAME Edith Anna Berlin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-30-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or 45 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME William Howard Berlin

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Florence McLean

16. BIRTHPLACE (city or town) (State or country) Ogden, Utah

17. INFORMENT (Address) William Howard Berlin

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rockland Date 3-31, 1934

19. UNDERTAKER (Address) Robert J. Turney

20. FILED March 31, 1934 Genevieve Hoke, D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 31 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1934, to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Internal Uterin Hemorrhage | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Logan, M. D.

(Address) American Falls, Idaho

RECEIVED BY

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88804

Registration District No. 70

Primary Registration District No. 101 Local Registrar's No. 281

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert S Kotkey

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary Kotkey

6. DATE OF BIRTH (month, day, and year) Feb 11 - 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead Mining

10. Date deceased last worked at this occupation (mo. and yr.) March 29-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wallace Idaho

FATHER

13. NAME Henry Kotkey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Matthey

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) Mrs. Henry Kotkey Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Idaho Date Apr 4, 1934

19. UNDERTAKER (Address) Bruce Ward Funeral Home Wallace Ida

20. FILED April 4th, 1934 C. A. Nelson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 193.4, to 4-1, 193.4

I last saw him alive on 4-1, 193.4; death is said to have occurred on the date stated above, at 3 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spleen, traumatic rupture | 3-27-34 |
| Intestine, contusion of | 3-27-34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Obstruction, intestinal | 3-27-34 |

Name of operation Laparotomy Date of 3-27-34

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.. 3-27 193.4

Where did injury occur? Polaris Mine, Kellogg Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** Industry

Manner of injury Traumatism to abdomen

Nature of injury Rupture of Spleen

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Accident

(Signed) E. F. Tit Jerald M. D.

(Address) Wallace Idaho

RECEIVED MAY 14 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88805

Registration District No. 70

Primary Registration District No. 011 Local Registrar's No. 286

(No. Co Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Padaon 31

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth 27 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead Mining

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Co. Hospital Records Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Apr. 17, 1934

19. UNDERTAKER J. A. Beer (Wood Funeral Co.)
(Address) Wallace Ida.

20. FILED April 15th 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ...Jan 30th, 1934., to Apr 15, 1934.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A. ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Osborne

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88806

Registration District No. 76

Primary Registration District No. 14 Local Registrar's No. 287

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Edward Bergey

(a) Residence. No. Osborne Ida. St. Osborne Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 17 1928.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | 6 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Wallace Idaho

MOTHER

13. NAME Elmer Bergey.

14. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

15. MAIDEN NAME Harriet Ferguson

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Elmer Bergey (Address) Osborne Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place Wallace Ida. Date Apr 21, 1934

19. UNDERTAKER J. A. Brown (Wood Undertaking Co) (Address) Wallace

20. FILED April 25, 1934 Coroner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw him alive on Apr 17 1934 death is said to have occurred on the date stated above, at 3:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Last June |
| | |
| | |
| | |

Other **contributory causes** of importance:

Coronary Sclerosis Severe

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Mortley Bergey M.D.

(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88807

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 76
Primary Registration District No. 1014 Local Registrar's No. 284
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inna Dilich
(a) Residence. No. Mullan Idaho St. Mullan Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Widowed.
6. DATE OF BIRTH (month, day, and year): Aug - 14 - 1885
7. AGE: Years 48 Months 8 Days .0 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jugo Slavia.

MOTHER FATHER
13. NAME: Theadre Kollox.
14. BIRTHPLACE (city or town) (State or country): Jugo Slavia.
15. MAIDEN NAME: Stella
16. BIRTHPLACE (city or town) (State or country): Jugo Slavia.

17. INFORMANT (Address): E. Dilich Mullan Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Butte Mont. Date: Apr 19, 1934
19. UNDERTAKER (Address): Ed Boer (Ward Funeral Dir.) Wallace Ida.
20. FILED June 13th, 1934. C. D. Stowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 16 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3 1934 to April 16 1934
I last saw h[illegible] alive on April 14 1934; death is said to have occurred on the date stated above, at 8:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Endocarditis Chronic | |
| Diabetes Mellitus | |
| Stupor. | |

Other **contributory causes** of importance:

Arteriosclerosis Nephritis & W. Disease Bronchitis

Name of operation: None Date of:
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Ed Boer
(Address) Wallace Ida.

RECEIVED MAY

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88808

**PLACE OF DEATH**
County of Shoshone
City of Kellogg
Registration District No. 70
Primary Registration District No. 15 11
Local Registrar's No. 285
(No. Shoshone Co Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emil Arved Luoma 31

(a) Residence. No. Enaville Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 24 - 1905

7. AGE — Years: 28 | Months: 4 | Days: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Enaville Ida

FATHER
13. NAME: John Luoma
14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER
15. MAIDEN NAME: Lena Niemi
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMENT (Address): Ingrid Luoma Enaville Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Kingston Ida Date: Apr 18, 1934

19. UNDERTAKER
(Address): R. D. Hunt Kellogg Ida.

20. FILED: April 20 1934 Oscar Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to Apr 15th, 1934.
I last saw him alive on Apr 12th, 1934: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88809

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 289

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina Liverston

(a) Residence. No. Gen Delo St. Gen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Andy Liverston

6. DATE OF BIRTH (month, day, and year) March 28 - 1892

7. AGE: Years 42 | Months 0 | Days 26 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME Oscar Johnson
14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER
15. MAIDEN NAME Augusta Peterson
16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT Andy Liverston
(Address) Gen Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Wallace Idaho Date Apr 26 1934

19. UNDERTAKER J. A. Bivar (Ward Mundt Co)
(Address) Wallace Ida

20. FILED April 26TH, 1934
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 14 1933, to Apl 24 1934
I last saw h[illegible] alive on Apl 23 1934: death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| glomerular nephritis | 1933 |
| Uremia | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Wm. F. Smith, M. D.
(Address) Wallace Idaho

167

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88810

**PLACE OF DEATH**

County of SHOSHONE
City of WALLACE IDAHO

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 288

(No.) Near Fergusons Ranch (If death occurred in a hospital or institution, give its name instead of street and number.) BEAVER CREEK Idaho.

2. FULL NAME John F. Gearon

(a) Residence. No. Ryan Hotel St. Wallace Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Bessie Gearon

6. DATE OF BIRTH (month, day, and year) Sept. 4 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel owner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Patrick J. Gearon

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Sarah Martin

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMENT (Address) Mrs Sarah Gearon Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Spokane Wn. Date April 28 1934

19. UNDERTAKER (Address) B G Worstell Wallace Ida

20. FILED April 28th, 1934 C E Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) APRIL 22 1934

22. I HEREBY CERTIFY, That I attended/deceased from ....., 193.. to ....., 193..

I last saw him alive on April 21, 1934; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found dead in Cabin Camp etc. asphyxiated by C O gas from gasoline motor in | |
| Other contributory causes of importance: Pulmonary edema probably due to | |
| Name of operation ..... Date of ..... | |
| What test confirmed diagnosis? ..... Was there an autopsy? | |

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Apr 22 193

Where did injury occur? Cabin Camp Beaver Creek (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Cabin & mine property

Manner of injury asphyxiated by C O gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) W C Mowery Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88811

Registration District No. 70

Primary Registration District No. 1111 Local Registrar's No. 262

(No. Providence Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Fairfield

(a) Residence. No. Osborne Idaho St. Osborne Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Glen Fairfield

6. DATE OF BIRTH (month, day, and year) June 8 - 1900

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 33 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Robert Linnard

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Glen Fairfield
(Address) Wallace Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Apr. 15 1934

19. UNDERTAKER J. A. Beer Ward Mtd Co
(Address) Wallace Ida

20. FILED April 15 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 13 1934

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1934, to April 12, 1934

I last saw her alive on April 12, 1934; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar | April 7 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) P. H. Buell, M. D.

(Address) Wallace, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88812

**PLACE OF DEATH**
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 253
(No. 704 Pearl St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Harvey Munson

(a) Residence. No. 704 Pearl St. Wallace Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Frances Dulitz Munson

6. DATE OF BIRTH (month, day, and year) Aug. 16th 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 8 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. book keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Asheville North Carolina

FATHER
13. NAME Munson
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Harvey
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs J. H. Munson Wallace

18. BURIAL, CREMATION, OR REMOVAL Place WALLACE IDA Date 4/17, 1934

19. UNDERTAKER (Address) Bruce E. Wottle Wallace, Idaho

20. FILED April 17th, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/14 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193... to ..., 193...
I last saw him alive on April 14, 1934; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, Acute Heart Failure | Instant |
| Chronic Nephritis | several years |

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Mowery Cozier M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 88813

Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Balcom

(a) Residence. No. 229 East Cameron St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 2-28-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

FATHER

13. NAME Joe Balcom

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Nilda Grenfell

16. BIRTHPLACE (city or town) (State or country) Kellogg, Shoshone, Idaho

17. INFORMENT (Address) Joe Balcom, Kellogg, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date March 2, 1934

19. UNDERTAKER M. L. Thornhill
(Address) Kellogg Ida

20. FILED May 10, 1934 Mrs. Helen M. Brede
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-1-1934

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1934, to 3/1, 1934

I last saw him alive on 3/1, 1934; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bowel trouble | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Nelson, M. D.

(Address) Kellogg, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Shoshone

City of Kingston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 3201

DO NOT WRITE IN THIS SPACE

State File No. 8881

Local Registrar's No. 19

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Smith. 161a

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 2 - 34

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Kingston
(State or country) Idaho

FATHER

13. NAME Chester C. Smith.

14. BIRTHPLACE (city or town) Kingston.
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Ruth E. Parker.

16. BIRTHPLACE (city or town) Spokane.
(State or country) Wash.

17. INFORMENT Chester C. Smith.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kingston Date Apr 2, 1934

19. UNDERTAKER R. L. Stout
(Address) Kellogg Idaho.

20. FILED May 10, 1934 Mrs Helen M Bride
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 2nd, 1934, to Apr 2nd, 1934

I last saw him alive on Apr 2nd, 1934, death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) W. G. Lindsay, M. D.

(Address) Kellogg Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MAY 3

## PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8881b

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Joan Bigelow

1000

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 16-1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 1 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) .....

FATHER

13. NAME John Bigelow

14. BIRTHPLACE (city or town) ..... (State or country) Colorado

MOTHER

15. MAIDEN NAME Georgia Cruse

16. BIRTHPLACE (city or town) ..... (State or country) Washington

17. INFORMANT John Bigelow (Address) Kellogg Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane Wash. Date 5/9/34 193..

19. UNDERTAKER M. C. Thornburg (Address) Kellogg Idaho

20. FILED May 10, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, ..., 1934.., to May 6, ..., 1934.. last saw her alive on May 6 ..., 1934.: death is said to have occurred on the date stated above, at 6:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-pneumonia | May 1, 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn McCaffery M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88817

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 23

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thayne Homer Johnston

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | Sngl |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 3, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 7 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Riverside (State or country) Utah

FATHER

13. NAME David Homer Johnston

14. BIRTHPLACE (city or town) Paris (State or country) Idaho

MOTHER

15. MAIDEN NAME Irene Boucutt

16. BIRTHPLACE (city or town) ..... (State or country) Wyoming

17. INFORMANT D. H. Johnston (Address) Kellogg, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Riverside, Utah Date Apr 28, 1934

19. UNDERTAKER M. L. Thornhill (Address) Kellogg Ida.

20. FILED May 19, 1934 Mrs. Helen M. Bride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 26th, 1934, to Apr 27, 1934.

I last saw him alive on Apr 27, 1934.: death is said to have occurred on the date stated above, at 3.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. L. Thornhill M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2261

DO NOT WRITE IN THIS SPACE

State File No. 88818

Local Registrar's No. 22

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Eugene Falty

(a) Residence. No. 834 So Division St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1904 - May 3

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Commencement Bay

FATHER

13. NAME George Falty

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Bertha Edmonds

16. BIRTHPLACE (city or town) (State or country) Ottawa Ill

17. INFORMENT (Address) Bertha Falty.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date 4-24, 1934

19. UNDERTAKER R. L. Stutz (Address) Kellogg Idaho

20. FILED May 10, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-20-, 1934, to 4-21, 1934

I last saw him alive on 4-21, 1934; death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tbc. | 1925 - |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? X Rays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify miner

(Signed) Glenn McGiffert M. D.

(Address) Kellogg, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88819

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter John McPhee

(a) Residence. No. 901 South Division St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia Jeanne McPhee

6. DATE OF BIRTH (month, day, and year) July 25 1890

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 43 | 9 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 34 Mar.

11. Total time (years) spent in this occupation 8 Mns.

12. BIRTHPLACE (city or town) Selkirk
(State or country) P. E. I - Canada

MOTHER FATHER

13. NAME R. J. McPhee

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME M. McDonald

16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Lenora Hoag
(Address) Box 1003 Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date 4-23 1934

19. UNDERTAKER Wm. L. Thornhill
(Address) Kellogg Ida

20. FILED May 10 1934 Mrs. Helen B. Bird
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/20 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 16th 1934, to Apr 20 1934

I last saw him alive on Apr 20 1934: death is said to have occurred on the date stated above, at 12 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Meningitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cholecystitis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) Kellogg Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Lonfor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8882

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Kinnunen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years: 55 | Months: 1 | Days: 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Finland

MOTHER FATHER
13. NAME: Mr. Kinnunen
14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER
15. MAIDEN NAME: Nonni
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT: Anna Kinnunen
(Address): Lenore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston Idaho Date: Apr. 15, 1934

19. UNDERTAKER: Mr. Thornpike
(Address): Kellogg, Idaho

20. FILED: May. 1. 1934. Mrs. Helen M. Brady
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/12/34

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows: **Date of onset**

Apparently heart trouble and dropsy about
4 months
at private home

Other **contributory causes** of importance:

Myocarditis several yrs.

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) H. C. Mowry M.D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8882

Registration District No. 70

Primary Registration District No. 111 Local Registrar's No. 276

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

742

2. FULL NAME Laura J. DeAtley

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) March 8 - 1866

7. AGE: Years 68 Months 0 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Coleman Carey

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMANT Mrs. Ira Boulton

(Address) Wallace Ida.

18. ~~BURIAL~~, CREMATION OR ~~REMOVAL~~

Place Rosane Wn. Date Mar 20 1934

19. UNDERTAKER J. A. Bivens (Ward and Co.)

(Address) Wallace Ida.

20. FILED Mar. 20th, 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15th, 193..., to March 18th, 1934.

I last saw her alive on Mar 18th 1934.: death is said to have occurred on the date stated above, at 3:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify .....

(Signed) H. C. Livesay, M. D.

(Address) Kellogg Idaho

RECEIVED MAY 2

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Teton

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8882

Registration District No. 77

Primary Registration District No. 9176 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Billie Lee Curtis

(a) Residence. No. Driggs, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): August 16, 1931
7. AGE: Years 2 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Driggs Idaho

FATHER
13. NAME: Byron John Curtis
14. BIRTHPLACE (city or town) (State or country): Victor Idaho

MOTHER
15. MAIDEN NAME: Cloe Woolstenholm
16. BIRTHPLACE (city or town) (State or country): Victor Idaho

17. INFORMANT (Address): Byron J. Curtis Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Victor Idaho Date: May 18 1934

19. UNDERTAKER (Address): Jack J. Ward Idaho Falls Idaho

20. FILED 4-30-1934. Alice M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to March 15, 1934.
I last saw him alive on March 13 1934; death is said to have occurred on the date stated above, at 1.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | 3/14/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Lobular Pneumonia | 3/11/34 |
| | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. T. Tetow, M. D.
(Address) Driggs, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88825
State File No.

Registration District No. 39

Primary Registration District No. 7087 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin L. Coffman 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 25 — 1873

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 60 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penrose Colo

MOTHER FATHER

13. NAME La Fayette Coffman

14. BIRTHPLACE (city or town) (State or country): Ky

MOTHER

15. MAIDEN NAME Mary Calleen

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): P. Arnold Jerome

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Penrose Colo Date: 4/13, 1934

19. UNDERTAKER (Address): Evans & Johnson Burke, Ida

20. FILED 4-14, 1934. H. Markuff Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-25—, 193.4, to 4-10, 193.4

I last saw him alive on 4—10, 193.4; death is said to have occurred on the date stated above, at 7 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Organic Heart Dis. | 1932 |

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Lab + Clin Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Bunning M. D.

(Address) Burke Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88824

Registration District No. 39

Primary Registration District No. 7087

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irene Terry

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of M. M. Terry

6. DATE OF BIRTH (month, day, and year) Jan 1st 186 7

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 3 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME David Garrett

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Melisa Mitchell

16. BIRTHPLACE (city or town) (State or country) Dark Knows

17. INFORMANT Walter Terry
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Ida. Date 4/8, 1934

19. UNDERTAKER Evans & Johnson
(Address) Burley, Ida. L. Wilkinson

20. FILED 4-7, 1934 H. W. Wells
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 193.., to 4-6, 193.4

I last saw her alive on 4-6, 193.4; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Renal Dis | about 3-1-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Jennings M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls,

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8882

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alva Dale Shriver

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year)
Oct. 30th. 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dexter, Kan.
(State or country)

FATHER

13. NAME A.B.Shriver

14. BIRTHPLACE (city or town) Olathe, Kan.
(State or country)

MOTHER

15. MAIDEN NAME Augusta Vaughn.

16. BIRTHPLACE (city or town) Nebraska.
(State or country)

17. INFORMANT J. J. Slaughter
(Address) Buhl

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 4/13/34

19. UNDERTAKER Evans & Johnson
(Address) Buhl

20. FILED 4-14, 1934 J. H. Murphy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1934, to 4-11-, 1934

I last saw him alive on 4-11, 1934: death is said to have occurred on the date stated above, at 2 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins Dis | about 1-1-34 |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Lab + Clin Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Jennings M. D.

(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY [illegible]

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 88820

Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME John Franklin Jacoby

(a) Residence. No. 449 3rd Street West
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Belle F Jacoby

6. DATE OF BIRTH (month, day, and year) July 5, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Professor of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manual Training

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Muscatine
(State or country) Iowa

FATHER

13. NAME John M. Jacoby

14. BIRTHPLACE (city or town) [illegible]
(State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Francis Styles

16. BIRTHPLACE (city or town) [illegible]
(State or country) New Hampshire

17. INFORMENT Charles E. Jacoby
(Address) Twin Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date April 30, 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls.

20. FILED apr. 30, 1934 Geo. C. Talley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1934 to Apr 27, 1934
I last saw h[illegible] alive on Apr 27, 1934; death is said to have occurred on the date stated above, at 4:[illegible] P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |

Other contributory causes of importance:

| | |
|---|---|
| Age | |

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. C. Lamb M. D.
(Address) Twin Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8882.

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 89
(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Otto W. Hunnicke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 14/1875
7. AGE: Years 58 | Months 8 | Days 15 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: Samuel Hunnick
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Emily Jane Humphrey
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Mrs Elva Hunnicke Twin
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date May, 1934
19. UNDERTAKER (Address): E. G. Drake Twin Falls
20. FILED May 1, 1934 Geo. C. Hallen M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr 29 1934
22. I HEREBY CERTIFY, That I attended deceased from 3/5/34, 193..., to 4/29/34, 193...
I last saw h. im alive on 4/29/34, 193...: death is said to have occurred on the date stated above, at 11:57 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis interstitial chronic | 1 yr. |
| Myocarditis chronic | 3 yrs. |
| Hypertension 4 plus | 2 yrs. |
| Other contributory causes of importance: | |
| Myocarditis acute, acute dilatation | 2 days |
| Suppression of urine 3 plus | 1 wk. |
| Retinitis toxic. | |

Name of operation none Date of .....
What test confirmed diagnosis? Lab. x-rays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193...
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Duncan L. Alexander M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8882b

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1185 X
Local Registrar's No. 90

(No.) 662 2nd East
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Markel

(a) Residence. No. [illegible] Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 13 1866

7. AGE — Years 67 — Months 11 — Days 17 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Rancher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME John Markel
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Mary Birdy
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Mrs Markel Filer
18. BURIAL, CREMATION, OR REMOVAL Place Filer Cem. Date May 2 1934
19. UNDERTAKER (Address) O E Drake Twin Falls
20. FILED May 1, 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/29/33, 193..., to 4/23/34, 193...
I last saw him alive on 4/23/34, 193...: death is said to have occurred on the date stated above, at 3:00 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis general | 4 yrs. |
| Apoplexy 1926, second 1928 | |
| Gangrenous arteriosclerotic feet | about 8 mo. |
| Other contributory causes of importance: | |
| Toxic exhaustion from absorption | 2 mo. |

Name of operation none Date of
What test confirmed diagnosis? x-ray lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan A Alexander, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88829

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 91
(No. 520 - 2nd Ave. East.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Meyers

(a) Residence. No. 520 - 2nd Ave East St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Meyers

6. DATE OF BIRTH (month, day, and year) Jan 6 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 47 | 3 | 30 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Shoe Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME Frank Meyers
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Mrs. Anna Meyers Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date May 2, 1934

19. UNDERTAKER (Address) S C Phillips Twin Falls

20. FILED May 1, 1934 Geo. C. Holley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10th, 1934, to April 30th, 1934
I last saw him alive on April 29th, 1934: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hyperthyroidism & cirrhosis of liver | 4-1-33. |

Other contributory causes of importance:

Name of operation O Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.
(Signed) John T. Loughlin, M. D.
(Address)

RECEIVED MAY 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88830

**PLACE OF DEATH**

County of Twin Falls  Registration District No. 37

City of Twin Falls.  Primary Registration District No. 2085  Local Registrar's No. 92

(No. T. F. Co. General Hospital)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

**2. FULL NAME** Kenneth C. Sargent

(a) Residence. No. ____ St. ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) July 21 1932

| 7 AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 1 | 9 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10 NAME OF FATHER Thurman Sargent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Payson Utah

12 MAIDEN NAME OF MOTHER Bennie Jensen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Utah

14 Informant Thurman Sargent

(Address) Rupert Idaho

15 Filed May 1, 1934  George C. Kelly M.D.
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 23 (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 24, 1934, that I last saw ~~him~~ alive on April 24, 1934, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(duration) ____ yrs. ____ mos. 20 ds.

CONTRIBUTORY (Secondary) Otitis Media, Acute Nephr.

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? Laboratory + Clinical Signs

(Signed) L. M. Kelly, M. D.

4/28, 1934 (Address) Rupert

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Payson, Utah | April 1934. |
| 20 Undertaker | Address |
| | Rupert. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, fractions should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 1934

PLACE OF DEATH

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88831

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 93

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C J Diehl

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 20 1857
7. AGE: Years 77 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME C C Diehl
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Anna Good
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Mrs. C J Diehl Filer

18. BURIAL, CREMATION, OR REMOVAL Place Filer Date May 2, 1934

19. UNDERTAKER F E Draper Twin Falls
(Address)

20. FILED May 3, 1934 Geo. C. Halley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1934, to 4-29, 1934
I last saw h alive on 4-29, 1934: death is said to have occurred on the date stated above, at 9 30a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Dilatation of the heart | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Nephritis | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C A Parkinson, M. D.
(Address) Filer Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88832

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 87

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME S Shirley & J Jews

(a) Residence. No. Kimberly R#1 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

161 1/2

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26 1934

| 7. AGE — Years — | Months — | Days — | If LESS than 1 day, 0 hrs. or 1 min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME S. F Jews

14. BIRTHPLACE (city or town)
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Laura Canfield

16. BIRTHPLACE (city or town)
(State or country) Nebraska

17. INFORMENT S F Jews
(Address) Kimberly R#1

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date April 28, 1934

19. UNDERTAKER S. C Phillips
(Address) Twin Falls

20. FILED Apr. 27 1934 Geo C Talley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 26th, 1934, to April 26, 1934

I last saw him alive on Apr 26, 1934; death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Forceps delivery with version | 4-26-34 |
| | |
| | |
| | |

Other contributory causes of importance:
Narrow Pelvis mild Tox of mother

Name of operation Forceps delivery Date of 4-26-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Caughey M. D.
(Address) Twin Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1934

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88834

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 80

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1595

2. FULL NAME Sally Rea Campbell

(a) Residence. No. Colonial Reed Apts. Twin Falls, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of XXXX

6. DATE OF BIRTH (month, day, and year) April 8, 1924

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 0 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER

13. NAME A. C. Campbell

14. BIRTHPLACE (city or town) (State or country) Rosett Utah

MOTHER

15. MAIDEN NAME Reba Leon Houtzinger

16. BIRTHPLACE (city or town) (State or country) Colfax Washington

17. INFORMENT (Address) Mr. A. C. Campbell Reed Apts. City.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Cemetery Date 4/13-, 1934

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Ida.

20. FILED Apr. 30 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 18 h, 1934, to April 18, 1934

I last saw h alive on Apr 18, 1934: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital heart | |
| Exfoliation | |
| Toxemia owing ( Forcmen Ovale | |
| to not completely | |
| Close | |

Other contributory causes of importance:

Name of operation —, Date of —

What test confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Bonsall, M. D.

(Address) Twin Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88835

PLACE OF DEATH
County of Twin Falls
City of Twin Falls, Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 75
(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clifford W. Zacharias

(a) Residence. No. 644 Main West St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 2/34

| 7. AGE Years | Months | 8 Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida

FATHER

13. NAME Wilson Zacharias

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Lois Gibbs

16. BIRTHPLACE (city or town) (State or country) Okla.

17. INFORMENT (Address) Mrs. Zacharias 222 - 3rd Ave East City

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Apr. 12, 1934

19. UNDERTAKER (Address) S. V. Phillips Twin Falls, Ida.

20. FILED Apr. 11, 1934 Geo. C. Halley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 10Th 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/7, 1934, to 4/10, 1934
I last saw h[illegible] alive on 4/10, 1934: death is said to have occurred on the date stated above, at 8.30 P.M.
The principal cause of death and related causes of importance were as follows:

Hernia in umbilical cord.

Date of onset

Other contributory causes of importance:

Name of operation Reduction of Hernia Date of 4/10/34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1934

PLACE OF DEATH

County of Twin Falls

City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2051

DO NOT WRITE IN THIS SPACE

State File No. 8883o

Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Homer E. Parmeter

(a) Residence. No. Rural Route 1 Kimberly St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Ruby (Brooks) Parmeter

6. DATE OF BIRTH (month, day, and year) Oct. 4, 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Pleasant
(State or country) Iowa

FATHER

13. NAME David E. Parmeter

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Mary S. Martin

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT David E Parmeter
(Address) Kimberly Idaho

18. ~~BURIAL, CREMATION, OR REMOVAL~~
Place Tacoma Date ....., 193..

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls Idaho

20. FILED April 5, 1934 Geo. C. Halley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1934, to Mar 21, 1934

I last saw h[illegible] alive on Mar 21, 1934 death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 3/2/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No

(Signed) J. M. Parmeter, M. D.

(Address) 3/27/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8883

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 72
(No. Twin Falls Co General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Matilda Frances Dudley

(a) Residence. No. 1336 Maple St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Frederick A. Dudley
6. DATE OF BIRTH (month, day, and year): Nov 9 1865
7. AGE — Years: 68 Months: 4 Days: 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Eureka Kansas

FATHER
13. NAME: James Hamlin
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Mrs Alton Young 1336 Maple Twin Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: Apr 7, 1934
19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho
20. FILED April 6, 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 4 1934
22. I HEREBY CERTIFY, That I attended deceased from March 25, 1934, to April 4, 1934
I last saw her alive on April 1, 1934; death is said to have occurred on the date stated above, at 10:00 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia bronchial | Mar 25 |
| Pneumococci Type IV | |

Other contributory causes of importance:

Name of operation: none Date of: ✓
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no
(Signed) L. Russell Heaney, M. D.
(Address) Twin Falls Idaho

RECEIVED AY 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8883[illegible]

PLACE OF DEATH
County of Twin Falls
City of Kimberly
Registration District No. 37
Primary Registration District No. 2065
Local Registrar's No. 73

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eldora Frances Turner

(a) Residence. No. ____ St. Kimberly Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Burrett Thos Turner

6. DATE OF BIRTH (month, day, and year) June 3-1855

7. AGE: Years 78 | Months 10 | Days 2 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ____
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Hallsville Mo.

FATHER
13. NAME: James Newman
14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER
15. MAIDEN NAME: Lucinda Gay
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Mrs Minnie Fletcher Kimberly Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date 4-7, 1934

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED April 6, 1934 Geo. C. Halley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-5 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1934, to April 5, 1934
I last saw her alive on April 1, 1934: death is said to have occurred on the date stated above, at 5:00 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | ? |
| Myocarditis | ? |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Senility & arteriosclerosis | ? |
| | |
| | |

Name of operation None Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) George C. Halley, M. D.
(Address) Twin Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1934

PLACE OF DEATH

County of Twin Falls

City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 74

DO NOT WRITE IN THIS SPACE

State File No. 88839

(No. Hansen Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Annie Belle Niseman

(a) Residence. No. Hansen, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: John Stokes Niseman

6. DATE OF BIRTH (month, day, and year): April 25, 1871

7. AGE — Years: 62 — Months: 11 — Days: 13 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Janesville, Wis.

FATHER

13. NAME: Geo. H. Nesbeitt

14. BIRTHPLACE (city or town) (State or country): Gasport, N. Y.

MOTHER

15. MAIDEN NAME: Alice H. Duncan

16. BIRTHPLACE (city or town) (State or country): Edinburg, Scotland

17. INFORMENT (Address): William D. Nesbeitt, Hansen, Idaho.

18. BURIAL, CREMATION, REMOVAL Place: Twin Falls Cemetery Date: 4/10/, 1934

19. UNDERTAKER (Address): White Mortuary Inc. Twin Falls, Ida.

20. FILED April 9, 1934 Geo. E. Vallery, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/8/ 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to 4/8/, 1934.

I last saw her alive on 3-29, 1934.; death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Carcinomatosis from Epidermoma of right breast | 1915 |
| Left breast | 1919 |

Other contributory causes of importance:

Name of operation: Radical Amputation of Left breast Date of: 1915-1919

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Coughlin M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1[illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88840

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 786
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Twin Falls Co. General Hospital)

2. FULL NAME Gladys B. Tucker

(a) Residence. No. [illegible] St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Married
6. DATE OF BIRTH (month, day, and year): Dec 1, 1895

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 39 | 4 | 12 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Nurse
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): April 1934
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Springfield Mass.

MOTHER
13. NAME: Eugene Burgess
14. BIRTHPLACE (city or town) (State or country): Hartford Vermont

FATHER
15. MAIDEN NAME: Attie May Clark
16. BIRTHPLACE (city or town) (State or country): Hartford Vermont

17. INFORMANT (Address): N.C. Maggard Buhl, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls, Ida. Date: Apr. 16, 1934

19. UNDERTAKER: Evans & Johnson
(Address): Twin Falls, Idaho

20. FILED: Apr. 14 1934 Geo. C. Valley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934, to April 13, 1934.
I last saw h[illegible] alive on April 12 1934; death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Apr. 8/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Extraction teeth 4 | |
| General Anesthetic | Apr. 3/34 |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John R. Morgan, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1934

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88841

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 78

(No. ) 78
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Henry Black

(a) Residence. No. 394 Quincy St., Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME J. M. Black

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sara Vestal

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) Nora Bahlstrom Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem. Date Apr. 6, 1934

19. UNDERTAKER F. E. Burke (Address) Twin Falls

20. FILED April 16, 1934 Geo. C. Talley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw ~~him alive~~ on April 3, 1934: death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epileptica for (15) years | |

Other contributory causes of importance:

Apoplexy.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. D. Wright Sr., M. D.

Address Twin Falls County.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88842

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 795

(No. 429 - 4th Ave., W.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Cynthia C. Slater.

(a) Residence. No. 429 - 4th Ave. W. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Frank M. Slater

6. DATE OF BIRTH (month, day, and year) Feb. 20. 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 61 | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elderado Springs
(State or country) Mo.

FATHER

13. NAME Richard P. Barnes

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Mary Ater

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT E. M. Slater.
(Address) 429 - 4th Ave. W.

18. BURIAL, CREMATION, OR REMOVAL
Place T. F. Cemetery Date 4-16, 1934

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED Apr. 16, 1934 Geo. C. Kelley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to April 13, 1934

I last saw her alive on April 10, 1934; death is said to have occurred on the date stated above, at 5:30 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Coronary Thrombosis | 4-13-34 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arterial Hypertension | 1915 |
| Cerebral Hemorrhage | 1923 |
| Hemiplegia | |

Name of operation ... Date of ✓

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John F. Lowsley M. D.

(Address) Twin Falls Idaho

RECEIVED MAY [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8884[illegible]

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 708 J
Local Registrar's No. 81
(No. County Hospital
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Henry W. Parker 92

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 25 1863
7. AGE: Years 71 | Months 1 | Days 21 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nova Scotia Canada

FATHER
13. NAME: Robert W. Parker
14. BIRTHPLACE (city or town) (State or country): Nova Scotia

MOTHER
15. MAIDEN NAME: Mary Ann Hutchinson
16. BIRTHPLACE (city or town) (State or country): Nova Scotia

17. INFORMENT (Address): Mrs. Parker Twin Falls
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Apr 8, 1934
19. UNDERTAKER (Address): E. K. Drake Twin Falls
20. FILED Apr. 19, 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 16 1934
22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1934, to 4/16, 1934
I last saw h[illegible] alive on 4/16, 1934: death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of the mesenteric Artery. | 4/13/34 |

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 4/15/34
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 19

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88844

County of Twin Falls
City of Filer
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 82

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

155

2. FULL NAME Hallie E. Peterson

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 3 / 1846

7. AGE: Years 87 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Henry Hockley

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Lucy M. Crowell

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs Helman Filer

18. BURIAL, CREMATION, OR REMOVAL Place Filer Date Apr , 1934

19. UNDERTAKER E. E. Drake (Address) Twin Falls

20. FILED Apr. 19, 1934 Geo. Halley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19-28, 1933, to April 16 1934

I last saw her alive on April 14, 1934; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arthritis | 1910 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Nephritis | 1905 |

Name of operation None Date of —

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. A. Durgin, M. D.

(Address) Filer Idaho

RECEIVED DEATH 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88845

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 83
(No. Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James David Orville Cobbley 90

(a) Residence. No. Dello Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. J. W. Cobbley

6. DATE OF BIRTH (month, day, and year) July 14 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 57 | 9 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 3/14/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove - Utah

MOTHER/FATHER

13. NAME James Cobbley

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Emma Thorne

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Aunt Cobbley Dello Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Dello Cemetery Date 4/20, 1934

19. UNDERTAKER (Address) H. E. Johnson Burley Ida. Bro.

20. FILED Apr. 21, 1934 Geo. L. Talley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/16 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1934, to April 16, 1934.
I last saw him alive on April 16 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | Immediate |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chr. Myocarditis | 1925 |
| Gastric Ulcer | 1920 |
| | |

Name of operation Posterior Gastro Enterostomy Date of 4-14-34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Charles B. Reymer M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88846

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 84
(No. 325 Blue Lakes Blvd. N. Twin Falls)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Iva Fitzpatrick.

(a) Residence. No. Hazelton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of George Fitzpatrick

6. DATE OF BIRTH (month, day, and year) Oct. 23, 1900.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 33 | 5 | 27 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mountain Home, Ark.

FATHER
13. NAME J. T. Chandler
14. BIRTHPLACE (city or town) (State or country) Ark.

MOTHER
15. MAIDEN NAME Cordelia Hill
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) George Fitzpatrick Hazelton, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Hazelton, Idaho Date 4-22, 1934

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED Apr. 21, 1934 Geo. Valley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 1934, to April 20, 1934
I last saw ~~or~~ alive on Apr. 20, 1934 death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Thrombosis | Sudden |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Automobile accident with contusion wound to Right Knee | 10 days |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/8, 1934
Where did injury occur? Near Hazelton Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public road (Auto accident)
Manner of injury Overturned car.
Nature of injury Contusion Wound Right Knee

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Russell P. Croft M.D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8884

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 85
(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1184

2. FULL NAME Walter Wallace McCabe.

(a) Residence. No. Berger. Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Viola McCabe,

6. DATE OF BIRTH (month, day, and year) Oct. 31 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 5 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Okesdale (State or country) Wash.

FATHER

13. NAME William McCabe

14. BIRTHPLACE (city or town) Indianna (State or country)

MOTHER

15. MAIDEN NAME Laura Hubbard

16. BIRTHPLACE (city or town) Salem (State or country) Oregon

17. INFORMENT (Address) Mrs. Viola McCabe Berger, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Filer Cem Date 4-25, 1934

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho.

20. FILED Apr. 24, 1934 Geo. C. Wallen M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1934 to 4-20, 1934

I last saw him alive on April 20, 1934: death is said to have occurred on the date stated above, at 4:10 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated obstruction | 4-19-34 |
| adhesions from old | |
| abdominal thoracic | |
| in runaway accident | 1932 |

Other contributory causes of importance:
also an appendix ruptured about small gut causing 4-19-34
a disturbance

Name of operation Exploratory Laparotomy Date of 4-19-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. While Speeding passed on

Manner of injury his runaway team ran

Nature of injury away. Throwing him out

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John R. Coughlen M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88848

**PLACE OF DEATH**

County of Valley

City of Cascade Idaho

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elbert Earl Patterson

(a) Residence. No. ..... Cascade, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wythe Ville Virginia

FATHER

13. NAME Edwin O. Patterson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Lorena Hollaway

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) E.H. Patterson Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Cascade Idaho Date April 26 193 34

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED April 25, 193 4 Gardner Purdy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/24/1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | |
| ..... | |
| ..... | |
| ..... | |
| ..... | |
| Other contributory causes of importance: | |
| ..... | |
| ..... | |
| ..... | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193...
Where did injury occur? Cascade Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Inter Mtn. Hardware Store
Manner of injury Gun shot wound
Nature of injury thru the heart

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A.D. Robb Coroner, M.D.
(Address) Cascade Ida. (Valley County Ida.)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8884

**PLACE OF DEATH**
County of Valley
City of Mc Call

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 7

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Flordia Waln

(a) Residence. No. Mc Call St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lorenzo D Walm

6. DATE OF BIRTH (month, day, and year) June 11 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 43 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Miami
(State or country) Flordia

FATHER

13. NAME Albert Wait

14. BIRTHPLACE (city or town) Moundsville
(State or country) West Virgina

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMENT Lorenzo D Walm
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mc Call Date April 27 1934

19. UNDERTAKER Johnson Funeral Service
(Address) New Meadows Ida

20. FILED April 26, 1934 E. M. Gardner Ready
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) apr. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from apr. 16, 1934, to apr 25, 1934

I last saw her alive on apr. 25, 1934: death is said to have occurred on the date stated above, at 6 a/p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bowel Lesion | |
| Pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| This Camage - 7th day | |
| Diabetes (2 mos) | |
| Fatty) 6 mos. | |

Name of operation None Date of ____

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Dow E Thurston, M. D.

(Address) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Custer

DO NOT WRITE IN THIS SPACE
State File No. 8885

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 19
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara May Woodruff

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F | Wht | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 18—1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 0 | 0 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Tony Woodruff
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wyoming
12. MAIDEN NAME OF MOTHER Ruby Asburry
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ky

14. Informant (Address) Tony Woodruff Weiser Idaho

15. Filed May 7, 1934 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 22 (Month) (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from April 18, 1934, to April 22, 1934
that I last saw h.. alive on April 22, 1934
and that death occurred, on the date stated above, at 10 00 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Malnutrition
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. Custer M. D.
April 23, 1934 (Address) Fuller Bldg.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 4-22-1934 |
| 20. Undertaker L. C. Northam | Address Weiser Ida |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8885

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 20
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Catherine Mc Mullen

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wht
5. Single, Married, Widowed, or Divorced (write the word.): sing
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Sept 26
7. AGE: Years: 11 Months: 7 Days: 0 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: student
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Oregon

PARENTS
10. NAME OF FATHER: O. C. Mc Mullen
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Oregon
12. MAIDEN NAME OF MOTHER: Cora Short
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Idaho

14. Informant: O. C. Mc Mullen
(Address) Weiser Idaho

15. Filed May 7, 1934 Emma a Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 26th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from Apr. 26, 1934, to Apr. 26, 1934
that I last saw h alive on Apr 26, 1934
and that death occurred, on the date stated above, at 7:15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. 2 (?) ds.

CONTRIBUTORY (Secondary): Acute Benjamin Appendicitis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Apr. 26-34
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Hyden Hancock, M. D.
Apr 27, 1934 (Address) Weiser - Idaho

19. Place of Burial, Cremation, or Removal: Weiser Idaho — Date of Burial: 4-28-1934

20. Undertaker: L. C. Northam — Address: Weiser Ida

PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88852

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2117 Local Registrar's No. 18
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emil Dusbabek

(a) Residence. No. Corn Road St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wht | married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Hazel Dusbabek.

6. DATE OF BIRTH (month, day and year) June 20 - 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 9 | 29 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) No. Dak

PARENTS
10. NAME OF FATHER Dusbek.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bohemia
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Austria

14. Informant (Address) Hazel Dusbabek. Weiser Ida R 4

15. Filed May 1, 1934 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 19- (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
4-1-, 1934, to 4-19-, 1934
that I last saw him alive on 4-19-, 1934
and that death occurred, on the date stated above, at 6 0 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Influenza with
Bronchitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Fr Salamon, M. D.
4-20-, 1934 (Address) Weiser Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 4-23-1934 |
| 20. Undertaker L. C. Northam | Address Weiser Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 8885[illegible]

**PLACE OF DEATH**
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Cyril Ford Dasso

(a) Residence. No. 619 West Comm St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| W | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) May 5th 1916

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 17 | 11 | 8 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Council Bluffs Iowa

PARENTS

10. NAME OF FATHER Lorew David
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wis
12. MAIDEN NAME OF MOTHER Bella Babbit
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant Forrest David (Address) Weiser Idaho

15. Filed Apr 24 1934 Emma Hamilton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH April 13 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 29 1934, to April 13 1934, that I last saw him alive on April 13 1934, and that death occurred, on the date stated above, at 10:30 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

.....(duration) .....yrs. .....mos. 16 ds.

CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) F A Kennedy, M. D.
April 13 1934 (Address) Weiser Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 4-15-1934 |

| 20. Undertaker | Address |
|---|---|
| L. C. Northam | Weiser Idaho |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88854

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 8
Primary Registration District No. 1010
Local Registrar's No. 16

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Irene Clobby

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of L. A. Clobby

6. DATE OF BIRTH (month, day, and year) Sept 25-

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | 6 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Herk Moorhead
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Elizabeth McRoberts
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) Mrs Claude Hargroves Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 4-6-, 1934

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED April 6 1934 Emma Hamilton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to April 3, 1934
I last saw her alive on April 3rd, 1934: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Liver | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. H. Marshall, M. D.
(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88855

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 8 6
Primary Registration District No. 2 1 1 2
Local Registrar's No. 13

(No. ) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Fletcher

(a) Residence. No. Sumpter St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Wht | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 9-1911

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 3 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Midvale
(State or country) Idaho

FATHER
13. NAME L R. Fletcher
14. BIRTHPLACE (city or town)
(State or country) Mo

MOTHER
15. MAIDEN NAME Mary Daughtry
16. BIRTHPLACE (city or town)
(State or country) Mo

17. INFORMENT Gertrude Dorris
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Idaho Date 4-2-, 193 4

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED April 6 193 4 Emma Hamilton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 193 4, to Mar 30, 193 4
I last saw her alive on Mar 7, 193 4: death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | 1929 |
| Lungs. | |
| Acute Hemorrhage | |
| Lung. due to Tuberculosis | |
| Other contributory causes of importance: | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) F A Schmidt, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88856

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 14

(No. 6) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Nathan Hayes 1010

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wht | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Dessie Hayes

6. DATE OF BIRTH (month, day, and year) Nov. 21-1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 40 | 3 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME John Hayes

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Linda M Conger

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Dessie Hayes Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Indian Creek Date 3-22-, 193 4

19. UNDERTAKER L. B. Northam (Address) Weiser Idaho

20. FILED Mar 28, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 20th 193 4

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1934, to Mar 20, 1934

I last saw him alive on Mar 20, 1934: death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Mar 12, 34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyden Hamlin, M. D.

(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8885?

**PLACE OF DEATH**
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 13

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Langdon Francis Ault

(a) Residence. No. 341 – E Post St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wht | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of –

6. DATE OF BIRTH (month, day, and year) April 29 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|
| 27 | 10 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Wm Ault
14. BIRTHPLACE (city or town) (State or country) Wis

MOTHER
15. MAIDEN NAME Hettie Turnipseed
16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMENT (Address) Hettie Ault Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser, Idaho Date 3-21-, 193 4

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED Mar 29, 193 4 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by inhalation Carbon Monoxide Gas in Closed Automobile | |
| No Inquest | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. C. Northam, ~~M. D.~~ Coroner

(Address) Weiser Idaho

CEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8885o

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 26
Primary Registration District No. 2621
Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ollie as Timmy 182

(a) Residence. No. Crystal St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|
| about 21 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Jarvey Timmy
14. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER
15. MAIDEN NAME: Ada Hall
16. BIRTHPLACE (city or town) (State or country): Ky

17. INFORMENT (Address): Noah Newson Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Weiser Ida. Date: 3-19-, 1934

19. UNDERTAKER: L. C. Northam
(Address): Weiser. Idaho

20. FILED: Mar 22, 1934 Emma Hamilton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Killed | |
| by jumping off a | |
| Moving Automobile | |
| Head Crushed and | |
| Other contributory causes of importance: | |
| neck broken | |
| No inquest | |

Name of operation: ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) L. C. Northam Coroner, M. D.
(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88859

**PLACE OF DEATH**
County of Washington
City of Weiser

Registration District No. 8
Primary Registration District No. 7010
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Josephine Thomas

(a) Residence. No. 647 W Main St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Wht | married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of W. G. Thomas

6. DATE OF BIRTH (month, day, and year) Dec 25-1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 3 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Charles Perry.

14. BIRTHPLACE (city or town) (State or country) Portugal

MOTHER

15. MAIDEN NAME Annie E. Jones

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMENT (Address) W. G. Thomas Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery City Cem Date 3-13-, 1934

19. UNDERTAKER L. C. Northrop
(Address) Weiser Idaho

20. FILED Mar 22, 1934 Evelyn Hamilton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10-, 1934, to March 11, 1934

I last saw h alive on March 8, 1934: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility, | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. A. Schramm, M. D.

(Address) Weiser Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88800

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2107
Local Registrar's No. 21

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel A Cupp

(a) Residence. No. Baker Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Bernadette Lorin Cupp

6. DATE OF BIRTH (month, day and year) Aug

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Forest service
(b) General nature of industry, business, or establishment in which employed (or employer) Guide
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Babcock Oregon

PARENTS

10. NAME OF FATHER William Cupp
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know
12. MAIDEN NAME OF MOTHER Elizabeth Roberts
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant James Munroe
(Address) Baker Idaho

15. Filed May 7, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 30th, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1934, to Apr 30, 1934, that I last saw him alive on Apr 30, 1934, and that death occurred, on the date stated above, at 1 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Spotted Fever

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. A. Marshall, M. D.
May 1, 1934 (Address) Weiser

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Caldwell Idaho | 5-2-1934 |

20. Undertaker L. C. Northam Address Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY [illegible]

88861

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Lund, Ida.

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. [illegible]61

Registration District No. 84

Primary Registration District No. 2161 Local Registrar's No. 10

(No. 205 )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Edward Stanton

(a) Residence. No. Lund Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jennie A Stanton

6. DATE OF BIRTH (month, day, and year) July 26, 1861

7. AGE: Years 72 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) LaSalle Illinois

FATHER

13. NAME Thomas Stanton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Malley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Jennie A. Stanton Lund, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Mt. View Pocatello May 6 1934

19. UNDERTAKER (Address) H. G. McCarthy Pocatello Idaho

20. FILED May, 193... Mrs. G. G. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 193.4, to 5-1-, 193.4

last saw ... alive on ....., 193...; death is said to have occurred on the date stated above, at 11:00 a.m. p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation. None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Caring.)

(Signed) [illegible] M. D.

(Address) Lund Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

88262

**PLACE OF DEATH**
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88862

Registration District No.
Primary Registration District No. 6 Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lulu S. Buckmaster

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| fem | wht | married |

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C D Buckmaster

6. DATE OF BIRTH (month, day, and year) July 30 - 1882

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51. | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Mannie Miller

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Clara Turner

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT C D Buckmaster
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 5/15, 1934

19. UNDERTAKER C C Adkins
(Address) Caldwell Idaho

20. FILED 5/15, 1934 J L Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1934, to 5-17, 1934.
I last saw her alive on 5-17, 1934. death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | |
| having its origin in | |
| the left breast | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ..... M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

8-1863

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88863
State File No.

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 34

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Samuel Walton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mildred Walton

6. DATE OF BIRTH (month, day, and year) June 17-1886

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albion, Ida
(State or country)

FATHER

13. NAME Thomas Walton

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Helen Rathbone

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMENT Mrs. Mildred Walton
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Albion Ida. Date Mar. 6, 1934

19. UNDERTAKER Walton Undertaking
(Address)

20. FILED 3-18, 1934 E. H. Edmonson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 7:40 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| While acting in his capacity as Sheriff, in effecting to arrest Harry Lee Rogers who was shot by Rogers with a Revolver, 2nd Left very quickly | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Examination Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 3-2, 1934

Where did injury occur? Rupert Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Goodsman, M. D.

(Address) Rupert Idaho Coroner.

88864

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada George

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88864

Registration District No.

Primary Registration District No. Local Registrar's No. 146

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert MacDowell McCracken

(a) Residence. No. 405 Union street St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Nida Ezell McCracken

6. DATE OF BIRTH (month, day, and year) March 15 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 years | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Attorney at Law

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 5-16-34

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Carmi (State or country) Illinois

FATHER

13. NAME Robert DeMotham McCracken

14. BIRTHPLACE (city or town) U. S. A. (State or country)

MOTHER

15. MAIDEN NAME Ellen Myrick

16. BIRTHPLACE (city or town) U. S. A. (State or country)

17. INFORMANT Frances M. Ramsay (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Idaho Date May 19 1934

19. UNDERTAKER Shriber & McCann (Address) Boise Idaho

20. FILED May 22 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chest crushed | |
| in Automobile | |
| accident | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, ~~suicide, or homicide?~~ ..... Date of injury 5/16 1934

Where did injury occur? Freeze Out Hill Highway near Emmett Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public highway

Manner of injury Chest crushed

Nature of injury by auto accident

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) C. O. Blackmore M. D. Coroner

(Address) Emmett Idaho

Dr Cochran ✓
88865

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88865

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Edith Pratt.

(a) Residence. No. 1221 Euclid St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis F. Pratt.

6. DATE OF BIRTH (month, day, and year) August 13, 1882.

7. AGE — Years: 51 | Months: 8 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Red Cliff, Colorado.

FATHER

13. NAME: Hashberger.

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Louis F. Pratt., 1221 Euclid, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date May 11 1934

19. UNDERTAKER (Address): Summers & Krebs, Boise, Idaho

20. FILED 5-11, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to May 9, 1934.

I last saw her alive on May 9, 1934.: death is said to have occurred on the date stated above, at 11:17 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of breasts | 5 yrs. ago |
| Indang. cancer throughout | |
| internal viscera | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert Cochran, M.D.
(Address) 320 Idaho Bldg. Boise Idaho

MAY 26 193[illegible]

88866

# PLACE OF DEATH

County of Bannock

City of POCATELLO, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88866

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Thomas Stanford

(a) Residence. No. POCATELLO, IDAHO St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 39 | 5 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... Timekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ..... O.S.L. R.R. Co.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denison Texas

FATHER

13. NAME George F. Stanford

14. BIRTHPLACE (city or town) (State or country) Grand Rapids Michigan

MOTHER

15. MAIDEN NAME Matilda Hasler

16. BIRTHPLACE (city or town) (State or country) Grand Rapids Michigan

17. INFORMANT Mrs. A. M. [illegible]
(Address) POCATELLO, IDAHO

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Kansas City, Mo. Date May 16 1934

19. UNDERTAKER J. L. McCarthy
(Address) Pocatello Ida

20. FILED May 16 1934 L. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1934, to 5/15, 1934.

I last saw him alive on 5/15, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis Right Coronary artery | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Heaney, M. D.
(Address) POCATELLO, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

88867 ✓

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 88867

Local Registrar's No. 157

1872

2. FULL NAME Luther A. Lowry

(a) Residence. No. 1212 No. 16th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha E. Lowry

6. DATE OF BIRTH (month, day, and year)
August 31, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Palouse, Wn.
(State or country)

FATHER

13. NAME George W. Lowry

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Emma Palmer

16. BIRTHPLACE (city or town) Minn.
(State or country)

17. INFORMANT Everard E. Lowry
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-24, 1934

19. UNDERTAKER W. McBratney Boise
(Address)

20. FILED 5-24, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/22 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 22, 1934.
I last saw him alive on May 22, 1934.; death is said to have occurred on the date stated above, at 1.2 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Concussion~~ Traumatic | May 22-1934 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Fractured ribs - C | May 20-1934 |
| punctured lung - Rt | 0 |
| Accident - auto | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accid Date of injury May 20, 1934
Where did injury occur? Boise, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public street
Manner of injury Auto - accident
Nature of injury fractured ribs - C Lung Punctured

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Harold L. Hokea, M. D.
(Address) Boise, Idaho

Rec'd 5-28-34

88868

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88868
State File No.

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 55

(No. ) Veterans Administration Fac., Boise, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME GIBSON, William A.

(a) Residence. No. St. St. Anthony, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Roberta Gibson

6. DATE OF BIRTH (month, day, and year)
Feb. 23, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 50 | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Virginia
(State or country)

FATHER

13. NAME John Gibson

14. BIRTHPLACE (city or town) W. Virginia
(State or country)

MOTHER

15. MAIDEN NAME Phoebe Crowe

16. BIRTHPLACE (city or town) W. Virginia
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Shipped
Place St. Anthony, Ida. Date 5-26 1934

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-26, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-25-1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to May 25, 1934.
I last saw him alive on May 25, 1934; death is said to have occurred on the date stated above, at 1:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis and Endocarditis | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. E. BAKER, M. D.
(Address) V. A., Boise, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Rec'd 5-31-34

88869

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88869
State File No.

**PLACE OF DEATH**

County of Bonner

City of Clarkfork

Registration District No. 89

Primary Registration District No. 2157

Local Registrar's No. 7

(No. Clarkfork Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs Catherine Mead

(a) Residence. No. Clarkfork Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widow |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Mead

6. DATE OF BIRTH (month, day, and year) Nov 29 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 73 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Barrett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs Margaret Carter Clarkfork Ida

18. BURIAL, CREMATION, OR REMOVAL Place Clarkfork Date 5/6, 1934

19. UNDERTAKER Tandeen & C (Address) Sandpoint Idaho

20. FILED May 9, 1934 John Larson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from many years, 193..., to ..., 193...

I last saw her alive on about Feb 4, 1934; death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular-Renal disease | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. P. Stackhouse, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 8 PM

# PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88870
State File No.....

Registration District No. 72

Primary Registration District No. 2155 Local Registrar's No. 37

(No. 607 Lakeview Blvd.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Helander

(a) Residence. No. 607 - Lakeview Blvd. St.
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Herman Helander

6. DATE OF BIRTH (month, day, and year) March 26, 1882

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 52 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Finland

MOTHER FATHER

13. NAME Otto Leponiemi
14. BIRTHPLACE (city or town) (State or country) Finland
15. MAIDEN NAME Caralina Leponiemi
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT (Address) Herman Helander 607 Lakeview Blvd - Sandpoint Ida

18. BURIAL, CREMATION OR REMOVAL Place Sandpoint, Ida Date May 10, 1934 Pinecrest Cem

19. UNDERTAKER (Address) L. A. Moon Sandpoint, Idaho

20. FILED May 9, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1933, to May 8, 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7:10 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1933 |

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Wm. F. Lyle M. D.
(Address) Sandpoint, Idaho.

Did not see in last illness.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88871

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 135

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lily Louis Maxwell

(a) Residence. No. ..... St. Anthony Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) June Jan. 25-1866

7. AGE — Years: 68 — Months: 3 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Columbia Ind

FATHER

13. NAME Cyrus Maxwell
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Sarah Bloomfield
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Thomas H. Maxwell St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 5—, 193..

19. UNDERTAKER (Address) W. M. Hanscom St. Anthony Idaho

20. FILED June ..., 1934 Detroit Munk Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1934, to 5-23, 1934.

I last saw h...alive on 5-22-1934: death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Addison M. D.
(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88872

County of Ellen
City of Emmett
Registration District No. 4
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Belle Payne

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Frank S. Payne
6. DATE OF BIRTH (month, day, and year): Oct 18 - 1865
7. AGE — Years: 68 — Months: 6 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Livingston Illinois

MOTHER FATHER
13. NAME: J. A. Haldeman
14. BIRTHPLACE (city or town) (State or country): Livingston Ill
15. MAIDEN NAME: Virginia Hutchinson
16. BIRTHPLACE (city or town) (State or country): Livingston Ill

17. INFORMANT (Address): Otto Payne

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 4/30 1934

19. UNDERTAKER (Address): C. D. Breckenridge Emmett Ida

20. FILED 4/30, 1934 J. L. Reynolds Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1934, to 4-26, 1934
I last saw her alive on 4-26, 1934; death is said to have occurred on the date stated above, at 11 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 4-20-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | 1932 |
| Edema | |
| Chronic Nephritis | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Edward D. Parkinson M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1934 12743

# PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88873

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Caroline Patrick

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| fem | white | married |

6a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James Patrick

6. DATE OF BIRTH (month, day, and year) Sept 29 - 1885

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montrose Colorado

MOTHER FATHER

13. NAME Jacob C. Mills

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Emaline Rose

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. Bertha Davis
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 5/28 1934

19. UNDERTAKER O. Brackenreed
(Address) Emmett Idaho

20. FILED 5/28, 1934 J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-26 ....., 1933., to 5-26 ....., 1934.
I last saw her alive on 5-25 ....., 1934.; death is said to have occurred on the date stated above, at 6 A ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic Carcinoma of left breast | Not known |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) .....

Burial 88874

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88874

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 166

(No. St. Luke's Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Effie Lois Kautz.

(a) Residence. No. 4 miles N. W. of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lester R. Kautz.

6. DATE OF BIRTH (month, day, and year): December 11, 1910.

7. AGE — Years: 23 — Months: 5 — Days: ~~26~~ 27. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

FATHER

13. NAME: Purl E. Lawler

14. BIRTHPLACE (city or town) (State or country): Missouri.

MOTHER

15. MAIDEN NAME: Ettie Cline.

16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMANT (Address): Lester R. Kautz. R. F. D. 7 Boise, Idaho.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place: Morris Hill Date: June 11, 1934

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6-11-, 1934 W. T. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 8 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934 to June 8, 1934

I last saw h[illegible] alive on June 8, 1934: death is said to have occurred on the date stated above, at 6:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Bronchopneumonia | |
| Meningitis | June 2, 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocarditis & Par. Fibrosis Bronchiectasis from History | 24 yrs. |

Name of operation: None Date of:

What test confirmed diagnosis: Spinal Puncture Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Alfred Budge, M.D.
(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

88875

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88875

**PLACE OF DEATH**

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 41

(No. 428 s. Euclid St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sidney H. Smith

(a) Residence. No. 428 S. Euclid St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agness Storey Smith

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 4 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lawyer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Private Practice

10. Date deceased last worked at this occupation (mo. and yr.) May 21, 34

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

MOTHER FATHER

13. NAME Erastus W. Smith

14. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

15. MAIDEN NAME Edith Hendricks

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Agnes S. Smith
(Address) Sandpoint Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Cremation
Place Spokane, Wn. Date May 24 193 4

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED May 23, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 22 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to May 22 193 4.
I last saw h/w alive on May 22, 193 4.; death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | May 22 1934 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Floyd G. Wheeler, M. D.
(Address) Sandpoint, Idaho

88876

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88876
State File No.

PLACE OF DEATH

County of Bannock
City of Chesterfield, Idaho
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 11
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Simons

(a) Residence. No. Chesterfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Sarah E. Simons

6. DATE OF BIRTH (month, day, and year) Jan-10 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) May-12-34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Bountiful Utah

FATHER

13. NAME Edward Simons,

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Jane ~~Meredith~~ Meredith

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) J.E.Simons, Chesterfield, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Chesterfield, Ida Date May-16, 1934

19. UNDERTAKER Had none.
(Address)

20. FILED May 30, 1934 Mrs. G G Fitz
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May-12 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9- , 1934, to May 12 , 1934
I last saw him alive on May 9 , 1934; death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of right 4th, 5th and 6th rib, puncture of the lung. | |
| Other contributory causes of importance: Gen. disability incidental to his age | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 193
Where did injury occur? Chesterfield, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Horse ran away, upsetting the cart on the public road
Manner of injury Fracture of ribs
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Collins Lewis Fry, M. D.
(Address) Soda Springs Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PL , WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 15 1934

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88877

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 29

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Robinson Ross.

(a) Residence. No. View Near Burley. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edoth E. Ross.

6. DATE OF BIRTH (month, day, and year) June 29th 1884.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Agriculturist.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ------

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plevna Mosuri

FATHER

13. NAME Wm. M. Ross.

14. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER

15. MAIDEN NAME Susian M. Robinson.

16. BIRTHPLACE (city or town) (State or country) Kentuckey.

17. INFORMENT (Address) Edoth E. Ross. Burley Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 5-22, 1934

19. UNDERTAKER (Address) [illegible] Burley Idaho

20. FILED 5/19, 1934 Laura Sheets Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-15-, 1934, to 5-18-34, 1934

I last saw h alive on 5-18-, 1934; death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 5-16-34 |
| Arteriosclerosis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leland Sturgeon, M. D.

(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

88878

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88878

**PLACE OF DEATH**

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 28
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick James Duffy

(a) Residence. No. ... St. Clarkston Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Duffy

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 25 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rail Blazer Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Forest Service
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6 weeks

12. BIRTHPLACE (city or town) (State or country) Anaconda Mont.

FATHER

13. NAME P. J. Duffy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. McMay
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. Helen Duffy Clarkston, Wash.
18. BURIAL, CREMATION, OR REMOVAL Place Heron, Mont. Date June 4. 1934
19. UNDERTAKER (Address) Mitchell & Wessa St. Maries, Ida.
20. FILED 6-8, 1934 Walter Roberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1934
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934, to June 3, 1934
I last saw him alive on June 3, 1934; death is said to have occurred on the date stated above, at 1:15 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatic shock following severe crushing injuries to chest and body | June 2 1934 |

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/2, 1934
Where did injury occur? Shoshone Co., Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In road Construction Forest Service
Manner of injury Caterpillar tractor tipped over
Nature of injury Crushing injuries chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was tractor operator
(Signed) Carl Johns, M. D.
(Address) St. Maries Ida.

88879

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88879

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 92

(No. 2)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sally Lovina Parker

(a) Residence. No. [illegible] Blackfoot, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma Parker

6. DATE OF BIRTH (month, day, and year): Feb 25, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 3 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housework for self.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

FATHER
13. NAME: William Hill
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Sally Falicia Hadlock
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Geo H Clark Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Bennington Idaho Date June 1st, 1934

19. UNDERTAKER (Address): E W Peck Blackfoot Idaho

20. FILED May 28, 1934 Mrs Walter E Bruce Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to May 29, 1934
I last saw h[illegible] alive on May 6, 1934: death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Jan 1, 1934 |
| Other contributory causes of importance: Chronic Interstitial nephritis | 1930 |

Name of operation: — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8

88880

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88880
State File No.

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 68

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amos Benjamin Hastriter

119

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1889

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME M. Hastriter

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Harrison

16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT John Hastriter
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida Date 5-16 1934

19. UNDERTAKER F. K. obinson
(Address) Nampa, Ida.

20. FILED June 6, 1934 Lyda A. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/14 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1934, to 5-14, 1934

I last saw h~~im~~ alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Burned | 5-10-34 |
| Gasoline explosion | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 5/10 1934
Where did injury occur? In Auto West of Nampa
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. C. Bellman M. D.

(Address) Nampa Ida

88881

RECEIVED [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88881

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 104

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Edward Allen Davies

90

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Mary Ann Moss

6. DATE OF BIRTH (month, day, and year): May 14, 1860.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

FATHER

13. NAME: Thomas Davies

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Eliza Allen

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Claude C. Davies, McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho. Date May 15, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED May 14, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 11, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 11, 1934.

I last saw him alive on May 10, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease | 1920 |
| Other contributory causes of importance: Cardeo Renal | 1930 |

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) William F. Howard M. D.
(Address) Pocatello, Idaho.

RECEIVED JUN 23 1934

88882

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88882
State File No.

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2-15-7 Local Registrar's No. 11
(No. Ida Falls, L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Earl Schaumleffel

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mattie M. Butler

6. DATE OF BIRTH (month, day, and year) Jan 9, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 43 | 4 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Creamery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Archer Nebraska

FATHER

13. NAME Samuel Schaumleffel

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Emma Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Ed. C. Schaumleffel Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cem. Date 5-31, 1934

19. UNDERTAKER (Address) O. L. Bush Ida. Falls Idaho

20. FILED 5/31, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934, to May 29, 1934
I last saw him alive on May 29, 1934; death is said to have occurred on the date stated above, at 7:40 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | May 22 1934 |
| Other contributory causes of importance: | |
| Acute Myocarditis | May 28 1934 |

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88883

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 56

(No. ) 18

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. Roberts

(a) Residence. No. Route 4 St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | M |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Etta Wallace Roberts

6. DATE OF BIRTH (month, day, and year)
May 29 - 1880

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 53 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Wm. F. Roberts

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Margaret Carroll

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT John W. Roberts
(Address) Boise, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date 5/28, 1934

19. UNDERTAKER W. McBratney
(Address) Boise

20. FILED 5-26 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to May 26, 1934.

I last saw h[illegible] alive on May 25, 1934.: death is said to have occurred on the date stated above, at 4.05 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | May 10/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. M. Howerton, M. D.

(Address) Boise Idaho

RECEIVED JUN 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88884

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 133

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

118 b

2. FULL NAME Matt Pavletich

(a) Residence. No. ..... St. Atlanta, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pavletich

6. DATE OF BIRTH (month, day, and year) Feb. 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold Mine

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Lichi Osik Croatia

FATHER

13. NAME Geo. Pavletich

14. BIRTHPLACE (city or town) (State or country) same

MOTHER

15. MAIDEN NAME Matija Voyvosdick

16. BIRTHPLACE (city or town) (State or country) same

17. INFORMANT Pete Pavletich
(Address) Atlanta, Ida

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Cem. Date 4-30, 1934

19. UNDERTAKER Schreiber and McCann
(Address) Boise, Idaho

20. FILED 5-2-34, 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-15-34, 193..., to 4-26-34, 193... I last saw him alive on 4-25-34, 193...: death is said to have occurred on the date stated above, at 1:50 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstruction, intestinal | |
| Acute - Volvulus | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Intest. Resection Date of 4-15-34

What test confirmed diagnosis? Clin. & surgical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Richard D. Lamonton M.D.

(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88885

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 134

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jackson Fields

(a) Residence. No. 608 So. 17th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) March --, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | 2 | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana (State or country)

FATHER

13. NAME Jackson Fields

14. BIRTHPLACE (city or town) Tenn. (State or country)

MOTHER

15. MAIDEN NAME Phoebe Collins

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT George Fields (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-3-, 1934

19. UNDERTAKER W. McBratney (Address)

20. FILED 5-3, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3, 1934.

22. I HEREBY CERTIFY, That I attended deceased from October, 1919, to May 1st, 1934.
I last saw him alive on May 1st, 1934.; death is said to have occurred on the date stated above, at 1:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | April 30, 1934. |
| Hypostatic Pneumonia | May 1st, 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic myocarditis & Arteriosclerosis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. M. Downs M. D.
(Address) Boise, Idaho

RECEIVED JUN 1 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88886

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 135

(No. St Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Dorothy Arlene Lawson

(a) Residence. No. Rubra Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14, 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|
| 6 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** In school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett Idaho
(State or country)

FATHER

13. NAME Albert Lawson

14. BIRTHPLACE (city or town) Great Know
(State or country)

MOTHER

15. MAIDEN NAME Arlene Hale

16. BIRTHPLACE (city or town) Meon City Ind
(State or country)

17. INFORMANT Bert Hale
(Address) Rubra Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rupa Ida Date 5. 6., 193.4

19. UNDERTAKER B. W. Robson
(Address) Meridian Ida

20. FILED 5-3..., 1934. W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3 1934

22. I HEREBY CERTIFY, That I attended deceased from April 26, 193.4, to 5-3, 193.4

I last saw h[illegible] alive on 5-3, 193.4; death is said to have occurred on the date stated above, at 11:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Lung left | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Boals, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88887

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 136

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. M. H. (Pearl) Hendershott

(a) Residence. No. 1616 Franklin St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. H. Hendershott

6. DATE OF BIRTH (month, day, and year) September 18, 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 7 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland, Oreg.

FATHER
13. NAME --- Chase
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) M. H. Hendershott Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date May 6, 1934

19. UNDERTAKER (Address) W. McBratney Boise, Idaho

20. FILED 5-4-, 1934 W. W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-4- 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-2-, 1934, to 5-4-, 1934.
I last saw h**e**/**s**/**h**/**e** alive on 5-4-, 1934; death is said to have occurred on the date stated above, at 9-15 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1926 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. P. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88888

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 137

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arabella Hill.

(a) Residence. No. Idaho City Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 12. 1854.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79. | 10. | 22. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Ohio.

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Katherine M. Brogan Idaho City, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Idaho City Idaho. May 6. 1934. 193..
Place Date

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-5., 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-3 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2., 1934., to May 3., 1934.
I last saw her alive on May 2., 1934.: death is said to have occurred on the date stated above, at 12:55 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction due to adhesions from an Inflammatory Appendix | |
| **Other contributory causes** of importance: | |
| Chronic appendicitis | |

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury — 193.—
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Callaway M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

DEPA[illegible] AHO
[illegible] UBLIC WELFARE
BUR U OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88889

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 138

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole Johnson

(a) Residence. No. 1024 Michigan Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

129

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 18 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Tailor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 2 Years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sunsvik
(State or country) Sweden

MOTHER FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) Sunsvik
(State or country) Sweden

15. MAIDEN NAME Kate Olson

16. BIRTHPLACE (city or town) Sunsvik
(State or country) Sweden

17. INFORMANT Otto Johnson
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill
Place Boise Date 5-6 1934

19. UNDERTAKER Schneider & Mt. Cemetery
(Address)

20. FILED 5-5 1934 W. E. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ..Jan....., 1934.: death is said to have occurred on the date stated above, at 9.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis (Bright's) | |
| been failing for 4 or 5 years | |
| | |
| Other **contributory causes** of importance: | |
| angina about one | |
| hour probably | |
| due to Coronary embolism | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) H. M. Colcorron ..... M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88890

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 139

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward C. Pfaffle.

(a) Residence. No. 2602 Woodlawn Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

59 M

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8, 1867.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Illinois.

FATHER

13. NAME Albert Christian Pfaffle.

14. BIRTHPLACE (city or town) ..... (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown. (State or country)

17. INFORMANT Mrs. Arthur Frazier.
(Address) 2602 Woodlawn, Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill ..... Date May 5., 1934

19. UNDERTAKER Summers & Krebs,
(Address) Boise, Idaho.

20. FILED 5-5., 1934 W. R. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/17/33., 193...., to 5/3/34., 193....
I last saw h— alive on 4/27/34., 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious Anemia | Feb 1930. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pelvic-Lateral | Aug. 1932 |
| Sclerosis | |

Name of operation no Date of.....

What test confirmed diagnosis? Blood Count Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury no
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Miner in Alaska
(Signed) Ernest E. Hayhurst M. D.
(Address) Boise, Idaho.

Dr. Almond.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88891

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 140

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

66

2. FULL NAME Mildred Lucille Weissmiller.

(a) Residence. No. 504-south-14th-street. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Waldo E. Weissmiller.

6. DATE OF BIRTH (month, day, and year) Feb.3.1895.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 3 | I | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho.

MOTHER FATHER

13. NAME Warren D. Robbins.

14. BIRTHPLACE (city or town) ....
(State or country) Missouri.

15. MAIDEN NAME Amanda C. Yaryan.

16. BIRTHPLACE (city or town) ....
(State or country) Iowa.

17. INFORMANT Waldo E. Weissmiller.
(Address) 504-south-14th-street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/7, 193 4

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-5, 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May. 4 193 4

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1934, to 5-4, 1934.

I last saw h[illegible] alive on 5-4, 1934.: death is said to have occurred on the date stated above, at 9:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fatty Degeneration of Heart | 4 yrs |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Alcoholism | |
| | |
| | |

Name of operation. none Date of.....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** No

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) F. W. Almond, M. D.

(Address) Boise Idaho

1314.718 Ltr Testimonial ✓

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88892

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 142

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathleen Louise Laird.

(a) Residence. No. Weiser, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 22. 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser (State or country) Idaho.

FATHER

13. NAME Wallace W. Laird.

14. BIRTHPLACE (city or town) Fairfield (State or country) Idaho

MOTHER

15. MAIDEN NAME Nancy Lee Lewis

16. BIRTHPLACE (city or town) Meridian (State or country) Idaho.

17. INFORMANT Wallace Wl Laird. (Address) Weiser, Idaho. R.#.4

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/8, 1934

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho

20. FILED 5-7, 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/7 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934, to May 6, 1934.

I last saw her alive on May 6 1934; death is said to have occurred on the date stated above, at 6.50 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | May 4, '34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertrophic Rubra Stenosis | |

Name of operation Ramsted Date of 4/25/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harmon Greyame M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Budge

DO NOT WRITE IN THIS SPACE

State File No. 88893

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 145

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lola Irene Little.

(a) Residence. No. 2214 Sunset. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Leslie Little.

6. DATE OF BIRTH (month, day, and year) August 12, 1905.

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 28 | 8 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweet., (State or country) Idaho.

FATHER

13. NAME John C. Jensen

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Irene E. Frandsen.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT George Leslie Little
(Address) 2214 Sunset.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida. Date 5-9.., 1934

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 5-7.., 1934 W. R. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12.., 193 3., to May 6th.., 193 4.

I last saw her alive on May 6, 1934.; death is said to have occurred on the date stated above, at 3:10 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia (Pneumococcic) | |

Other **contributory causes** of importance:

Name of operation. Caesarean Section Date of 5/1/34
Rapid Cautery

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alfred Budge Jr. M.D., M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

P Mang

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88894

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 144

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward W. Grant

(a) Residence. No. 1118 Lemp St. 1110

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Grant

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 72 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborar

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia Canada

MOTHER FATHER

13. NAME Edward Grant

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME 2

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mae Grant (Address) 722 Franklin

18. BURIAL, CREMATION OR REMOVAL St. Johns

Place Boise, Ida Date 5-7-, 1934

19. UNDERTAKER Schreiber & McCann. (Address) Boise

20. FILED 5-8, 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1934, to 5/3, 1934.

I last saw him alive on 5/3, 1934 death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Hemorrhage | |
| Peptic ulcer. | |
| Op 6 yrs ago | |

Other **contributory causes** of importance:

| | |
|---|---|
| Anemia | |
| Ligation of Bleeder in Peptic Ulcer | 5/1/34 |

Name of operation 5/1/34 Date of

What test confirmed diagnosis? Clinical? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A Pilcher M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88895

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 145

St. Lukes Hospital
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence William Owens

(a) Residence. No. 1163 River St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 29th 1932

7. AGE: Years 1 | Months 11 | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME Clarence J. Owens
14. BIRTHPLACE (city or town) (State or country) Kansas City Kan.

MOTHER

15. MAIDEN NAME Mildred Howlett
16. BIRTHPLACE (city or town) (State or country) York Neb.

17. INFORMANT Clarence J. Owens
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/6 193 4

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-8 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1934, to 5-4 1934

I last saw him alive on 5-4 1934, death is said to have occurred on the date stated above, at 7 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 5-3-34 |
| Postpneumatic | |

Other **contributory causes** of importance:

Acute Appendicitis 5-3
Intestinal Obstruction 5-3

Name of operation Appendectomy Date of 5-3-34

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bruce C. Budge, M.D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88896

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 146

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephen Nella 74a

(a) Residence. No. 1203 No. 4th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 77 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Carlo Ponera
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 5/8, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-9, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found dead in bed. | 5/6/34 |
| Cerebral apoplexy | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic myocarditis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W. A. Lorch M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8889?

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 148
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar Glenn Willett

(a) Residence. No. 1314 Main St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Florence Willett
6. DATE OF BIRTH (month, day, and year): May 5 1893
7. AGE: Years 41 | Months 0 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Barber
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (city or town) (State or country): La Grande Oregon

FATHER
13. NAME: Samuel B. Willett
14. BIRTHPLACE (city or town) (State or country): Kentuckey

MOTHER
15. MAIDEN NAME: Erminna L. Hayhurst
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Florence Willett 1314 Main St
18. BURIAL, CREMATION OR REMOVAL
Place: Baker Ore Date: 5/15, 1934
19. UNDERTAKER (Address): Schreiber McCann Boise Idaho
20. FILED 5-12, 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-12 1934
22. I HEREBY CERTIFY, That I attended deceased from 5-9, 193.4, to Death, 193...
I last saw him alive on 5-12, 193.4: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:
Generalized peritonitis
Paralytic ileus
followed by Thrombosis

Name of operation: Appendectomy Date of: 5-9-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. T. West, M. D.
(Address) Boise

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88898

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 149

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Galen Minton

(a) Residence. No. 1120 Washington St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10, 1901

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 33 | -- | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Sign Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nyssa Oregon
(State or country)

MOTHER FATHER

13. NAME N. J. Minton

14. BIRTHPLACE (city or town) Colorado
(State or country)

15. MAIDEN NAME Effie L. Brown

16. BIRTHPLACE (city or town) Texas
(State or country)

17. INFORMANT N. J. Minton
(Address) 1120 Washington

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-14- 193 4

19. UNDERTAKER W. McBratney--Boise
(Address)

20. FILED 5-14, 193 4 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-11 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 193 4, to May 11, 193 4

I last saw h. alive on May 11, 193 4; death is said to have occurred on the date stated above, at 3.50 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | May 2/34 |
| right lung. | |

Other **contributory causes** of importance:

| | |
|---|---|
| alcoholism past two years. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) H. M. Stevenson, M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

437

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88899

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 150

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Edward Tallman

(a) Residence. No. Kuna, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 8, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 76 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Chas. Tallman

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geroge M. Tallman
(Address) Kuna, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kuna, Ida. Date 5/13, 1934

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED 5-17, 1934 W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/2, 1934, to 5/11, 1934.

I last saw him alive on 5/11, 1934: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| Carbuncle | 5/1/34 |
| Diabetic Coma | 5/9/34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) M. Anderson, M. D.
(Address) M. Anderson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88900

## PLACE OF DEATH

County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 151

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Skillern.

(a) Residence. No. 100. Main Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Catherine Skillern.

6. DATE OF BIRTH (month, day, and year)
April. 15. 1849.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 85 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Stockman.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tennessee.
(State or country)

FATHER

13. NAME William Skillern.

14. BIRTHPLACE (city or town) Tenn.
(State or country)

MOTHER

15. MAIDEN NAME Martha Farrar.

16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMANT Mrs. Mary Catherine Skillern.
(Address) 100. Main Street. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. May 17, 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-18, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. ....., 1933., to May. 16. ....., 1934.
I last saw h....alive on May. 15. ....., 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Senility | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) James F. Hewett, M. D.
(Address) Boise Ida

RECEIVED JUN 4 1934

ST. E OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88901

**PLACE OF DEATH**

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 153

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nettie Decius.

(a) Residence. No. 113. S. 13 th Street. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 28 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hiram. B. Decius.

6. DATE OF BIRTH (month, day, and year)
August. 25. 1851.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 82 | 8 | 24. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lima Ohio.
(State or country)

MOTHER FATHER

13. NAME John. J. Mc Cartney.

14. BIRTHPLACE (city or town) .....
(State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) .....
(State or country) Unknown.

17. INFORMANT Hiram. B. Decius.
(Address) 113. S. 13 th Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date May. 22. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-21., 1934 M. K. Rhodes
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) May 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May. 19. ....., 193.4., to ....May. 19. .., 193.4.
I last saw her alive on ....., 193.4.: death is said to have occurred on the date stated above, at ..6:30 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... Apoplexy ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....Home.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) .....M. C. Edmondson....., M. D.
(Address) .....Boise, Ida.....

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88902

Registration District No. 2

Primary Registration District No. 1804 Local Registrar's No. 155

(No. St. Lukes)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Elizabeth Renwick

(a) Residence. No. Boise Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | white | married |

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of James Renwick

6. DATE OF BIRTH (month, day, and year) May 1 — 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 0 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. *Industry or business in which work was done, as* **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME George Little

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Helen Elliot

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) John Renwick Wallace Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 5/18, 1934

19. UNDERTAKER (Address) Buckman Emmett Idaho

20. FILED 5-21, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/16 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 16, 1934

I last saw h.R alive on May 16, 1934.: death is said to have occurred on the date stated above, at 2.0.. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma | |
| abdominal | |
| causing complete obstruction | |
| Other contributory causes of importance: | |

Name of operation Exploratory Date of 5-5-34

What test confirmed diagnosis? ~~Was~~ Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) John B. Bower M. D.

(Address) Boise Ida

RECEIVED

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88903

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 154

(No. St. Luke's Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence E. Ludington.

(a) Residence. No. Hull's Gulch. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Morton W. Ludington.

6. DATE OF BIRTH (month, day, and year)
November 13, 1886.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 47 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Kansas.

FATHER

13. NAME George C. Stevens.

14. BIRTHPLACE (city or town)
(State or country) Unknown.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Morton W. Ludington.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date May 21 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-23-, 1934. W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1934, to May 19, 1934.

I last saw h. alive on May 19 1934: death is said to have occurred on the date stated above, at 3:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mesenteric Thrombosis | May 12/34 (?) |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Large Uterine fibroid with menorrhagia for 4 years - Hysterectomy | |

Name of operation Hysterectomy Date of May 9/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Alfred Rudge Jr M.D., M. D.
(Address) Boise Idaho.

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88904

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 156

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elma Cassidy.

(a) Residence. No. 1415. Bannock Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1076.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James. S. Cassidy.

6. DATE OF BIRTH (month, day, and year) January. 15. 1881.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 53 | 4 | 7. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mc. Cook. (State or country) Nebraska,

MOTHER FATHER

13. NAME Cook.

14. BIRTHPLACE (city or town) Unknown. (State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown. (State or country)

17. INFORMANT James. S. Cassidy. (Address) 1415. W. Bannock Street.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. Date May. 25. 1934

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-24 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 193 2, to May., 193 4

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11 P....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebrovascular Accident 5-15-34 | |
| with Paralysis Pleasyrx | |
| | |
| Other **contributory causes** of importance: | |
| Diabetes mellitus 6 yrs 1930 | |

Name of operation none Date of.....

What test confirmed diagnosis? Were any autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no, specify.....

(Signed) Bruce L. Budge M.D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88905

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 158

(No. Boise City Detention Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Retta Ellen Keith

(a) Residence. No. Garden Valley Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced, (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant
6. DATE OF BIRTH (month, day and year): July 18 1933
7. AGE: Years | Months: 10 | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise Ida.

MOTHER FATHER
13. NAME: Bert Lee Keith
14. BIRTHPLACE (city or town) (State or country): Kansas
15. MAIDEN NAME: Millie Ellen Koon
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): Her ass't Board

18. BURIAL, CREMATION OR REMOVAL
Place: Garden Valley Date: 5-26 1934

19. UNDERTAKER (Address): Simmons Funeral Home

20. FILED 5-28 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1934, to 5-26, 1934.
I last saw h[illegible] alive on 5-26, 1934: death is said to have occurred on the date stated above, at 11 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cystic mind meningitis | 5-24-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Whooping Cough | 5-10-34 |
| | |
| | |

Name of operation: Spinal puncture. Date of: 5-25-34
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. W. Bond M. D.
(Address) Boise Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REC...

**PLACE OF DEATH**

County of Elda

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88906

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 159

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore Taylor Chave

(a) Residence. No. 1108 Boise Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 26 1868

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School teacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): May 1927

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): New York City N. Y.

FATHER

13. NAME: Archibald L Chave

14. BIRTHPLACE (city or town) (State or country): Brantford Ontario

MOTHER

15. MAIDEN NAME: Jane S. Price

16. BIRTHPLACE (city or town) (State or country): New York City U.S.

17. INFORMANT (Address): Mrs E L Burgess 110 8 Boise Ave

18. BURIAL, CREMATION OR REMOVAL: Morris Hill

Place: Boise Id. Date: 5-30. 1934

19. UNDERTAKER (Address): Schreiber & McCann

20. FILED 5-31, 1934 W. E. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h... alive on ....., 193.... death is said to have occurred on the date stated above, at About 1 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown But Natural | |
| Found Dead In Bed. | |
| No Indication Of Foul Play | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. F. McCann Coroner, M. D.

(Address) Boise Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Boise
City of Ada

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88907

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 160

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph D. Irwin

(a) Residence. No. 1715 Grand Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2055

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) About 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| About | 64 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Veterinarian

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Obtainable.

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St John's Date May 22 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-31 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) On Or About May 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown. But Natural | |
| Found Dead In His Home. | |
| No Indication Of Foul Play. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. W. McCann Coroner, M. D.
(Address) Boise Idaho

RECEIVED JUN 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88908

**PLACE OF DEATH**

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 161

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jensine Sorine Monsen.

(a) Residence. No. 1120-Fort-Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Monsen.

6. DATE OF BIRTH (month, day, and year)
November.19.1877

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 56 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederitsia.
(State or country) Denmark.

FATHER

13. NAME Larsen.

14. BIRTHPLACE (city or town)
(State or country) Denmark.

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town)
(State or country) Denmark.

17. INFORMANT Mrs Peter Martensen.
(Address) 2602, Ellis Ave. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill. Date. 5-31, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-31, 1934 W. T. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to May 26, 1934.
I last saw h[illegible] alive on May 25, 1934: death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lungs. | [illegible] |
| Shock from Duodenal | |
| Ulcer- Duodenal | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Patient very anaemic- | |
| too weak for operation | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) .... M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88909

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 50
(No.) Ada County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Ruzicka Ruzicka

(a) Residence. No. # 105 E Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Not married

6. DATE OF BIRTH (month, day, and year) 4-2-1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pierreville Mo.

FATHER

13. NAME Joseph Ruzicka

14. BIRTHPLACE (city or town) (State or country) Cecho Slovakia

MOTHER

15. MAIDEN NAME Katherin Wanek

16. BIRTHPLACE (city or town) (State or country) Cechoslovakia

17. INFORMENT (Address) Mrs E. G. Hopkins Wiebers Rest

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cemetery Date 5-3, 1934

19. UNDERTAKER Schreiber & McManus (Address) Boise

20. FILED 5-5, 1934 W. F. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to April 30, 1934
I last saw him alive on April 29, 1934: death is said to have occurred on the date stated above, at 1:05 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Carraway, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88910

PLACE OF DEATH
County of Ada
City of near Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 52

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

88 h

2. FULL NAME Albert Phillip Murphy

(a) Residence. No. 621 South 13th. St.
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Phobe Murphy

6. DATE OF BIRTH (month, day, and year) April 9th. 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Thomas Murphy

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Rebeka ?

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT (Address) Geo Murphy Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Cambridge, Ida. Date 5-9., 1934

19. UNDERTAKER (Address) Schreiber & McCann

20. FILED 5-8., 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-7 1934

22. I HEREBY CERTIFY, That I attended deceased from April 26., 1934., to May 7., 1934.

I last saw him alive on May 6, 1934: death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Asthma | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? NO

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Highland Valley Near Barber

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88911

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Goldie Violet Cook

(a) Residence. No. Highland Valley. Near Barber St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 15 1923

7. AGE: Years 11 | Months 0 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Invalid

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Barber Idaho

MOTHER/FATHER

13. NAME: Hugh Arnold Cook

14. BIRTHPLACE (city or town) (State or country): Great Falls Mont.

15. MAIDEN NAME: Bessie Viola Clemons

16. BIRTHPLACE (city or town) (State or country): Minneapolis Minn.

17. INFORMANT (Address): Mrs. Hugh Cook Barber Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 5/13, 1934

19. UNDERTAKER: Schreiber & McCann
(Address): Boise Idaho

20. FILED 5-14, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to May 11, 1934.

I last saw her alive on about May 1, 1934: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infantile Cerebral Paralysis with severe epileptiform seizures. | Birth |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W. E. Wadman, M. D.

(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 54

(No. 2 mi. N. of Cloverdale)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 88912

99

2. FULL NAME Edith Fuwkes Johnston

(a) Residence. No. Route 2 St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Johnston

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Upton, Utah

FATHER

13. NAME Thomas A. Fuwkes

14. BIRTHPLACE (city or town) (State or country) Engleand

MOTHER

15. MAIDEN NAME Harriett Clark

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Don Vickers Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 5-16, 1934

19. UNDERTAKER (Address) W. McBratney Boise

20. FILED 5-14, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/13 1934, to 5/13, 1934.

I ~~last~~ saw her ~~alive~~ dead on 5/13, 1934; death is said to have occurred on the date stated above, at 7.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 5/13/34 |
| | 7.30 AM |

Other **contributory causes** of importance:

None

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Alfred Rudy Jr. M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Near City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88913

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Elaine Roark

(a) Residence. No. Cole District ear oise St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Plymouth
(State or country) Idaho

MOTHER FATHER

13. NAME Theodore F. Roark

14. BIRTHPLACE (city or town) Eagle
(State or country) Idaho

15. MAIDEN NAME Phoebe Elaine Bruno

16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT (Address) S. Theodore F. Roark Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date May 31 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-31-1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 29th 1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193.., death is said to have occurred on the date stated above, at About A...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died Suddenly, | |
| Probably Heart Condition, | |
| Was Dead When Doctor | |
| Reached The Home. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.... Coroner

(Signed) J. F. McCann, M. D.

(Address) Boise Idaho

RECEIVED

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88914
State File No.

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 155

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delta May Hurlbert

(a) Residence. No. Route 1 St. Eagle
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

146

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11, 1914

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 19 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Novelty, Mo.
(State or country)

FATHER

13. NAME Not given

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hurlbert

16. BIRTHPLACE (city or town) Novelty, Mo.
(State or country)

17. INFORMANT Mrs. V. E. Ward
(Address) Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star Cemetery Date 5-27 193 4

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 5-24 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-23 193 4

22. I HEREBY CERTIFY, That I attended deceased from April 10, 193 4, to May 23, 193 4.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | Apr. 10-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| miscarriage sometime | |
| previous to Apr. 10-34 | |
| | |

Name of operation Removal of placenta Date of Apr. 10-34
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) O. H. Parker, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No.
Primary Registration District No.
File No. 88915
Registered No.

1. PLACE OF DEATH
County of Bannock
City of Downey
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Kenneth La Mar Riddle
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: May (Month) — 24 (Day) — 1934 (Year)

7. AGE: — Yrs. — Mos. — ds.
IF LESS than 1 day how many 5 hrs. or — min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Downey, Idaho.

10. NAME OF FATHER: Thomas H. Riddle

11. BIRTHPLACE OF FATHER (State or Country): Downey, Idaho.

12. MAIDEN NAME OF MOTHER: Gale Thompson

13. BIRTHPLACE OF MOTHER (State or Country): Downey, Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas H. Riddle
(Address) Downey, Idaho

15. Filed June 7 — 1934 Mary E. Coffin Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) — 24 (Day) — 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24 1934, to 19..., that I last saw him alive on May 24 — 1934, and that death occurred on the date stated above, at 4:00 P.M.
The CAUSE OF DEATH* was as follows:
Congenital Atelectasis

(Duration) Yrs. mos. ds.
Contributory (Secondary): Premature birth
(Duration) yrs. mos. ds.

5-27 (Signed) H. L. Washington, M. D.
19 34. (Address) Downey Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs...mos...days. In the State ...yrs...mos...days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL 19...

20. UNDERTAKER | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bannock

City of Downey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88916
State File No.

Registration District No. 83

Primary Registration District No. 2160 Local Registrar's No. 8

(No. Residence )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theoda D. Bowman

(a) Residence. No. Downey, St. Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

882

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9, 1923.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 11 | 2 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge, (State or country) Idaho.

FATHER

13. NAME Hyrum C. Bowman

14. BIRTHPLACE (city or town) Richmond, (State or country) Utah.

MOTHER

15. MAIDEN NAME Ida L. Hancock

16. BIRTHPLACE (city or town) Cambridge, (State or country) Idaho.

17. INFORMANT Mrs. Hyrum C. Bowman
(Address) Downey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Downey, Idaho. Date May 15, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED May 15, 1934. Mary C. Coffin
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 13, 1934.
I last saw her alive on May 12, 1934; death is said to have occurred on the date stated above, at 4:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | |
| Mitral Insuff. | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Harbgrew, M. D.
(Address) Downey, Idaho.

RECEIVED JUN [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88917

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2161 Local Registrar's No. 119
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

139

2. FULL NAME Mary Bruggenkamp

(a) Residence. No. V St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 22 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 5 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Pankratz Hild
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Anton Bruggenkamp Bancroft
18. BURIAL, CREMATION, OR REMOVAL Place I.C.S. Blackfoot Date Jun 7 1934
19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho
20. FILED 6-2, 1934 D C Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1934
22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to May 31, 1934
I last saw her alive on May 31, 1934; death is said to have occurred on the date stated above, at 6:15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Stasis | |
| Emphysema | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hernia (Bladder) | |
| Uterus Operation | |
| | |

Name of operation Hysterectomy Date of 5/29/34
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. C. Jensen, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88918

## PLACE OF DEATH

County of ....

City of POCATELLO, IDAHO

Registration District No. ....

Primary Registration District No. .... Local Registrar's No. 118.

(No. 444 N. Second)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isophene Alice Wheeler

(a) Residence. No. POCATELLO, IDAHO St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. Color or Race white
5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word) married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry R. Wheeler

6. DATE OF BIRTH (month, day, and year) Feb 8 - 1865

7. AGE — Years 69 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** 32 years
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Tipton (State or country) Indyana

FATHER

13. NAME Joseph A. Dunmire
14. BIRTHPLACE (city or town) Lexington (State or country) Kentucky

MOTHER

15. MAIDEN NAME Elizabeth Scott
16. BIRTHPLACE (city or town) .... (State or country) ....

17. INFORMANT (Address) Mrs. Henry R. Wheeler Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pleasanton, Kans. Date June 3 1934

19. UNDERTAKER (Address) H. S. Lee Co. POCATELLO, IDAHO

20. FILED 6-2, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

POCATELLO, IDAHO

21. DATE OF DEATH (month, day and year) May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1934, to May 30, 1934.
I last saw her alive on May 30 1934; death is said to have occurred on the date stated above, at 4.55 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull Fracture from Fall | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Pneumonia | |
| | |
| | |

Name of operation None Date of Op. ....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury Fell
Nature of injury Fall Skull Fract.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) H. Dunn, M. D.
(Address) POCATELLO, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pebble

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 88919
State File No.

Registration District No. 28
Primary Registration District No. 3161 Local Registrar's No. 117
(No. Pebble, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaretha Herty

(a) Residence. No. Pebble, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Henry F. Herty

6. DATE OF BIRTH (month, day, and year) Febuary 9, 1855.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 79 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandusky, Ohio.

MOTHER FATHER

13. NAME Jacob Willinger

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry F. Herty
(Address) Pebble, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date June 1, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED June 1, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 29, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to May 29, 1934.
I last saw her alive on May 21, 1934: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia (following long time illness for Diabetes Mellitus & Cataract & Senility) | |
| Other **contributory causes** of importance: | |
| Fracture of Pelvis and fractured tibia & fibula Reduction of fracture | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) C. X. Call M. D.
(Address) Pocatello, Idaho.

RECEIVED JUN 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88920

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 116

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank N. Christensen

(a) Residence. No. 854 North Arthur Ave. St. Poca. 129
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Velate Williams

6. DATE OF BIRTH (month, day, and year) January 9, 1908.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 26 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

FATHER

13. NAME Willard R. Christensen

14. BIRTHPLACE (city or town) (State or country) Hyrum, Utah.

MOTHER

15. MAIDEN NAME Della Allen

16. BIRTHPLACE (city or town) (State or country) Paradice, Utah.

17. INFORMANT (Address) Mrs. W. R. Christensen Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho. Date June 3, 1934

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 1, 1934. D. C. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 31, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934, to May 31, 1934.

I last saw h.i.m alive on May 31, 1934. death is said to have occurred on the date stated above, at 3. A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1927 |
| Uremia | 2 weeks |
| Subarachnoid Hemorrhage | 2 weeks |

Other **contributory causes** of importance:

Name of operation ~~None~~ Date of ~~None~~

What test confirmed diagnosis? Spinal Puncture, Blood Chemistry Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ~~None~~ Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ~~None~~

Manner of injury ~~None~~

Nature of injury ~~None~~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. P. Howard, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88921

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 20

Primary Registration District No. 2761

Local Registrar's No. 715

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Spiro Fellis 83

(a) Residence. No. 500 E. Hayden St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence

6. DATE OF BIRTH (month, day, and year): Mch 14-1880

7. AGE — Years: 54 — Months: 2 — Days: 16 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Piana Greece

FATHER

13. NAME: John Fellis

14. BIRTHPLACE (city or town) (State or country): Greece

MOTHER

15. MAIDEN NAME: Golpho Lorenzo

16. BIRTHPLACE (city or town) (State or country): Greece

17. INFORMENT (Address): Chas Fellis Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Idaho Date: June 3, 1934

19. UNDERTAKER (Address): Byron B Downard Pocatello Idaho

20. FILED: June 1, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 30, 1934

I last saw him alive on May 30 1934; death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | |
| Burns | |

Other contributory causes of importance: medical practice

Name of operation: None Date of: None

What test confirmed diagnosis? Test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 193

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. H. Lyman, M. D.

(Address) Pocatello Idaho

RECEIVED JUN 11

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88922

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 115
(No. 946 West Lewis St. Poca., Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

88R

2. FULL NAME Lorenzo B. Evans

(a) Residence. No. Arbon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Morris

6. DATE OF BIRTH (month, day, and year) March 24, 1869.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 2 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.

MOTHER FATHER

13. NAME Jonah Evans

14. BIRTHPLACE (city or town) (State or country) Wales.

15. MAIDEN NAME Francis Bowen

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT (Address) Mrs. Lorenzo B. Evans, Arbon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date June 2, 1934

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED June 1, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ..IW....., 193.3., to May 30 1934.
I last saw h~~e~~ alive on ..May 30 193.4.: death is said to have occurred on the date stated above, at 11:40 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... (If so, specify)

(Signed) D C Ray M. D.
(Address) Pocatello, Idaho.

RECEIVED JUN 1 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88923

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 113

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

742

2. FULL NAME Sylvanus F. Seasholtz

(a) Residence. No. 420 East Center St. Poca. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| About 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cafe

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Owner

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) E. G. Houde, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED June 1, 1934. D. C. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934, to May 27, 1934.
I last saw him alive on 5-27, 1934. Death is said to have occurred on the date stated above, at 10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. C. Ray M. D.

(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 216 1

DO NOT WRITE IN THIS SPACE
State File No. 88924
Local Registrar's No. 112

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick Hernandez

(a) Residence. No. 710 N. 5th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5, 1924

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 9 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER

13. NAME Andrew Hernandez

14. BIRTHPLACE (city or town)
(State or country) Mexico

MOTHER

15. MAIDEN NAME Phyllis Almos

16. BIRTHPLACE (city or town)
(State or country) Mexico

17. INFORMENT Andrew Hernandez
(Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date May 28, 1934

19. UNDERTAKER Davonard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 5-31, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to May 27, 1934
I last saw him alive on May 27, 1934: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Amoebaic ruptured appendix peritonitis

Name of operation Laparotomy Date of Oct 7 33
What test confirmed diagnosis? Opn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N'e Date of injury ....., 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Child

(Signed) H H Hepps, M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88925
State File No.

Registration District No. 28
Primary Registration District No. 216-1 Local Registrar's No. 111

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gishichi Atsuchi

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Y
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Mar., 1873
7. AGE: Years 61; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farm hand
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) Passport
18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Date May 20, 1934
19. UNDERTAKER B. B. Dignitary (Address) Pocatello, Idaho
20. FILED 5-26, 1934 D C Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18 1934
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to May 18, 1934
I last saw him alive on May 18, 1934; death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric and Hepatic Carcinoma | Chronic 1932 |
| Recurrent | |
| Other contributory causes of importance: | |
| Exhaustion | 1 w 1 c |

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state
(Signed) William F. Howard, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2164

DO NOT WRITE IN THIS SPACE
State File No. 88926

Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dean Wm. Peterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grace Idaho

FATHER

13. NAME Donald Peterson

14. BIRTHPLACE (city or town) (State or country) Grace Idaho

MOTHER

15. MAIDEN NAME Charlotte Lasley

16. BIRTHPLACE (city or town) (State or country) American Falls Idaho

17. INFORMENT (Address) Charlotte Peterson Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grace Idaho Date Mar 14, 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED May 30, 1934 Mrs. G. G. Fick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-8-34, 193..., to 3-13-34, 193...
I last saw him alive on 3-13-34, 193...: death is said to have occurred on the date stated above, at 8:30 A M
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia (Pneumococcic) | 2-8-34 |
| Other contributory causes of importance: | |
| complicated by empyema | 2-11-34 |

Name of operation Rib resection Date of 2-26-34
What test confirmed diagnosis? spinal pleural fluid Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Dr. Fleming, M. D.
(Address) Grace, Idaho

RECEIVED JUN 6 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88927

**PLACE OF DEATH**
County of Bannock
City of Lava Hot Springs

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 9

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Davis Bower

(a) Residence. No. Lava Hot Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Susanna Hall

6. DATE OF BIRTH (month, day, and year): July 19, 1871.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 9 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nottingham, England.

FATHER

13. NAME: William Bower

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Martha Davis

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Mrs. William D. Bower, Lava Hot Springs, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Lava Hot Springs Date: Apr. 29, 1934

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED ~~Apr. 29~~ May 31 1934. Mrs. G. G. Fitz Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933, to April 26, 1934.
I last saw h[illegible] alive on April 25 1934.: death is said to have occurred on the date stated above, at 6:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Cardiac Valvular Heart Disease | |
| & interstitial nephritis | |

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis: [illegible] Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. K. Rich M. D.
(Address) Lava Hot Springs, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88930

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 110
(No. Pocatello Bengal Ward)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Hudson Shyck.

(a) Residence. No. Salt Lake City Utah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
(HUSBAND of (or) WIFE of )

6. DATE OF BIRTH (month, day, and year) May 8, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 56 | — | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Engineer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** O. S. L. R.R. Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bunnell Co. Michigan

MOTHER FATHER
13. NAME Wm. P. Shyck
14. BIRTHPLACE (city or town) (State or country) Ohio
15. MAIDEN NAME Nancy E. Sturgis
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mabel K. Shyck Salt Lake City, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Austin, Mich. Date May 27 1934

19. UNDERTAKER (Address) L. A. Smith Pocatello Idaho.

20. FILED May 24 1934 D. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-17-34, to 5-23-34
I last saw h— alive on 5-22-34: death is said to have occurred on the date stated above, at 7:30 Am.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Geo. Evans M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88931

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 109
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Appollos Pratt Driggs
(a) Residence. No. 527 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Myrtle

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 3 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loan business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake (State or country) Utah

FATHER
13. NAME Appollos D. Driggs
14. BIRTHPLACE (city or town) Pleasant Grove (State or country) Utah

MOTHER
15. MAIDEN NAME Amelia Pratt
16. BIRTHPLACE (city or town) Salt Lake (State or country) Utah

17. INFORMENT (Address) Myrtle LaFarge Driggs Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake Date May 23 1934

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello, Idaho

20. FILED 5-23, 1934 J. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to May 21, 1934.
I last saw him alive on May 21, 1934; death is said to have occurred on the date stated above, at 7:45 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Knife wound of neck, self inflicted | 5-21-34 |

Other contributory causes of importance:

Name of operation Suture of wound Date of 5-21-34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5-21, 1934
Where did injury occur? Pocatello Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury Knife wound of neck
Nature of injury Knife wound of neck

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Fletcher M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88932

Registration District No. 28

Primary Registration District No. 2761

Local Registrar's No. 108

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Montana

(a) Residence: No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Unknown

7. AGE: Years: 59 | Months | Days | If LESS than 1 day... hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm Laborer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Naples Italy

MOTHER FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs Minnie Rasmussen Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: May 23 1934

19. UNDERTAKER (Address): L. D. Tate Pocatello Idaho

20. FILED: May 21 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12 1934, to May 21 1934

I last saw him alive on May 21, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia | 9 33 |
| Arthritis | |
| Anemia | |

Other **contributory causes** of importance: Arteriosclerosis

Name of operation: None Date of: 5/6/34

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) H. C. Jensen D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88933

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 107

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Bernice Watson

(a) Residence. No. 705 So. Arthur St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 12. 1901.
7. AGE: Years 33. Months 3 Days 8 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

MOTHER FATHER
13. NAME: David H. Simpson
14. BIRTHPLACE (city or town) (State or country): Iowa
15. MAIDEN NAME: Mary Maddigan
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mary Lear
18. BURIAL, CREMATION, OR REMOVAL: Place Pocatello Date May 23 1934
19. UNDERTAKER (Address): H. L. McStay Pocatello Ida
20. FILED May 21 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934 to May 21, 1934

I last saw her alive on May 21, 1934 death is said to have occurred on the date stated above, at 10:15 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| automobile accdt | May 19, 1934 |
| Fractures | |
| Skull, Brain injuries | |
| Lt Clavicle | |
| 7 Ribs | |
| Other contributory causes of importance: | |
| other injuries | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accdt Date of injury? May 19 1934
Where did injury occur? 7 M. S.E. Pocatello
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Old Oregon Trail
Manner of injury Multiple fracture
Nature of injury Fractures Contusions Lacerations

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) William T. Howard M.D.
(Address) Pocatello, Idaho

RECEIVED JUN 11 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88934
State File No.

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 106
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME William G. Woodbury

(a) Residence. No. 256 North Ninth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Nina Stewart

6. DATE OF BIRTH (month, day, and year): Febuary 6, 1867.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Insurance

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Agent

10. Date deceased last worked at this occupation (mo. and yr.): May 1934.

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Morrisville, New York.

FATHER

13. NAME: John N. Woodbury

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. William G. Woodbury, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: May 21 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: May 21, 1934. D C Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 19, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 19, 1934
I last saw h. alive on 5/19, 1934; death is said to have occurred on the date stated above, at 5a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nephritis. | |
| Other **contributory causes** of importance: | |

Name of operation: no Date of: clinical
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. Young M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88935

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 103

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Edwin Alfonzo Lish

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Sarah Cutler

6. DATE OF BIRTH (month, day, and year) Febuary 7, 1875.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER

13. NAME George T. Lish

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Lydia Bingham

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Ronald Lish
(Address) Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Inkom, Idaho. Date May 13, 193 4.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED May 11, 193 4. D C Ray
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10, 193 4.

22. I HEREBY CERTIFY, That I attended deceased from May 8, 193 4, to May 10, 193 4

I last saw him alive on May 10, 193 4. death is said to have occurred on the date stated above, at 3.50 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma Uremic | |
| Cardiac Renal | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Hypertension Nephritis Enlarged Prostate

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. C. Jensen M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88936

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 216
Local Registrar's No. 102

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Ruby Williams

(a) Residence. No. 424 W. Halliday St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Leland S.

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 6 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden Utah
(State or country)

FATHER
13. NAME Wm A. Biddle
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME Ellen Olson
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMENT Leland S. Williams
(Address) 434 W. Halliday

18. BURIAL, CREMATION, OR REMOVAL
Place Ogden, Utah Date May 11, 1934

19. UNDERTAKER Howard Funeral Home
(Address) Pocatello Idaho

20. FILED 5-10, 1934 D Clay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 193, to May 9, 1934
I last saw her alive on May 8 10 AM, 1934; death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchitis- | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Radium Treatment- 3 wks | |
| Pneumonia- | |

Name of operation Uterine Radium Date of Apr. 1934
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. Clay M.D. M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88937

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 20
Primary Registration District No. 2161
Local Registrar's No. 101

(No. St. Anthony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mike A. Bozzi

(a) Residence. No. 637 N. Fifth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1918

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 15 | 4 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Frank Bozzi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosie De Giacomo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Frank Bozzi Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date May 6, 1934

19. UNDERTAKER Leonard's Funeral Home
(Address) Pocatello Idaho

20. FILED May 4, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1934, to May 2, 1934
I last saw him alive on May 2, 1934; death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Staph. Pneumonitis

Name of operation Mastoidectomy Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. C. Fuhrman M. D.
(Address) Pocatello, Ida.

RECEIVED JUN 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88938

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 100

(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Karren Pauline Krebs

1000

(a) Residence. No. 696 Washington Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 25, 1932.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Wilford S. Krebs

14. BIRTHPLACE (city or town) Midway,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Dorothy Dietrick

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMANT Wilfor S. Krebs
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date May 9, 193.4.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED May 7, 193.4. D. C. Rea
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7, 1934.

22. I HEREBY CERTIFY, That I attended deceased from April 25, 193.4 to May 7, 193.4
I last saw h.. alive on May 6 193.4 death is said to have occurred on the date stated above, at 2.30 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | Apr. 20 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Exhaustion | May |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Consultations. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William F. Howard M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 193[illegible]

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88939

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 98

(No. Saint Anthony,s Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

32

2. FULL NAME Lincoln Adams

(a) Residence. No. Owyhee, Nevada St. Owyhee, Nevada.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 19 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owyhee, Nevada.

FATHER

13. NAME John Adams

14. BIRTHPLACE (city or town) (State or country) Owyhee, Nevada.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Indian Agency Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Owyhee, Nevada. Date On Arrival, 193..

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED May 5, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 5, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934., to May 5, 1934.

I last saw h.i.m alive on May 4 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Miliary Tuberculosis | Abt. |
| Tuberculous meningitis | week |

Other **contributory causes** of importance:

Name of operation Cisternal Puncture Date of May 3-4

What test confirmed diagnosis? Sp. Gr. Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. P. Howard, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88940

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 97

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorraine Freckleton Cameron

(a) Residence. No. 233 Wilson Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Roland B. Cameron

6. DATE OF BIRTH (month, day, and year): October 24, 1915.

7. AGE — Years: 18 | Months: 6 | Days: 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blackfoot, Idaho.

MOTHER FATHER
13. NAME: S. Leland Freckleton
14. BIRTHPLACE (city or town) (State or country): Sterling, Utah.

MOTHER
15. MAIDEN NAME: Fern A. Peterson
16. BIRTHPLACE (city or town) (State or country): Fairview, Utah.

17. INFORMANT (Address): Roland B. Cameron, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: May 6, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: May 5, 1934. A. E. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 3, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1934, to May 3, 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | |
| following an | |
| abortion | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. E. Call M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88341

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 2

Primary Registration District No. 2161

Local Registrar's No. 96

(No. General Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Judd P. Kinney

(a) Residence. No. 230 N. 3 rd. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden (State or country) Utah

FATHER

13. NAME Jerry Kinney

14. BIRTHPLACE (city or town) Rockford Ill. (State or country)

MOTHER

15. MAIDEN NAME Mabell DeFalle

16. BIRTHPLACE (city or town) Pekin (State or country) Illinois

17. INFORMENT (Address) Jerry Kinney Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date May, 1934

19. UNDERTAKER (Address) Downard Funeral Home Pocatello Idaho

20. FILED 5-3, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1934 to Apr 30, 1934

I last saw him alive on Apr 27, 1934 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Vincent Angina (Septicemia) | |

Other contributory causes of importance:

Sore mouth & throat several days

Name of operation none Date of

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Sawin, M. D.

(Address) Pocatello Idaho

JUN 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88942

**PLACE OF DEATH**
County of Bear Lake
City of St. Charles

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Rugmire 128

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 7th 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Wm. Lansing Allred

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME Sarah Ann Wilkes

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMENT (Address) ____

18. BURIAL, CREMATION, OR REMOVAL Place St. Charles Date Apr. 26, 1934

19. UNDERTAKER E. W. Allred.
(Address) ____

20. FILED June 9, 1934 Hannah J. Nelson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 23 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934, to April 23, 1934
I last saw her alive on Apr 23, 1934 death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Parenchymatous Nephritis | |
| Other contributory causes of importance: Chronic nephritis Liver | |

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
____ If so, specify ____
(Signed) C. O. Moon M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88943

**PLACE OF DEATH**

County of Bear Lake

City of St Charles

Registration District No. 55

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia Carol Hill

101

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

3

6. DATE OF BIRTH (month, day, and year) Aug 13, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 9 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St Charles
(State or country) Idaho

FATHER

13. NAME Leslie J. Hill

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Iva E. Thomas

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT (Address) X Leslie Hill St Charles Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED June 9, 1934 Hannah J. Nelson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 17, 1934

I last saw her alive on May 17, 1934: death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar Lt | May 7 |
| 10 days. | |

Other contributory causes of importance:

| | |
|---|---|
| Paralysis of Intestines | May 15 |
| 3 days duration | |

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Charles O Moore, M. D.

(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

REC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88944

**PLACE OF DEATH**

County of Benewah

City of St. Maries

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 27

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert William Harmon

(a) Residence. No. 2nd & Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

FATHER

13. NAME Percy R. Harmon

14. BIRTHPLACE (city or town) Island Pond
(State or country) Vermont

MOTHER

15. MAIDEN NAME Janet M. Smith

16. BIRTHPLACE (city or town) Pembroke
(State or country) Ont. Canada

17. INFORMENT Percy R. Harmon
(Address) St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 29, 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho.

20. FILED 6-8, 1934 Walter Doberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 27, 1934

I last saw h alive on May 27, 1934; death is said to have occurred on the date stated above, at 10:40 m. P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | |

Other contributory causes of importance:

| | |
|---|---|
| Premature birth | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Owen D. Pratt, M. D.

(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
88945
State File No.

Local Registrar's No. 26

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

582

2. FULL NAME James Bryan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Myrtle Bryan

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 73 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brampton
(State or country) Ontario Canada

FATHER

13. NAME Wm. Bryan

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Jane Courtney

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT E. C. Martin
(Address) St. Maries, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 28 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 6-8, 1934 Walter Boberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1934, to May 25, 1934

I last saw him alive on May 24, 1934; death is said to have occurred on the date stated above, at 4:25 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious anemia | 1927 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Cornwall, M. D.

(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88946

**PLACE OF DEATH**
County of Benewah
City of St. Maries
Registration District No. 33
Primary Registration District No. 2049
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Rufus Hawkins

(a) Residence. No. ..... St. Princeton, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Clara Hawkins

6. DATE OF BIRTH (month, day, and year) Apr. 9, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 55 | 1 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arcadia Kans.

FATHER
13. NAME H. L. Hawkins
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Nancy E. Green
16. BIRTHPLACE (city or town) (State or country) Arcadia Kans.

17. INFORMENT (Address) Mrs. Stella Adair Potlatch, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Princeton, Ida Date May 16 1934

19. UNDERTAKER (Address) Mitchell & Wessa St. Maries, Ida.

20. FILED 6-8, 1934 Walter Roberg Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at about 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown - Probably carcinoma of stomach according to relatives | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dr. G. Mitchell Coroner, M. D.
(Address) St Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8894?

**PLACE OF DEATH**

County of Benewah
City of St. Maries, Ida

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 24

(No. St. Maries Hospital)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME John B. Topar

(a) Residence. No. (Usual place of abode) St.
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Alice Topar

6. DATE OF BIRTH (month, day, and year) May 1, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 0 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cattle Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattle Ranch

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Salem Ore.

FATHER

13. NAME Frank Topar

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Mamie Cutter St. Maries

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 12, 1934

19. UNDERTAKER STAPISH & SON (Address) ST. MARIES, IDAHO

20. FILED 6-8, 1934 H. W. Rokers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1934, to 5-10, 1934

I last saw him alive on 5-9, 1934: death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 5/8/34 |
| Pyelo-nephrosis, Chronic | 1932 |
| Prostatic Hypertrophy | ? |

Other contributory causes of importance:

Name of operation None near this trouble or Date of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State) Accident

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. A. Adams, M. D.

(Address) St. Maries, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 88948

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Mabel Elizabeth Davies

(a) Residence. No. ..... St. Pickett, Wisconsin
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX ~~Male~~ Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Davies

6. DATE OF BIRTH (month, day, and year) May 25, 1891

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 42 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oshkosh
(State or country) Wis.

FATHER

13. NAME William Jones
14. BIRTHPLACE (city or town) Nekimi
(State or country) Wis

MOTHER

15. MAIDEN NAME Sarah James
16. BIRTHPLACE (city or town) Nekimi
(State or country) Wis

17. INFORMENT Edward Davies
(Address) Pickett, Wis

18. BURIAL, CREMATION, OR REMOVAL
Place Columbus, Wis. Date ....., 193

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 6-8, 193[illegible] Walter Roberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8 193 4

22. I HEREBY CERTIFY, That I attended deceased from May 1, 193 4, to May 8, 193 4
I last saw her alive on May 7, 193 4; death is said to have occurred on the date stated above, at 10: Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Avon D. Platt M. D.
(Address) St. Maries, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 88949

Local Registrar's No. 23

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Fred C. Weaver

(a) Residence. No. 15th & Hastings Rt. #2 St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Martha Weaver

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 3/31/34

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME John Weaver

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Phoebe Van Hay

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMENT (Address) Mrs. Martha Weaver Coeur d'Alene, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene, Ida. Date , 193

19. UNDERTAKER R. B. Mooney (Address) Coeur d'Alene, Idaho

20. FILED 6-8, 1934 Walter Roberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 12: Noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Cervical Vertebrae | |

Other contributory causes of importance:

Auto Accident about twelve miles west of St. Maries, Idaho on main highway.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/6, 1934

Where did injury occur? Stated above (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway

Manner of injury

Nature of injury Fractured Vertebrae

24. Was disease or injury in any way related to occupation of deceased? If so, specify On way to job

(Signed) Geo. W. Mitchell Coroner.

(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2029

DO NOT WRITE IN THIS SPACE
State File No. 88950

Local Registrar's No. 21

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Benner

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Benner

6. DATE OF BIRTH (month, day, and year) Sept. 12, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Maries Lbr. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Russia

FATHER

13. NAME John G. Benner

14. BIRTHPLACE (city or town) Moscow
(State or country) Russia

MOTHER

15. MAIDEN NAME Elizabeth Hartman

16. BIRTHPLACE (city or town) Moscow
(State or country) Russia

17. INFORMENT Mrs. Guy H. Dodson
(Address) St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 5, 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 6-8, 1934 Walter Boberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1934 to May 1, 1934
I last saw him alive on Apr 28, 1934; death is said to have occurred on the date stated above, at 3: P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension due to arteriosclerosis | 1924? |
| Myocarditis | 1924? |
| Other contributory causes of importance: | |
| Bronchitis, purulent | Apr 1934 |

Name of operation None Date of
What test confirmed diagnosis? Clinical Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C A Cobern, M. D.
(Address) St Maries Ida

RECEIVED JUN 12 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 88951

Local Registrar's No. 4

(No. 880)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Ines Polhemus

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Raymond Polhemus

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation About 36

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME William Andrew Grove

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Julia Alice Goodwin

16. BIRTHPLACE (city or town) Green Castle
(State or country) Indiana

17. INFORMENT (Address) E. P. Polhemus, Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Madera, Calif Date ....., 193 4

19. UNDERTAKER A W Davis
(Address) Ameridan Falls, Idaho

20. FILED May 3, 193 4 M. C. MacKinnon
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 193 4

22. I HEREBY CERTIFY, That I attended deceased from March, 1934, to May 3, 1934

I last saw her alive on May 3, 1934; death is said to have occurred on the date stated above, at 11:30 AM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endo- and Myo-Carditis | 1929 |
| Chronic Interstitial Nephritis | 1933 |

Other contributory causes of importance:

| | |
|---|---|
| Ascites | March 1934 |

Name of operation none Date of .....

What test confirmed diagnosis? lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. C. MacKinnon, M. D.

(Address) Aberdeen, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88952

**PLACE OF DEATH**

County of Bingham

City of Aberdeen

Registration District No. 116

Primary Registration District No. 195

Local Registrar's No. 5

(No. 205) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosanna Amelia Minerva Hayes Grow

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Independence Grow

6. DATE OF BIRTH (month, day, and year) Feb. 26, 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 84 | 2 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wills Corners Indiana

FATHER

13. NAME Samuel Wentworth

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Abigail Parks

16. BIRTHPLACE (city or town) (State or country) Cayuga New York

17. INFORMENT (Address) Grace Carrick Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ogden, Utah Date May 22, 1934

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho

20. FILED May 22, 1934 M. C. MacKenna
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ---, 193..., to ---, 193...

I last saw h...alive on ---, 193...: death is said to have occurred on the date stated above, at ---m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause of death undetermined. | |
| No physician in attendance. | |

Other contributory causes of importance:

Name of operation --- Date of ---

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Bennett Lamm, M. D.

(Address) Aberdeen, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88953

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 85

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number.)

21

2. FULL NAME ARCHIE GOLDSMITH

(a) Residence. No. ..... St. ..... Chicago, Illinois

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE (JEW) | SINGLE |

5a. If maried, widowed, or divorced
HUSBAND of ---
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Chicago, Illinois

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) --- (State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) --- (State or country) ---

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Highland Cem't Date May 10, 1934

19. UNDERTAKER Warren Clark
(Address) Blackfoot

20. FILED May 10, 1934 W. M. Nalen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1934, to May 9th, 1934

I last saw him alive on May 9th, 1934; death is said to have occurred on the date stated above, at 11:45 m. AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| EPILEPSY | 1899 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ....., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify

(Signed) Chas. R. Lowe M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 1007

DO NOT WRITE IN THIS SPACE
State File No. 88954

Local Registrar's No. 86

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58b

2. FULL NAME Griffith Joseph Roberts

(a) Residence. No. 515 N. University St.
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16, 1916

7. AGE — Years: 17 — Months: 11 — Days: 29 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida

FATHER

13. NAME Griffith M. Roberts.

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Celeste Watson

16. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

17. INFORMENT (Address) G. M. Roberts Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date May 17, 1934

19. UNDERTAKER E. T. Peck (Address) Blackfoot Idaho

20. FILED May 15, 1934 Mrs. Valeria E. Adams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 14, 1934

I last saw him alive on May 3, 1934; death is said to have occurred on the date stated above, at 7:25 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Splenic Anemia | about June 1932 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Beck, M. D.

(Address) Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1934

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 129

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 88955

Local Registrar's No. 87

(No. 188 C)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wayne Harper

(a) Residence. No. Blackfoot St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan 13th 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|---|
| | 18 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER

13. NAME James F. Harper

14. BIRTHPLACE (city or town) (State or country) Bicknell Ind.

MOTHER

15. MAIDEN NAME Sadie June Jones

16. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

17. INFORMENT (Address) Jones Ft. Hoff Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date May 18 1934

19. UNDERTAKER E. E. Peck (Address) Blackfoot Ida

20. FILED May 18, 1934 Wm. Walker E. Palmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to May 16, 1934

I last saw him alive on May 16th, 1934; death is said to have occurred on the date stated above, at 12:30 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidently killed from automobile being run into by Interurban car upon which he was riding | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 16 1934

Where did injury occur? 14 mile So. Shelley 226
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Yellow Stone Hi Way

Manner of injury Collision

Nature of injury General Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. V. Roberts M. D.

(Address) Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Bingham

City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 127

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 88956

Local Registrar's No. 88

105

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum Grimmett

(a) Residence. No. Moreland St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Hannah Sleight Grimmett

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 4 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farm

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation All his life

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Grimmett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Passy

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT J. F. Grimmett (Address) J F Grimmett

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Moreland Cem. Date May 23 1934

19. UNDERTAKER J. F. Grimmett (Address) Moreland Idaho

20. FILED May 22 1934 Mo Malin E Paine Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-15-, 1934, to 5-21-, 1934

I last saw h alive on 5-21-, 1934: death is said to have occurred on the date stated above, at 5:21 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asthma & Chronic Bronchitis | 1924 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Chronic Hypertrophy of heart

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Hunter Jean, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88957

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

Registration District No. 127

Primary Registration District No. 3194

Local Registrar's No. 89

(No. 188 E)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Romania B Standley

(a) Residence. No. Thomas Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3 1924

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 9 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thomas Idaho
(State or country)

FATHER

13. NAME Ralph Standley

14. BIRTHPLACE (city or town) Thomas Idaho
(State or country)

MOTHER

15. MAIDEN NAME Marguerite Krause

16. BIRTHPLACE (city or town) Provo Utah
(State or country)

17. INFORMENT Ralph Standley
(Address) Blackfoot Idaho

18. BURIAL, CREMATION, OR ~~REMOVAL~~
Place Thomas Idaho Date May 21, 1934

19. UNDERTAKER E T Rich
(Address) Blackfoot Idaho

20. FILED May 22, 1934 W. Nolen Tabor
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May, 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193....: death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Death caused by the accidental overturning of an automobile while riding in a car driven by Jacob Krause | |
| Other contributory causes of importance: | |
| Verdict of Coroner's Jury. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ....., 193

Where did injury occur? On Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Internal and broken legs

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Ray McClellan, M. D.

(Address) Coroner of Bingham County.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN [illegible]

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 127

Primary Registration District No. 2194

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 88958

Local Registrar's No. 90

10 1/2

2. FULL NAME L. E. KEELER

(a) Residence. No. ... St. Payette, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) July 16, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 69 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Benton County
(State or country) Pennsylvania

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) ---
(State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMENT Records State Hospital South
(Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Payette Ida. Date ..., 193...

19. UNDERTAKER E J Funk Blackfoot
(Address)

20. FILED May 23, 1934 W. W. Wallentine
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1934, to May 23rd, 1934

I last saw him alive on May 23rd, 1934: death is said to have occurred on the date stated above, at 8:10 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| PNEUMONIA | May 19th 1934 |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ..., 193...

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ---

(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88959

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 91

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME ALBERT E. MITCHELL

(a) Residence. No. ..... St. Wendell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | WIDOWER |

5a. If married, widowed, or divorced
HUSBAND of --- ---
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 18th, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 9 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Section

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Peoria
(State or country) Illinois

FATHER

13. NAME Andy Mitchell

14. BIRTHPLACE (city or town) ---
(State or country) England

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) --
(State or country) ---

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Clayton Cem. Date May 26, 193 4

19. UNDERTAKER Marion Clark
(Address)

20. FILED May 26, 193 4 Mrs Hallie E Tabbie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25th 193 4

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 193 4, to May 16th, 193 4
I last saw him alive on May 24th, 193 4: death is said to have occurred on the date stated above, at 5:18 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| GASTRIC ULCER | Sept. 1933 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of ....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ----
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---

(Signed) Orson R. Lord M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88960

**PLACE OF DEATH**

County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 93

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Alvin McCulloch. 91

(a) Residence. No. ( Wm. Alvin Mc. Culloh ) St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Deceased

6. DATE OF BIRTH (month, day, and year): June 22, 1864

7. AGE: Years 69 | Months 9 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Henry McCulloch
14. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER

15. MAIDEN NAME: Mary Smith
16. BIRTHPLACE (city or town) (State or country): Scotland.

17. INFORMENT (Address): Bell Knoll Cem Preston Id.
18. BURIAL, CREMATION, OR REMOVAL Place: Preston Date: May 5 1934
19. UNDERTAKER: M W Hemphill (Address) Preston Id
20. FILED May 2, 1934 Wm Valentine Fatherree Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 2 1934
22. I HEREBY CERTIFY, That I attended deceased from April 29, 1934, to May 2, 1934
last saw h[illegible] alive on May 2, 1934; death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asthmaschmia. | |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. A. Mitchell M. D.
(Address) Bloxford Lake

RECEIVED JUN 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88961

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 94

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabety Parsons

(a) Residence. No. Blackfoot Dist. #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married J. A. Parsons

6. DATE OF BIRTH (month, day, and year) Sept 14-1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 7 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leon, Iowa

FATHER

13. NAME Granvil Hendrix

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Hendrix

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) E. Parsons Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Thomas 2d Date May 4, 193 4

19. UNDERTAKER (Address) E. J. Funk Blackfoot

20. FILED May 4, 1934 Wm Walker Eaton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to May 2 1934

I last saw her alive on May 2 1934: death is said to have occurred on the date stated above, at 9.45 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Artereosclosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Senility | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ---- Date of injury , 193

Where did injury occur? ------- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. --------

Manner of injury ------

Nature of injury --------

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. Mitchell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
88962
State File No.

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 95

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gary Vegle Mitchell

(a) Residence. No. 1002 (Usual place of abode) Shelley, Idaho St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): May 11 1933

7. AGE — Years: 1 | Months: | Days: 3 | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Shelley Idaho

MOTHER/FATHER

13. NAME: Roland Mitchell

14. BIRTHPLACE (city or town) (State or country): Shelley Idaho

15. MAIDEN NAME: Thelma Bailey

16. BIRTHPLACE (city or town) (State or country): Ammon Idaho

17. INFORMANT (Address): Roland Mitchell Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Shelley, Idaho Date: May 16 1934

19. UNDERTAKER (Address): Jack C. Wood Idaho Falls, Idaho

20. FILED: May 16, 1934 W. M. Matheson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-24-34, 1934, to 5-14-34, 1934.

I last saw him alive on 5-14-34, 1934. death is said to have occurred on the date stated above, at 10-10 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double Bronchial Pneumonia | 5-14-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Sub acute Gastro enteritis | 2-24-34 |

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edwin Cutler, M. D.

(Address) Box 86 - 1934

RECEIVED JUN

**PLACE OF DEATH**

County of Fort Hall

City of Reservation.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88964

Registration District No. I2I-R

Primary Registration District No. 2I94-R Local Registrar's No. 78

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosalie Yellow

(a) Residence. No. Fort Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Shos.Ban. 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) July-15-1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft.Hall Res.

FATHER

13. NAME John Yellow

14. BIRTHPLACE (city or town) (State or country) Ft.Hall Res

MOTHER

15. MAIDEN NAME Alice George

16. BIRTHPLACE (city or town) (State or country) Ft.Hall Res

17. INFORMANT John Yellow
(Address) Ft.Hall, Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Butte Cem. Date Apr. I6 1934

19. UNDERTAKER Agency Carpenter
(Address) Ft. Hall, Idaho.

20. FILED Apr.22, 1934 Mrs. Walter E. Patrick
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. I3 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1934, to Apr. I3, 1934.
I last saw her alive on Apr. I2 1934: death is said to have occurred on the date stated above, at 7:A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 4/7/34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. L. Wintermeyer M. D.
(Address) Fort Hall, Idaho.

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1934 Delayed

Delayed.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88966

County of Fort Hall Res.

City of .....

Registration District No. I2I-R

Primary Registration District No. 2I94-R Local Registrar's No. 81

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Schank

(a) Residence. No. Fort Hall Reservation St. 101

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Shoshone Indian 4/4

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1934

7. AGE: Years | Months | Days: 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** - - -

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

FATHER

13. NAME Jefferson Schank

14. BIRTHPLACE (city or town) (State or country) Fort Hall, Res

MOTHER

15. MAIDEN NAME Vera Tyboats

16. BIRTHPLACE (city or town) (State or country) Washakie, Utah

17. INFORMANT Vera Schank
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wm. Lipps Com. Date Mar. 3, 1934

19. UNDERTAKER None
(Address)

20. FILED June 1, 1934 Mrs. Walter E. Eaton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193....

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 6:P....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Mar. 1, 1934 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. J. Masterson, M. D.
(Address) Fort Hall, Idaho

RECEIVED JUN 7 1934

**PLACE OF DEATH**

County of Fort Hall Reservation

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88968

Registration District No. I2I-R

Primary Registration District No. 2I94-R Local Registrar's No. 83

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Leo Pohipe

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Shoshone Indian 4/4

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of - - - - -
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 25, 1931

7. AGE: Years: I | Months: I | Days: 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country). Fort Hall Res

FATHER

13. NAME Eugene Pohipe

14. BIRTHPLACE (city or town) (State or country) Lemhi Reservation

MOTHER

15. MAIDEN NAME Annie Sadigant

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

17. INFORMANT Eugene Pohipe
(Address) Fort Hall Reservation

18. BURIAL, CREMATION OR REMOVAL
Place. Butte Cem. Date. May 4., 1934

19. UNDERTAKER Agency Carpenter
(Address)

20. FILED June 1., 1934 Mrs. Helen E. Fatzie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2..... P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Borinchial Pneumonia | Apr. 10., 34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....

(Signed) E. J. Mittleman, M. D.
(Address) Ft. Hall, Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

RECEIVED JUN 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88969

**PLACE OF DEATH**

County of Fort Hall Reservation.
City of

Registration District No. 121-R
Primary Registration District No. 2194*R
Local Registrar's No. 84

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sleeda Pabawena

(a) Residence. No. Washakie, Utah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10-1a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Shoshone Indian 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) May 13, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 1A | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Res.
(State or country)

FATHER

13. NAME John Pabawena

14. BIRTHPLACE (city or town) Nevada
(State or country)

MOTHER

15. MAIDEN NAME Nellie Thompson

16. BIRTHPLACE (city or town) Nevada
(State or country)

17. INFORMANT John Pabawena
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bannock Creek Date May 24 1934

19. UNDERTAKER Agency Carpenter
(Address)

20. FILED June 1, 1934 Mrs. Velma E. Tate
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193....
I last saw h....alive on ..., 193...: death is said to have occurred on the date stated above, at 2:A....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 5-19-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, what?...

(Signed) E. J. Mathieson M. D.
(Address) Fort Hall, Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| EXAMPLE I | | EXAMPLE II | |
|---|---|---|---|
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | **Date of onset** | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | **Date of onset** |
| *Arteriosclerosis* | 1915 | *Attack of epilepsy* | 1 *week ago* |
| *Chronic interstitial nephritis* | 1921 | *Run over by street car* | 1 *week ago* |
| *Cerebral hemorrhage* | *July* 5, 1927 | *Peritonitis* | 3 *days ago* |
| | | | |
| | | | |
| Other CONTRIBUTORY CAUSES of importance: | | Other CONTRIBUTORY CAUSES of importance: | |
| *Gallstones* | *May* 1, 1923 | *Gastroenteritis* | 1 *year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Z (21) died May 23

RECEIVED JUN 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88974

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 15

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Bowlden

For 97

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year): May 10 -
7. AGE: Years 23 | Months | Days 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: X
10. Date deceased last worked at this occupation (mo. and yr.): May 1-34
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Garrett Idaho

MOTHER FATHER
13. NAME: James Lowell Bowlden
14. BIRTHPLACE (city or town) (State or country): Springville Utah
15. MAIDEN NAME: Martha Clark
16. BIRTHPLACE (city or town) (State or country): Springville Utah

17. INFORMANT (Address): J. O. Bowlden Garrett Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Bellevue Date: May 29 1934
19. UNDERTAKER (Address): G. F. Hanna Hailey Ida.
20. FILED 6-1, 1934 C. F. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 26 1934
22. I HEREBY CERTIFY, That I attended deceased from 5/16, 193 4, to 5/26, 193 4
I last saw h... alive on 5/26, 193 4; death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac embolism (Coronary) | 5/26-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Operation 5/16-34 | |
| Strangulated bowel | |
| | |

Name of operation Omental Date of 5/16
What test confirmed diagnosis? .... Was there an autopsy? No 34

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. W. ..... M. D.
(Address) Hailey, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

**PLACE OF DEATH**

County of Blaine

City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88975

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 16

(No. 18)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William John Majors Wright

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Wilson

6. DATE OF BIRTH (month, day, and year): Nov 5 - 1873

7. AGE: Years: 60 | Months: 6 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Blacksmith Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): May 20

11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): Cornwall England

FATHER

13. NAME: John Majors

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Phillippi

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs Gertrude A. Majors Ketchum

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place: Ketchum Date: June 1934

19. UNDERTAKER (Address): C. A. Harris Hailey - Ida.

20. FILED 6-1, 1934 R. A. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 31 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1934, to 5-31, 1934.

I last saw him alive on 5-30, 1934: death is said to have occurred on the date stated above, at 3:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rocky Mountain Spotted Fever | 2 weeks |
| Other **contributory causes** of importance: Acute Nephritis | 1 yr. |

Name of operation: ✓ Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. A. Wright, M. D.

(Address) Hailey, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 15 1934

PLACE OF DEATH

County of Boise.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88976

Registration District No.

Primary Registration District No. 12 Local Registrar's No.

(No. Died 12. Miles North of Idaho City.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesephene R. Jarvis.

(a) Residence. No. 79. Howard Ave. Staten Island. N.Y.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1851. Date of Birth Unknown.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 83. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sacksonberg. Penn.

FATHER

13. NAME John. A. Roebling.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT H.R. Jarvis.
(Address) Idaho City, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Philadelphia, Pa. Date June 15 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6/13, 193.. Mrs C S Robson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to June 9, 193.4

I last saw h[illegible] alive on June 7 1934 death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Sudden June 9 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility & arterio sclerosis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) O. F. Swindell, M. D.

(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88977

**PLACE OF DEATH**
County of BOISE
City of Near Twin Springs

Registration District No. 12
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephen Atkisson 2055

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20th 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rogers Ark

MOTHER FATHER

13. NAME Jas. L. Atkisson

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Etta Deason

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT (Address) J. W. Dyer Garfield Ark

18. BURIAL, CREMATION OR REMOVAL
Place Garfield, Ark. Date 5-15 1934

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida.

20. FILED 5/24 1934 Mrs E B Robison Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found dead in his | |
| Home, Cause unknown hut | |
| probaly, Heart Disease. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. C. Shanahan Coroner
(Address) Burial Boise Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 88978

**PLACE OF DEATH**
County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 8
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Nancy Ellen Stewart

(a) Residence. No. Ranch Home — Priest River St.
(Usual place of abode.)
Length of residence in city or town where death occured. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Frank A Stewart

6. DATE OF BIRTH (month, day and year) April 2, 1865

7. AGE — Years: 69 | Months: 1 | Days: 24 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Maumee Ohio

PARENTS

10. NAME OF FATHER: Isaac Koffel
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Weaver
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Unknown

14. Informant: Vera Stewart
(Address) Priest River, Ida.

15. Filed May 29, 1934 Ryder Rose Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH: May (Month) 26 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to May 26, 1934
that I last saw her alive on April 23, 1934
and that death occurred, on the date stated above, at 11:30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) L. J. Stauffer, M. D.
May 27, 1934 (Address) Priest River Idaho

19. Place of Burial, Cremation, or Removal: I.O.O.F. Cemetery Priest River — Date of Burial: May 29 1934

20. Undertaker: L. G. Moon — Address: Sandpoint Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88979

PLACE OF DEATH
County of Bonner
City of Blanchard

Registration District No. 85
Primary Registration District No. 2185
(No. .....)
Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Charles E. Olson

(a) Residence. No. Blanchard, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth 59 yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) May 23, 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 70 | 0 | 2? | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS
10 NAME OF FATHER Esten Olson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway
12 MAIDEN NAME OF MOTHER Maret Christensen
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Ole Stone
(Address) Blanchard, Idaho

15 Filed May 26 19.. Beryle Ross Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 25 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1934, to May 25, 1934
that I last saw him alive on May 21, 1934
and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma of stomach

(duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Yours

(Signed) A. D. Ecklebarger M. D.
May 25, 1934 (Address) Newport, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Blanchard, Idaho | 5/27 1934 |
| 20. Undertaker | Address |
| Sherman & Davis | Newport, Wn |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

(No. Pagett Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 88981

Local Registrar's No. 44

2. FULL NAME Frank Homer

(a) Residence. No. Samuels St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Carl Jacobson Dover Park Wn

18. BURIAL, CREMATION, OR REMOVAL Place Priest River Date June 1, 1934

19. UNDERTAKER Turnbull Co (Address) Sandpoint

20. FILED June 1, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 30, 1934

I last saw him alive on May 30 th, 1934; death is said to have occurred on the date stated above, at 7: P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1932 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | 1930 |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 88982

Local Registrar's No. 43

(No. 605 N Second)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl D Farmin

(a) Residence. No. 605 N Second St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy W Farmin

6. DATE OF BIRTH (month, day, and year) Dec 15 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. agent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nevada

FATHER

13. NAME Lorenzo D Farmin

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Ella M Miller

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMENT (Address) Mary Farmin Spokane Wash

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date May 27, 1934

19. UNDERTAKER Turnbull Co (Address) Sandpoint Ida

20. FILED May 26, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/8, 1934, to 5-25, 1934

I last saw he alive on 5-25-, 1934; death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Duration between onset and death |
|---|---|
| Angina pectoris | 4/8/34 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. P. Stackhouse, M.D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88983

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

Registration District No. 76

Primary Registration District No. 2155

Local Registrar's No. 42

(No. 1017 Oak St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Fogel

(a) Residence. No. ..... St. .....
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mill wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Mrs Martha McClellan Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date May 25, 1934

19. UNDERTAKER Tomlinson Co
(Address) Sandpoint Idaho

20. FILED May 25, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to May 24, 1934, last saw him alive on May 23, 1934: death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1932 |
| Arterio Sclerosis | 1930 |

Other contributory causes of importance:

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm F Tyler, M. D.

(Address) Sandpoint, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88984

**PLACE OF DEATH**

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 40

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Marjorie Piatt Crissey

(a) Residence. No. Sandpoint, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ollie Brissey

6. DATE OF BIRTH (month, day, and year): Feb. 2, 1904.

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 30 | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sandpoint, Idaho.

MOTHER FATHER

13. NAME: Martin Luther Piatt
14. BIRTHPLACE (city or town) (State or country): Marietta Ohio
15. MAIDEN NAME: Emma Humphrey
16. BIRTHPLACE (city or town) (State or country): Knapp Wisconsin

17. INFORMANT (Address): Mrs. A. E. Johnson, Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Sandpoint, Ida Date: May 23, 1934 Lakeview Cem.

19. UNDERTAKER (Address): L. G. Moon, Sandpoint, Idaho

20. FILED May 23 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): MAY 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to May 21, 1934. I last saw her alive on May 20, 1934; death is said to have occurred on the date stated above, at 6 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Encephalitis | 1921 |
| non-epidemic | |
| Other **contributory causes** of importance: | |

Name of operation: NO Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7f

Primary Registration District No. 2155 / Local Registrar's No. 39

(No. 924 Cedar St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
88985
State File No.

2. FULL NAME Ward Andrews

(a) Residence. No. 924 Cedar St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 3 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 55 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. truckman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisc

FATHER

13. NAME Gervine Andrews

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Jane A Bloomberg

16. BIRTHPLACE (city or town) (State or country) Wisc

17. INFORMENT (Address) Mrs Evelyn Smith Sandpoint Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 5/16, 1934

19. UNDERTAKER Tunnell Co
(Address) Sandpoint Ida

20. FILED May 16, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 14, 1934

I last saw him alive on May 14, 1934; death is said to have occurred on the date stated above, at 6:55 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1933 |
| Other contributory causes of importance: Intestinal Hemorrhage | May 13, 1934 |

Name of operation no Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88986

PLACE OF DEATH
County of Bonner
City of Sagle
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 38

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Verlei

(a) Residence. No. Sagle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Louise Verlei

6. DATE OF BIRTH (month, day, and year) Jan 22 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 3 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME unobtainable
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unobtainable
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs L P Summers Sagle Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Westmond Date May 16 1934

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED May 16, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1934, to , 193..
I last saw h/m alive on May 9, 1934, death is said to have occurred on the date stated above, at 12 05 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | |
| Heart disease | |
| | |
| | |
| | |

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. G. Weadle, M. D.
(Address) Sandpoint, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88987

PLACE OF DEATH
County of Bonneville
City of Idaho Falls. Registration District No. 73
Primary Registration District No. 2110 Local Registrar's No. 96

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gurney W Snow.

(a) Residence. No. 1293 Blvd. St.
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

2056

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ocie Snow.

6. DATE OF BIRTH (month, day, and year) Nov 13 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 47 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lacrosse Missouri

FATHER

13. NAME James M Snow

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Ellen Patton.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) Mrs Ocie Snow Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 5/9, 1934

19. UNDERTAKER W. F. McTavish (Address) Idaho Falls Ida

20. FILED May 9, 1934 (Signature illegible) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 7, 1934

I last saw h alive on ....., 193..: death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Do not Know | |
| Died when I called | |
| Robust Heart Failure | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) Idaho Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88988

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2110 Local Registrar's No. 97
(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Clarence Hill.

(a) Residence. No. Jefferson St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nancy Jane Hill.

6. DATE OF BIRTH (month, day, and year) Feb 27 18

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 59 | 2. | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Millville Utah.
(State or country)

FATHER

13. NAME James Hill.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Mary Clifford

16. BIRTHPLACE (city or town) Arkansas.
(State or country)

17. INFORMENT Nancy Jane Hill
(Address) Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 5/10, 193 4

19. UNDERTAKER V. F. McHan
(Address) Idaho Falls Ida

20. FILED May 4, 193 4 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8 193 4

22. I HEREBY CERTIFY, That I attended deceased from Feb., 193 3, to May 8, 193 4

I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured left leg (tibia & fib) | Feb 10-34 |
| Pneumonia (Broncho) | 1 wk |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis. | |
| Hemaplegia. | 2 years. |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/10 193 4
Where did injury occur? Idaho Falls Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Hit by Automobile while on street
Manner of injury .....
Nature of injury Fractured leg and Scalp Wound

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88989

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls. Registration District No. 13
Primary Registration District No. 3 Local Registrar's No. 94
(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Swan Stoneberg 49

(a) Residence. No. Firth Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. 1 mos. 19 ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white. | Single. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 5 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 8 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER
13. NAME Alfred Stoneberg
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Anna.
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Gust Stoneberg Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place New Sweden Cem. Date 5/6., 1934
19. UNDERTAKER V. F. McHan (Address) Idaho Falls Ida.
20. FILED May 4, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 1934
22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to May 4, 1934
I last saw h alive on May 4, 1934; death is said to have occurred on the date stated above, at 12.35 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Mediastinum | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. P. Sodergreen, M. D.
(Address) Idaho Falls Idaho

RECEIVED JUN 13 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88990

Registration District No. 73

Primary Registration District No. 214-0 Local Registrar's No. 104

(No. L D S Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blair R Thomas 7

(a) Residence. No. Sugar City St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | Baby |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) May 12 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sugar City

FATHER

13. NAME Mr Emery Thomas

14. BIRTHPLACE (city or town) (State or country) Lehi Utah

MOTHER

15. MAIDEN NAME Mary Ricks

16. BIRTHPLACE (city or town) (State or country) Salem, Idaho

17. INFORMANT ..... (Address) Hospital Records, Sugar City Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Sugar City Ida. Date May 19, 193 4

19. UNDERTAKER Thomas Fuller (Address) Rexburg Ida

20. FILED May 16, 193 4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934, to May 18, 1934.

I last saw him alive on May 18, 1934; death is said to have occurred on the date stated above, at 3:30 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococci Pneumonia | |
| Meningitis | May 14, 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Measles | March 20 1934 to April 10 1934 |
| Abscess | May 2 1934 |

Name of operation None Date of Laboratory

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in a **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) P Hoyt M. D.

(Address) Idaho Falls

RECEIVED JUN 2 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88991

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 99

(No. L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Genevieve Smith

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. E. Smith

6. DATE OF BIRTH (month, day, and year) March 26, 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 20 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kanawha Co. W. Va.

FATHER

13. NAME Ed. W. Little

14. BIRTHPLACE (city or town) (State or country) Kanawha Co. W. Va.

MOTHER

15. MAIDEN NAME Maud Rounds

16. BIRTHPLACE (city or town) (State or country) Kanawha Co. W. Va.

17. INFORMANT Ed. W. Little
(Address) Eden, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Idaho Date May 12, 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED May 10, 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1934, to May 10, 1934.

I last saw h[illegible] alive on May 10, 1934: death is said to have occurred on the date stated above, at 2-15 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | May 6 |
| Peritonitis | 1934 |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Premature birth 6 months dead foetus | April 23 1934 |

Name of operation Vaginal Hysterectomy Date of

What test confirmed diagnosis? A. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Idaho Falls, Idaho

RECEIVED JUN 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88992

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 100
(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Nellie Montgomery

(a) Residence. No. 245-7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of N. E. Montgomery

6. DATE OF BIRTH (month, day, and year) April 18 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | 0 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) April 1933.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME James Phillips
14. BIRTHPLACE (city or town) (State or country) New Jersey.

MOTHER
15. MAIDEN NAME Elizabeth
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Henry Hoge Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 5-11, 1934

19. UNDERTAKER V. F. McFarr (Address) Idaho Falls. Idaho.

20. FILED May 11, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3, 193 4, to May 9, 193 4
I last saw her alive on May 9, 1934: death is said to have occurred on the date stated above, at 12:47 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephritis & Suppression of urine | 5/8/34 |
| Other contributory causes of importance: Chronic Interstitial Nephritis | July 1933 |
| Myocarditis | July 1933 |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Mary R. Wilson, M. D.
(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88993

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 101

(No. L D S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Stanger Jr. 88

(a) Residence No. 212 Gladstone St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertie Stanger

6. DATE OF BIRTH (month, day, and year) November 22 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Manager of

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Club Cafe

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

FATHER

13. NAME Joseph Stanger

14. BIRTHPLACE (city or town) Ogdensburg
(State or country) Vermont

MOTHER

15. MAIDEN NAME Margaret Irvine

16. BIRTHPLACE (city or town) Belfast
(State or country) Ireland

17. INFORMANT Mrs. Joseph Stanger
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Idaho Date May 14, 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls,

20. FILED May 17, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to May 11, 1934

I last saw him alive on May 11, 1934; death is said to have occurred on the date stated above, at 3:30 Am.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitrals Regurgitation | |
| C Hypertrophy and | 1919 |
| Myocarditis | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hemorrhage from | May 3 1934 |
| Lungs | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

RECEIVED ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88994

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 10

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Belcher

41

(a) Residence. No. 1175 Ada St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Belcher

6. DATE OF BIRTH (month, day, and year): July 12, 1861

7. AGE — Years: 72 Months: 9 Days: 29 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Colorado

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Katie Belcher 1175 Ada St. Idaho Falls

18. BURIAL, CREMATION OR REMOVAL Place: Firth Ida Date: May 14, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Ida

20. FILED May 17, 1934 C. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1933 to May 11, 1934

I last saw him alive on May 11 1934. death is said to have occurred on the date stated above, at 3:45 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 12 days. |
| Carcinoma of prostate | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| Chronic Myocarditis | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Gabbott M. D.

(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88995

PLACE OF DEATH
County of Bonneville
City of Idaho Falls.
Registration District No. 23
Primary Registration District No. 2310
Local Registrar's No. 103

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel E. Yenne. 127

(a) Residence. No. 420 W. 17th. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: S. P. Yenne.

6. DATE OF BIRTH (month, day, and year): 3/26/1903

7. AGE: Years: 31 | Months: 1 | Days: 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise Idaho.

FATHER
13. NAME: Lewis M. White.
14. BIRTHPLACE (city or town) (State or country): Lansing Mich.

MOTHER
15. MAIDEN NAME: Agnes H Cottle.
16. BIRTHPLACE (city or town) (State or country): Morristown New Jersey.

17. INFORMENT (Address): S. P. Yenne Idaho Falls Ida
18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place: Boise Ida. Date: 5/17, 1934
19. UNDERTAKER (Address): F. F. McHaff Idaho Falls Ida
20. FILED: May 16, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 14 1934
22. I HEREBY CERTIFY, That I attended deceased from May 13, 1934, to May 14, 1934
I last saw h[illegible] alive on May 14, 1934: death is said to have occurred on the date stated above, at 10:50 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Suppurative Cholecystitis with Cholelithiasis | 1 yr. |

Other contributory causes of importance:
Mitral Stenosis with Cardiac failure

Name of operation: None Date of:
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida.

RECEIVED JUN 13 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88996

Registration District No. 73

Primary Registration District No. 2 1 V-2 Local Registrar's No. 10 V

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Hancock

(a) Residence. No. ..... St. Dubois Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 9 1885

7. AGE: Years 48 | Months 11 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labour

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Butte Montana

MOTHER FATHER

13. NAME: Samuel Hancock

14. BIRTHPLACE (city or town) (State or country): U. S.

15. MAIDEN NAME: Mary Swan

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Henry Hancock Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Date May 19 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED May 19, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 17, 1934.

I last saw him alive on May 17 1934; death is said to have occurred on the date stated above, at 3-30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | May 17/34 |

Other **contributory causes** of importance:

Syphilitic Peritonitis Diffuse

Hosp. admitted May 2

Name of operation. Incision + drainage Date of May 11

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) Idaho Falls

REGISTERED JUN 13 1934

M. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88997

Registration District No. 7 3

Primary Registration District No. 2 4-a

Local Registrar's No. 1 0 6

(No. ) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Agnes B. Cook

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James N. Cook

6. DATE OF BIRTH (month, day, and year) Aug 20, 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 87 | 8 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME William Morgan

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Martha M. Nelson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs. H. J. Moss, Rupert, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho Date May 19 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED 5-19, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to May 17, 1934

I last saw her alive on May 17, 1934; death is said to have occurred on the date stated above, at 1 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation None Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls, Ida

RECEIVED JUN 13 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88998

Registration District No. 23

Primary Registration District No. 2 1 N-0 Local Registrar's No. 107

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane (Smuin) James

1000

(a) Residence. No. ..... St. Newdale, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of J. W. James

6. DATE OF BIRTH (month, day, and year)
Feb. 5, 1885

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 49 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Smuin

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Harriet Parker

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT ..... J. W. James
(Address) Newdale Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Rexburg Date 5/19, 1934

19. UNDERTAKER Russel K. Lamm
(Address) Rexburg, Idaho

20. FILED May 21, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1934, to May 15, 1934.

I last saw her alive on May 15, 1934; death is said to have occurred on the date stated above, at 1:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia (Bilateral) | |
| Intestinal obstruction | |
| Ventral Incisional Hernia (Post gall bladder Operation) | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... (If so, specify)

(Signed) [signature], M. D.

(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88999

Registration District No. 23
Primary Registration District No. 21 N-D Local Registrar's No. 10 E

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Call Chandler

161a

(a) Residence. No. 105 - East 15th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 31, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 1 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

MOTHER FATHER
13. NAME William J. Chandler
14. BIRTHPLACE (city or town) (State or country) Lynwood Idaho
15. MAIDEN NAME Mary Call
16. BIRTHPLACE (city or town) (State or country) Rigby Idaho

17. INFORMANT (Address) W. J. Chandler Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Idaho Date May 24 1934

19. UNDERTAKER (Address) Jack A. Moore Idaho Falls

20. FILED May 25, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934, to May 23, 1934.
I last saw him alive on May 22 1934; death is said to have occurred on the date stated above, at 7-45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epileptiform Convulsions | May 7, 1934 |
| Hydrocephalus | |
| Other **contributory causes** of importance: | |
| Premature Baby 7 month | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89000

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 214-0 / Local Registrar's No. 109
(No. Idaho Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary B Brower

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Lansing Brower
6. DATE OF BIRTH (month, day and year): ~~9~~ - 5 - 14 - 1889
7. AGE — Years: 45 | Months: | Days: 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wilford

MOTHER FATHER
13. NAME: Edw. James Birch
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Rosena Stauffer
16. BIRTHPLACE (city or town) (State or country): Bern Switzerland

17. INFORMANT (Address): Mrs. D. W. White
18. BURIAL, CREMATION OR REMOVAL — Place: Wilford Ida. Date: May 27, 1934
19. UNDERTAKER (Address): Wm. Hansen
20. FILED: May 29, 1934. C. Hunsaker, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 24, 1934.
I last saw h alive on May 24 1934; death is said to have occurred on the date stated above, at 11:20 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Following operation for Rhodey Hysterectomy, appendectomy and Ventral Hernia Repair | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: Rhodey Hysterectomy Date of May 22, 34
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Mary Hackett, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of [illegible]

City of Idaho Falls

[illegible] OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89001

Registration District No. [illegible]

Primary Registration District No. 110

Local Registrar's No. 111

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James W. Lovell

(a) Residence No. ..... Ryby Rt #2 St. .....

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha Lovell

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 54 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oak City Utah

FATHER

13. NAME Joseph Lovell

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Leah Rathford

16. BIRTHPLACE (city or town) (State or country) Paterson Utah

17. INFORMANT Mrs. Leah Ririe (Address) Ririe Idaho

18. BURIAL, CREMATION OR REMOVAL Place Ririe Date June 3, 1934

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls

20. FILED ..... 193.. ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 31 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934, to May 31, 1934

I last saw him alive on May 31, 1934; death is said to have occurred on the date stated above, at 4 a.m.

**The principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | may 31 |

Other **contributory causes** of importance: Hypertension and arterg schlerosis years duration

Name of operation none Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D.

(Address) Ririe, Idaho

RECEIVED JUN 25 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89002

**PLACE OF DEATH**
County of Bonn
City of Ida Falls
Registration District No. 73
Primary Registration District No. 8 1 1 0
Local Registrar's No. 113

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen M. Armstrong 164

(a) Residence. No 391 Basalt St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm L. Armstrong

6. DATE OF BIRTH (month, day, and year) March 17, 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Coburn Canada

FATHER

13. NAME David Wilcox

14. BIRTHPLACE (city or town) (State or country) Albany, New York

MOTHER

15. MAIDEN NAME Mary Ann Atkins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Miss Minnie Neal Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Ida Falls Date 6-10, 1934 Burial

19. UNDERTAKER A. Buck (Address) Idaho Falls Ida.

20. FILED 6/11, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to June 6, 1934
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows: Senility. — Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jennie M. Gardner, MD.
(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bonneville

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89003

Registration District No. 73

Primary Registration District No. 2-14-B Local Registrar's No. 112

(If death occurred in hospital or institution give its name instead of street and number)
(No. Ida. Falls L.D.S. Hospital)

2. FULL NAME Mr Gene Drake

(a) Residence. No. 1440 C St. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Elizabeth Drake

6. DATE OF BIRTH (month, day, and year)
June 19, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 11 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer - retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Dry farm

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Marengo Iowa

MOTHER FATHER

13. NAME William Drake

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Lydia Evans

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. Elizabeth Drake
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date 6-4, 1934

19. UNDERTAKER O. L. Buck
(Address) Idaho Falls.

20. FILED 6/2, 193 4 C. Hutchinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/1 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/31/34, 193..., to 6/1/34, 193...
I last saw him alive on 6/1, 193 4. death is said to have occurred on the date stated above, at 11:40 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 5/31/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Cardio - Renal | |
| disease | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Hoyt B. Wallace M. D.
(Address) Idaho Idaho Falls, Idaho.

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89005

PLACE OF DEATH
County of Custer
City of Leslie Idaho

Registration District No. 59
Primary Registration District No. 2129
(No. ) 164
Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Jane Barney Black

(a) Residence. No. Leslie Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 9 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Smith Black

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 89 | | 9 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nauvoo
(State or country) Illinois

PARENTS

10. NAME OF FATHER Charles Barney

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) New York U.S.A.

12. MAIDEN NAME OF MOTHER Sarah Jane Barney

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Pennsylvania U.S.A.

14. Informant Louisa P. Curtis
(Address) Leslie Idaho

15. Filed May 31, 1934 Mary G. Dietrich
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 22 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 2:55 A. m.

The CAUSE OF DEATH* was as follows:
Old age. Gradually slept longer and longer until she slept away

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Had none M. D.
, 19 (Address) Mary G. Dietrich
Registrar

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Arco Idaho | May 24 1934 |
| 20. Undertaker none | Address |

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89006

PLACE OF DEATH
County of Butte Registration District No. 59
City of Arco Primary Registration District No. 2129 Local Registrar's No. 76
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Jefferson Faul
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 27 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| male | w Lite | married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret Faul

6. DATE OF BIRTH (month, day and year) June-4-1854

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 10 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hotel Prop.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Sarcoxie
(State or country) Missouri

PARENTS
10. NAME OF FATHER John Faul
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Ellen Fischer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant H. E. Faul
(Address) Arco Idaho

15. Filed May 7th. 1934 Mary L. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 6 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29 1929 to May 6 1934
that I last saw him alive on May 6 1934
and that death occurred, on the date stated above, at 8:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Physical Exam.
(Signed) W. A. Eby M. D.
May 9 1934 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal: Arco Ida. Date of Burial: May 8 1934
20. Undertaker: J. Farney Ellsworth Address

CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.— very item should state CAUSE O... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECORDED

PLACE OF DEATH
County of Butte
City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
**CERTIFICATE OF DEATH**
Registration District No. 59
Primary Registration District No. 2129
(No. ..... St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 89007

Local Registrar's No. 8

2. FULL NAME Katherine Elizabeth Brown Merrill

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 31 - 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 78 | 6 | 13 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS
10. NAME OF FATHER James Brown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Hannah Richardson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Rich Merrill
(Address) Arco, Idaho

15. Filed May 16, 1934. Mary G. Dietrich Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 14 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1934, to May 14, 1934
that I last saw her alive on May 13, 1934
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ... yrs. ... mos. 7 ds.
CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis
(duration) 7 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Not Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Physical Exam
(Signed) L. M. Eckert, M. D.
May 16, 1934 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. ~~Place of Burial, Cremation~~, or Removal | Date of Burial |
|---|---|
| Letgonia, Idaho | May 17 1934 |
| 20. Undertaker | Address |
| D. D. Ellington | Arco, Idaho |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY; if UNKNOWN, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89008

PLACE OF DEATH
County of Butte
City of Arco

Registration District No. 29
Primary Registration District No. 2129

Local Registrar's No. 10

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christine Marie Chamberlain

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Thomas Chamberlain

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 49 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Alborg Denmark

PARENTS
10. NAME OF FATHER: Jens Christian Larsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Denmark
12. MAIDEN NAME OF MOTHER: Johnsen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Denmark

14. Informant: Thomas Chamberlain
(Address) Arco Idaho

15. Filed May 25, 1934 Mary G. Dietrich Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 24 (Month) (Day) 1934

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1934, to May 24, 1934, that I last saw her alive on May 24, 1934, and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam

(Signed) L. M. Eglet, M. D.
May 26, 1934 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Arco Idaho — Date of Burial: May 26 1934

20. Undertaker: A. Hodgson — Address: Arco

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Camas
City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89009

Registration District No.
Primary Registration District No. Local Registrar's No. 58

(No. ) 17
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Eugene Fowler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Elizabeth Fowler

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Offices Chicago
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40 Years

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME Charles W. Fowler
14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Margoret Brownlee
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Marion Elizabeth Fowler Removal

18. BURIAL, CREMATION, OR REMOVAL Place Wichita Kansas Date , 193

19. UNDERTAKER Thompson Furniture Co
(Address) Gooding Idaho

20. FILED May 18, 1934 W B Parkinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 17, 1934
I last saw h[illegible] alive on May 17, 1934; death is said to have occurred on the date stated above, at 7:8 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rock Mountain Spotted Fever | May 6 1934 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W B Parkinson, M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89010

County of Canyon
City of Parma Registration District No. 1007
Primary Registration District No. 3 Local Registrar's No. 32

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Leroy Judd

(a) Residence. No. Parma St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Judd

6. DATE OF BIRTH (month, day, and year) Jan 11 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woolstock Illinois

FATHER

13. NAME James M. Judd

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Polly Ann Brown

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Mrs Lea Judd Parma Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Date May 6, 1934

19. UNDERTAKER (Address) Caldwell Idaho

20. FILED 6-5, 1934 Ethel Jarvis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to May 3, 1934
I last saw him alive on May 3, 1934; death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Age and infected teeth | |
| | |

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. M. Mitchell, M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89011

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 43

840 Linn Ave.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cardelia Justiana Blackledge

(a) Residence. No. 1802 Ash St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison Blackledge

6. DATE OF BIRTH (month, day, and year) Sept. 27 - 1849

7. AGE — Years: 84 | Months: 7 | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: sanitarium

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Braintree Mass.

MOTHER/FATHER

13. NAME Seth Cole "

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Olympia Sarah Thrasher

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT (Address) B. H. Talbinger 840 W. Linn Boise Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Boise Date 5-11, 1934

19. UNDERTAKER Schreiber & McGown (Address) Boise Idaho.

20. FILED 5/16....., 1934. W. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4 A.M. 11th May 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac decompensation | |
| & Arterio sclerosis | |
| & Chronic Myocardio fibrosis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. and J. Tiker, M. D.

(Address) 712 Main St. Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

REC... MAY 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89012
State File No.

**PLACE OF DEATH**

County of Canyon
City of Caldwell

Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 44

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leonard L. Moore

(a) Residence. No. Parma, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Salle
(State or country) Colorado

FATHER

13. NAME George Edward Moore

14. BIRTHPLACE (city or town) Vinton
(State or country) Iowa

MOTHER

15. MAIDEN NAME Bessie Woodbury

16. BIRTHPLACE (city or town) Evans
(State or country) Colorado

17. INFORMENT Geo. E. Moore
(Address) Parma, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date May 13, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 5/14, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-12 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1934, to May 12, 1934
I last saw him alive on May 12, 1934; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis, Ruptured Appendix | May 5th |

Other contributory causes of importance:

Name of operation Appendectomy Date of 5/6
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) [signature] M. D.
(Address) Caldwell Idaho

RECEIVED JUN 13 19[illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89013

County of Canyon

City of Wilder

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 46

(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Jane - Mitchell

(a) Residence. No. Wilder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 27-1852

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 82 | — | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hardin Co
(State or country) Kentucky

FATHER

13. NAME Silas Neil

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Sarah Ross

16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMENT W. M. Mitchell
(Address) Wilder, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date May 16, 1934

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida.

20. FILED 5/22, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to May 14, 1934

I last saw her alive on May 13, 1934: death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Nephritis | several years |
| Other contributory causes of importance | |
| Chr. Endocarditis | several years |

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M.D.
Caldwell Idaho
(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89014

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 1
Primary Registration District No. 2006
Local Registrar's No. 49

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

188e

2. FULL NAME Harley J. Williams

(a) Residence. No. J Caldwell Ida R.F.D. #3 (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oneida Okla.

FATHER

13. NAME E. H. Williams

14. BIRTHPLACE (city or town) (State or country) Wakello Iowa

MOTHER

15. MAIDEN NAME Jennie Dearing

16. BIRTHPLACE (city or town) (State or country) Homer Ill

17. INFORMENT (Address) Albert W. Darling Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date 5-18-, 1934

19. UNDERTAKER (Address) C. A. Beckham Caldwell Ida

20. FILED 5/22, 1934 P. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1934, to May 16, 1934

I last saw him alive on May 16, 1934: death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ig Pneumonia | |
| Cardiac Infection | |
| (" Heart) | |

Other contributory causes of importance:

Compound Fracture Right Femur

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury , 193

Where did injury occur? Nampa Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury Motor Cycle collided with Auto

Nature of injury See above (X)

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) Thos. E. Mahoney M. D.

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

**PLACE OF DEATH**

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89015

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Nathen Henry Mallory

(a) Residence. No. 8 miles So. of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21 — 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida

FATHER

13. NAME David Lowe Mallory

14. BIRTHPLACE (city or town) (State or country) Ark

MOTHER

15. MAIDEN NAME Toon

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT (Address) David H. Mallory Nampa Ida Rt 4

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date May 26 1934

19. UNDERTAKER T. K. Robinson
(Address) Nampa Ida

20. FILED June 6 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to May 25, 1934

I last saw him alive on May 25, 1934, and death is said to have occurred on the date stated above, at 8:30 PM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions due to congenital cerebral defect | May 24 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. R. Meredith M.D. M. D.

(Address) Nampa, Idaho

m.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89016

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick W. Schulz

(a) Residence. No. 311-19 ave So. Nampa Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/25/52

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 82 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: William Schulz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rosenkrusa

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. F. W. Schulz Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 6/8, 1934

19. UNDERTAKER E. K. Robinson
(Address) Nampa Ida

20. FILED June 8 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to June 4, 1934.
I last saw h[illegible] alive on June 4 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Cancer Stomach | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Horace P. Belknap M. D.
(Address) Nampa Idaho

B

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89017

**PLACE OF DEATH**

County of Canyon
City of Nampa
Registration District No. 7 ~~1001~~
Primary Registration District No. 1006
Local Registrar's No. 68
(No. 307 - 14th Ave. No)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 f

2. FULL NAME Charles Pate

(a) Residence. No. 307 - 14th ave. no St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. about 60 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | ~~D~~ Separated |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Pate.

6. DATE OF BIRTH (month, day and year) July 8th 1856.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 10 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stock man
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer retired.

9. BIRTHPLACE (city or town) (State or country) germany

PARENTS

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) germany
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) germany

14. Informant Mrs. Elsie Keele
(Address) 307 - 14th ave. No.

15. Filed June 8 1934 Lyda Rodgers Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 3 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to June 3, 1934
that I last saw ~~him~~ alive on June 3, 1934
and that death occurred, on the date stated above, at 3 a.m. m.
The CAUSE OF DEATH* was as follows: Infirmaties of age and Chronic arthritis of lower limbs
(duration) 3 yrs. mos. ds.
CONTRIBUTORY "Often Told"
(Secondary)
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Geo. R. Proctor M.D.
June 6, 1934 (Address) Nampa Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Kohlerlawn-Nampa | 6-5 1934 |
| 20. Undertaker | Address |
| Wm. D. Talley | Nampa, Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
State File No. 89018

Local Registrar's No. 47

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mrs. Harriet I. Smith

(a) Residence. No. I.O.O.F. Home-Caldwell, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virgennes
(State or country) Michigan

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Mrs. Viola Price Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cemetery Date 5-16, 193 4

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 5/16, 193 4 E. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 193 4

22. I HEREBY CERTIFY, That I attended deceased from Several years, 193 4, to May 14, 193 4

I last saw her alive on May 13, 193 4; death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis Chronic | Several years |

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell on floor

Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Case M. D.

(Address) Caldwell Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89019

## PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cautious Corey Hull

(a) Residence. No. 824 - 11 Ave. So., St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 29-1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last engaged at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME James Hull

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT C. Cleon Sabbs
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 6/9, 1934

19. UNDERTAKER L. H. Robinson
(Address) Nampa Ida

20. FILED June 6, 1934. Lyda Rudgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/10/34, to 5/7/34.
I last saw him alive on 5/7/34: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Mitral affection | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Indigestion & poor assimilation | |

Name of operation none Date of -

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury none
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) V. H. Murray, M. D.
(Address) Nampa Ida

m.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89020

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Lee Cullen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white. | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| — | — | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Parma
(State or country) Idaho

FATHER
13. NAME J. E. Cullen
14. BIRTHPLACE (city or town) Ontario
(State or country) Oregon

MOTHER
15. MAIDEN NAME Vera Luella Deister
16. BIRTHPLACE (city or town) Stull
(State or country) Kans

17. INFORMENT (Address) J. E. Cullen Parma Ida —

18. BURIAL, CREMATION, OR REMOVAL
Place Nyssa Oregon Date ....., 193

19. UNDERTAKER Paul L. Logan
(Address) Caldwell Idaho

20. FILED 5/18, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1934, to 5-15, 1934
I last saw him alive on 5-15, 1934: death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage into | |
| both Suprarenal | |
| & Stomach Gland | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. J. Tikker, M. D.
(Address) 7 Dr. E. Main St. Caldwell Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89021

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1008
Local Registrar's No. 50

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Beck

(a) Residence. No. 822 Everett St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Beck

6. DATE OF BIRTH (month, day, and year) Feb 26 - 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 3 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Iowa

FATHER
13. NAME Hans Beck
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Marie Halland
16. BIRTHPLACE (city or town) (State or country) Halland

17. INFORMENT (Address) Mary F. Beck

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date May 29, 1934

19. UNDERTAKER (Address) L. V. Beckham

20. FILED May 29, 1934 W. D. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934 to May 27, 1934
I last saw him alive on May 27, 1934 death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolus | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Montgomery M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89022

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 51

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Lewis Jackson,

(a) Residence. No. Caldwell R.D. #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed or divorced HUSBAND of (or) WIFE of: Lizzie Jackson

6. DATE OF BIRTH (month, day, and year): Aug 31 1868

7. AGE: Years 65 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: f
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Saline Co. Missouri

FATHER
13. NAME: Joe Jackson
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Mary Terrell
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Mrs. G. L. Jackson Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Hill Cem. Date: 5/31, 1934

19. UNDERTAKER (Address): E. W. Pickham Caldwell Ida

20. FILED: 5/31, 1934 — M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 29, 1934
I last saw h alive on May 28, 1934; death is said to have occurred on the date stated above, at 9:15 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 6 days |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chr. Endocarditis & Myocarditis | |
| Chr. Nephritis | |

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify:

(Signed) H. Wilson M.D.
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89023

**PLACE OF DEATH**
County of Canyon
City of Nampa

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 52

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lottie Elliott

(a) Residence. No. Caldwell, Idaho. R#1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Exum Elliott

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1874.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grant County Indiana

FATHER

13. NAME Luther Brookshire

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Louise Stinson

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Exum Elliott Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Greenleaf Date May 30, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 6/1, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to May 29, 1934
I last saw her alive on May 29, 1934: death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer Carcinoma | |
| of Uterus. | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. E. Watts, M. D.
(Address) Nampa, Ida.

RECEIVED JUN 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89024

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 7005
Local Registrar's No. 53

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

1594

2. FULL NAME Baby Adams

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 5/29/34

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Caldwell, Idaho

PARENTS

10. NAME OF FATHER John Adams

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oregon

12. MAIDEN NAME OF MOTHER Eileen Vail

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant
(Address)

15. Filed ✓ 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 30 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw him alive on May 29, 1934, 19
and that death occurred, on the date stated above, at 3:30 A m.
The CAUSE OF DEATH* was as follows:
Maldevelopment

(duration) yrs. mos. / ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) M. D.
5/31, 19 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| 20. Undertaker | Address |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89025

**PLACE OF DEATH**
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 54

(No. ) 12
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew M. Carley

(a) Residence. No. I.O.O.F. Home, Caldwell, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 87 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Viola Price, I.O.O.F. Home Caldwell

18. BURIAL, CREMATION, OR REMOVAL Place Tooele, Utah Date 6-3, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 6/2, 1934 W. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-1 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to June 1, 1934
I last saw h alive on May 31, 1934; death is said to have occurred on the date stated above, at 6 22 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer | 5/25 34 |
| Other contributory causes of importance: Chronic Nephritis | Many Years |

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Coe M. D.
(Address) Caldwell Idaho

Mar. 10 - May - 30 -

RECEIVED JUN 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89026

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 55

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry William Ademond 44

(a) Residence. No. 1 Caldwell Ida R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Edna E. Ademond

6. DATE OF BIRTH (month, day, and year) Nov 1 - 1857

7. AGE: Years 76 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Black River Falls Wisc.

FATHER
13. NAME: Swaine Ademond
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMENT (Address): William D Ademond Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Co. Ida. Date: June 6, 1934

19. UNDERTAKER (Address): I. C. V. Peckham Caldwell Idaho.

20. FILED 6/8, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934, to June 4, 1934
I last saw ~~he~~ alive on May 30 1934 ~~death~~ is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | Mar 10 1934 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation: — Date of:
What test confirmed diagnosis? X-ray & Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 89027

Local Registrar's No. 56

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eunice Almeda Waltman

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14-1904

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 30. | 1 | 22.- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fowler Colorado

FATHER

13. NAME Wm L. Gibbens

14. BIRTHPLACE (city or town) (State or country) Wisc.

MOTHER

15. MAIDEN NAME Isabell Stoddard

16. BIRTHPLACE (city or town) (State or country) North Platte Nebraska

17. INFORMENT (Address) V. R. Waltman Nampa

18. BURIAL, CREMATION, OR REMOVAL. Place Canyon Co. Idaho Date 6-10-, 1934

19. UNDERTAKER (Address) C. V. Cockrane Caldwell Idaho

20. FILED 6/12, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to June 6, 1934

I last saw her alive on June 6, 1934; death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephritis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W C Wolfe, M. D.

(Address) Nampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89028

**PLACE OF DEATH**
County of Walden
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 41

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Elizabeth Boswell

(a) Residence. No. W. Walden St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6 1852

7. AGE: Years 81 | Months 9 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockton Missouri

FATHER
13. NAME Thomas Graham
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Anna
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Mrs John Newport Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date 5-6, 1934

19. UNDERTAKER E. V. Pinkham (Address) Caldwell Idaho

20. FILED 5/8, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from November 1933, to May 4, 1934
I last saw her alive on May 4, 1934; death is said to have occurred on the date stated above, at 2.30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| [redacted] | 1930 |
| [redacted] | 1931 |
| Diabetic Gangrene | 1930 |
| Carcinoma of Breast | 1931 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Robert E. McBeth, M. D.
(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89029

**PLACE OF DEATH**

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 42

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Francis Brown. 1(a)

(a) Residence. No. Wilder Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of R. C. Brown.

6. DATE OF BIRTH (month, day, and year) Dec 25 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cutler, Illinois

FATHER
13. NAME William H. Brown
14. BIRTHPLACE (city or town) (State or country) Cutler, Illinois

MOTHER
15. MAIDEN NAME Martha A. Fannin
16. BIRTHPLACE (city or town) (State or country) Cutler, Illinois

17. INFORMENT (Address) Agnes McCoy Wilder Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wilder Date 5-12, 1934

19. UNDERTAKER L. V. Peckham
(Address) Caldwell Ida

20. FILED 5/9 1934 E. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2d, 1934, to May 7th, 1934
I last saw he alive on May 7th 1934: death is said to have occurred on the date stated above, at 4.30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Complete biliary obstruction due to stone in common duct ampulla | |
| Other contributory causes of importance: | |
| Typhoid fever | |

Name of operation Cholecystectomy Date of 5/4/34
What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. R. Moore, M. D.
(Address) Caldwell Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1934

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2 [illegible] 5

DO NOT WRITE IN THIS SPACE
State File No. 89030

Local Registrar's No. 45

(No. Memorial Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Mrs Anna Evans (M.F.)

(a) Residence. No. Star Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of M F Evans

6. DATE OF BIRTH (month, day, and year) 9-13-1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Vernie Evans Wilder Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Star Idaho Date 5-12-34 193

19. UNDERTAKER Paul L. Case (Address) Caldwell Idaho

20. FILED 5/16, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-10-34 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1934, to 5-10, 1934

I last saw h[illegible] alive on 5-10, 1934: death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis and infarct with heart failure | 5-7-34 |

Other contributory causes of importance:

arteriosclerosis + hypertension, chronic tubular nephritis, obesity.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. J. Tibbetts, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2007
Primary Registration District No. 3

DO NOT WRITE IN THIS SPACE
State File No. 89031

Local Registrar's No. 35

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert James Chaney

(a) Residence. No. Parma R.R. #3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 3-1933

7. AGE — Years: — Months: 8 Days: 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roswell

FATHER
13. NAME Horace F Chaney
14. BIRTHPLACE (city or town) (State or country) Caldwell Ida

MOTHER
15. MAIDEN NAME Angelina Gifford
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Horace Chaney Parma #3

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Date May 25-1934

19. UNDERTAKER (Address) Peck Bros Caldwell Ida

20. FILED 6-5, 1934 Ethel Jurries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to May 24, 1934
I last saw h[illegible] alive on May 24, 1934: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental Hanging
The child while afloat [illegible] off a bed between the bed and the wall, and was found hanging by it head.

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury May 24 1934
Where did injury occur? At home Ore.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Caught between bed and wall
Nature of injury Strangled

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W M Mitchell, M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89032
State File No.

PLACE OF DEATH
County of Canyon
City of Parma Registration District No. 2007
Primary Registration District No. 3 Local Registrar's No. 34

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vernon Nielson Crawforth

(a) Residence. No. Parma R.D. #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 26 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 7 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Murray City Utah

FATHER
13. NAME: James M. Crawforth
14. BIRTHPLACE (city or town) (State or country): Provo Utah

MOTHER
15. MAIDEN NAME: Anna S. Nielson
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Leland Crawforth Parma Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Mountain View Date: 6-12 1934

19. UNDERTAKER (Address): Caldwell Ida

20. FILED 6-5, 1934 Ethel Jurries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1934, to May 9, 1934
I last saw h.. alive on May 9, 1934; death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Electrocuted | |
| when the cable of a hay derrick contacted power line | |
| Other contributory causes of importance: | |
| nil | |

Name of operation: none Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Yes Date of injury 5/9, 1934
Where did injury occur? Parma Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At work on farm
Manner of injury Electrocuted derrick contacted
Nature of injury high power line

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify At farm work.

(Signed) D. M. Mitchell, M. D.
(Address) Parma Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89033

## PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Newton Jasper Whitehead

(a) Residence. No. Nampa, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct-8-1856

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 7 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rockcastle
(State or country) County - Ky.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT S. C. Whitehead
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 5/21 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED June 6, 1934 Leydan Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.0., to May 18 ....., 193.4.
I last saw him alive on May 18 193.4; death is said to have occurred on the date stated above, at 10.05 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Old heart trouble | |
| Endocardial | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? ←
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ←
Manner of injury ←
Nature of injury ←

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. W. Murray, M. D.
(Address) Nampa Idaho

RECEIVED JUN 8 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89034

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 62

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wisely William Smart

(a) Residence. No. 501 7th St. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-22-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa, (State or country) Ida.

FATHER

13. NAME W.D. Smart

14. BIRTHPLACE (city or town) Colo. (State or country)

MOTHER

15. MAIDEN NAME Nibarger

16. BIRTHPLACE (city or town) Wyoming (State or country)

17. INFORMANT W.D. Smart (Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 5-29, 1934

19. UNDERTAKER F.K. Robinson (Address) Nampa, Ida.

20. FILED June 6, 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-15-, 1934, to 5-27, 1934

I last saw him alive on 5-26, 1934; death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Whooping Cough | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Rupture of a blood vessel in brain | |

Name of operation ..... Date of ..

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. C. Horton, M. D.

(Address) Nampa, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

(No. 320 - 17th Ave. So)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 89035

Local Registrar's No. 64

2. FULL NAME Rollin C. Lothrop. 92

(a) Residence. No. 320 - 17th ave. So St.

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 63 | | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) unknown.

PARENTS

10. NAME OF FATHER unknown.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown.

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant Mr. J. E. Rice

(Address) Nampa, Idaho

15. Filed June 6, 1934 Lyda Rodgers Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 12 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 to May 12, 1934
that I last saw h alive on May 12, 1934
and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Three hours.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Bellamy M. D.

May 15, 1934 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Kohlerlawn-Nampa | 5/15 1934 |
| 20. Undertaker | Address |
| Wm D. Talley | Nampa, Ida. |

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89036
State File No.....

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 54

(No. Rural )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adelaide Byrd Smith

(a) Residence. No. Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) 2/1/54

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Shipps

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Adelaide Ward

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs. John Summerhays Nampa Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Expira, Iowa Date 5.14., 193 4

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED June 6, 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1934, to 5-11, 1934

I last saw h alive on 5-10-, 1934.: death is said to have occurred on the date stated above, at 12 00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic Coma | 5-4-34 |
| | |
| | |
| | |

Other **contributory causes** of importance: Chronic Nephritis Several Years

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. C. Reeves M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89037

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada Olive Marsh

(a) Residence. No. Nampa R.R. # St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 4 - 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. *Total time* (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Alva Gibson

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. W. J. Marsh
(Address) Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida Date. 5/12 1934

19. UNDERTAKER E. A. Robinson
(Address) Nampa Idaho

20. FILED June 6 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/11/1934

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1934, to May 11th 1934.

I last saw her alive on May 5th 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 3/3/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Involvement of cardiac and respiratory centers in Brain | 5-11-34 |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

*Specify whether injury occurred in* **industry**, *in* **home**, or in **public place.** .....

*Manner of injury*.....

*Nature of injury*.....

24. Was disease or injury in any way related to occupation of deceased?. No. If so, specify.....

(Signed) Geo. A. Hall, M. D.

(Address) Nampa, Ida.

K

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89038

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James C McMahon

(a) Residence. No. Nampa, Ida RFD # St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 23-1861

7. AGE: Years 73 | Months 2 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Julia Turly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs Laura Johnson Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa, Ida Date 6/12, 1934

19. UNDERTAKER (Address) F. B. Robinson Nampa Ida

20. FILED June 6, 1934. Lydia Rodgers Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1934, to 5-10, 1934.

I last saw h....alive on 5-9, 1934.: death is said to have occurred on the date stated above, at 12 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 5-9-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. C. Bellgrau M. D.

(Address) Nampa Ida

V.C.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89039

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Erastus Johnson

(a) Residence. No. 5 Miles East Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-6-65

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Robt Johnson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) A. E. Johnson Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 5/20, 1934

19. UNDERTAKER (Address) F. R. Robinson Nampa Ida

20. FILED June 6, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/18 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 5-15, 1934, to ....., 193....
I last saw h~~e~~ alive on 5-15, 1934: death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Ulcer | |
| Cystitis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Had 3 lumbar vertebra broken in 1905 | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~L~~ Was there an autopsy? ~~L~~

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1905
Where did injury occur? Sevier Co Utah
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Lumber industry
Manner of injury Tree fell on him
Nature of injury 3 Lumbar Vertebrae broken

24. Was disease or injury in any way related to occupation of deceased? If so, specify. See above

(Signed) J. C. Horton M. D.
(Address) Nampa Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

VOID

**PLACE OF DEATH**

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89040

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 60

1

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John J. Thompson

(a) Residence. No. 2 miles East of Nampa

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Vada Thompson

6. DATE OF BIRTH (month, day, and year) 6-22-90

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 42 | 10 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise Ida

FATHER

13. NAME Amos S. Thompson

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Brunson

16. BIRTHPLACE (city or town) (State or country) Wheeling W Va

17. INFORMANT (Address) Mrs. Vada Thompson Nampa Ida R.D.

18. BURIAL, CREMATION OR REMOVAL Place Caldwell Ida Date 5/23, 1934

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED June 6, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1934, to 5-20, 1934

I last saw him alive on 5-20 1934; death is said to have occurred on the date stated above, at 2 P. M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No. Date of injury .., 193.

Where did injury occur? No
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Horace P. Belknap M. D.

(Address) Nampa Ida

RECEIVED JUN 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89041

**PLACE OF DEATH**

County of Canyon
City of Nampa
Melba

Registration District No. 7
Primary Registration District No. 2006
(No. .....)
Local Registrar's No. 6-3

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin A. Barrett

(a) Residence. No. ..... Melba Idaho

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. (Usual place of abode) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha P. Barrett

6. DATE OF BIRTH (month, day and year) Dec. 10 1861

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 72 | 5 | 2 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS

10. NAME OF FATHER Enock Barrett

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee

12. MAIDEN NAME OF MOTHER Martha Fields

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kentucky.

14. Informant Martha P. Barrett
(Address) Melba Idaho

15. Filed June 6, 1934 Lyda Rodgers Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 12 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-23-, 1934, to 5-12-, 1934
that I last saw him alive on 5-12-, 1934
and that death occurred, on the date stated above, at 9:10 A. m.
The CAUSE OF DEATH* was as follows:
Cancer of Stomach

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? X Ray
(Signed) C. C. Hull M. D.
May 15, 1934 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Kohlerlawn-Nampa | 5-14 1934 |
| 20. Undertaker | Address |
| Wm D. Talley | Nampa, Ida |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89042

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 66

**PLACE OF DEATH**
County of Canyon
City of Nampa
(No. 107-12th Ave. So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Leo VanderMeer

(a) Residence. No. 4½ Caldwell Blvd. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 10th 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 3 | 7 | 15 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nampa Idaho

PARENTS.
10. NAME OF FATHER James VanderMeer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Holland.
12. MAIDEN NAME OF MOTHER Helen M. Faris
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nampa Idaho.

14. Informant James VanderMeer
(Address) Nampa, Idaho

15. Filed June 6, 1934 Lyda Rodgers
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 25 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1934, to May 25, 1934
that I last saw him alive on May 25, 1934
and that death occurred, on the date stated above, at 10:30 A. m.
The CAUSE OF DEATH* was as follows:

Spasm (Strychnine poisoning
(Accident Took Pills)
(Accident) (duration) yrs. mos. ½ ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Howard Bilbrag M. D.
May 26, 1934 (Address) Nampa Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Kohlerlawn-Nampa | 5-28 1934 |
| 20. Undertaker | Address |
| Mrs Nina M. Talley | Nampa Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89043

**PLACE OF DEATH**

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 67
(No. Samaritan Hospital -)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Lawrence Chapman

(a) Residence. No. Ontario, Oregon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. (b) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mae A. Chapman

6. DATE OF BIRTH (month, day, and year) 7-4-1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 40 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rural mail carrier
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 5-15-34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salina (State or country) Kansas

FATHER

13. NAME J. B. Chapman
14. BIRTHPLACE (city or town) Vienna (State or country) Ill.

MOTHER

15. MAIDEN NAME Anna B Hagler
16. BIRTHPLACE (city or town) Salina (State or country) Kansas

17. INFORMANT Mae A. Chapman (Address) Ontario, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Ida. Date 6-8-, 1934

19. UNDERTAKER Asael Richardson (Address) Ontario, Oregon

20. FILED June 7 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to June 5, 1934.
I last saw h— alive on June 5, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gastritis and Peritonitis | |
| Other **contributory causes** of importance: | |

Name of operation. None Date of.....
What test confirmed diagnosis?. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. C. Watt M.D., M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89044

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
(No. 7 miles south)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 65

168

2. FULL NAME Albert DeWitt

(a) Residence. No. 7 miles south St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 27th 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 8 | 17 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Herpterk
(State or country) Belgium

PARENTS

10. NAME OF FATHER Leo DeWitt

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Belgium

12. MAIDEN NAME OF MOTHER Horine Vulstieker

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Belgium

14. Informant Mrs Nelson
(Address) Nampa Idaho

15. Filed June 6, 1934 Lyda Rodgers Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 14th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—
that I last saw h— alive on ——, 19—
and that death occurred, on the date stated above, at about 6 a. m.

The CAUSE OF DEATH* was as follows:
Suicide - hanging by rope.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Wm D. Talley Coroner, M. D.
—, 19— (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Kohlerlawn-Nampa | 5-18 1934 |
| 20. Undertaker | Address |
| Wm D. Talley | Nampa, Ida |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted]

# CERTIFICATE OF DEATH

E IN THIS SPACE

State File No. 89046

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Florence Gladys Forney

(a) Residence. No. Nampa Rural St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Forney

6. DATE OF BIRTH (month, day, and year): 2/4/1901

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 33 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: Forest Addle

14. BIRTHPLACE (city or town) (State or country): ←

MOTHER

15. MAIDEN NAME: Agnes Hostetler

16. BIRTHPLACE (city or town) (State or country): ←

17. INFORMANT (Address): Howard Forney Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 5/14, 1934

19. UNDERTAKER (Address): F. K. Robinson Nampa Ida.

20. FILED May 17, 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/11/1934

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1934, to 5-11, 193....

I last saw her alive on 5-10, 1934.: death is said to have occurred on the date stated above, at 12:30 a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Burned Fatally | ..... |
| Gasoline explosion | 5-10-34 |
| | 4 P.M. |
| | ..... |
| Fixed 8½ hours | ..... |

Other **contributory causes** of importance: .....

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Ac. Date of injury 5-10 1934
Where did injury occur 10 miles West Nampa
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. E. Reckmeyer M. D.
(Address) Nampa Idaho

ve.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1934

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89047

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 81

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Franklin Brinn

(a) Residence. No. N. Elba Ave. Burley St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Bennett Brinn

6. DATE OF BIRTH (month, day, and year) Aug 23 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 83 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 5/31/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pottawattamie Iowa

FATHER

13. NAME Alexander Brinn

14. BIRTHPLACE (city or town) (State or country) Cassayoya New York

MOTHER

15. MAIDEN NAME Annie M. Bishop

16. BIRTHPLACE (city or town) (State or country) Greece New York

17. INFORMANT Mrs. W. F. Brinn (Address) Elba Ave. Burley Ida.

18. BURIAL, CREMATION OR REMOVAL Place Oakley Ida. Date 6/3, 1934

19. UNDERTAKER Johnson Mortuary (Address) O. E. Johnson

20. FILED 6/2, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/1 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/1/ 193X, to 6/1/ 193X.

I last saw h.. alive on 6/1/ 193X; death is said to have occurred on the date stated above, at X.9. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral haemorhage | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, how? .....

(Signed) O. G. Tate, M. D.

(Address) Burley, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89048

**PLACE OF DEATH**
County of Cassia
City of Burley
7

Registration District No. 17
Primary Registration District No. 2196 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph P. Stafford

(a) Residence. No. 834 N 1st Conant St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

40

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Laura Stafford

6. DATE OF BIRTH (month, day, and year) Oct 7 1861

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 7 | 20 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) North Carolina

**FATHER**

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

**MOTHER**

15. MAIDEN NAME Anna Laura Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT H. P. Stafford
(Address) 834 N. 1st Conant

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 5/31, 1934

19. UNDERTAKER P. E. Johnson
(Address) Burley Ida.

20. FILED 5/29, 1934 J. Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to May 24, 1934
I last saw h alive on May 24, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Aneurism | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) Joseph Ramstad M. D.
(Address) Burley Idaho

RECEIVED

# PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89049

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 28

(No. Twin Falls Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

177

2. FULL NAME Della Blanche Stone

(a) Residence. No. Briggs Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 17 - 1907

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 27 | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 4/28/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Briggs Ida
(State or country)

FATHER

13. NAME Geo. E. Stone

14. BIRTHPLACE (city or town) Unngal
(State or country) Utah

MOTHER

15. MAIDEN NAME Bessie Smith

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Geo. E. Stone
(Address) Briggs Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Victor Idg Date 5/5/, 1934

19. UNDERTAKER D. E. Johnson
(Address) Burley Ida.

20. FILED 5/3/, 1934 Laura Gsell Co
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 28 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934, to April 28, 1934.

I last saw h....alive on April 28, 1934: death is said to have occurred on the date stated above, at 9:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Morphine Poisoning | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Verdict of Coroners | |
| Jury | |
| ? | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....

(Signed) D. E. Johnson Co. Coroner M. D.

(Address) Burley Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89050

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 44

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

38

2. FULL NAME Walter A. Chisholm

(a) Residence. No. ..... St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Teamster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bruce Co., Ontario, Canada

MOTHER FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date May 19 1934

19. UNDERTAKER F. A. Billberg, Hosp. Mtal. (Address) Orofino - Idaho

20. FILED 6/21, 1934. W. A. Chisholm Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1934

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1931, to May 18, 1934
I last saw him alive on May 18 1934; death is said to have occurred on the date stated above, at 6.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro-Spinal Syphilis | |
| | 9 yrs. + |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. ++ Wassermann Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Orrue McKelway M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89051
State File No.....

Registration District No. 90

Primary Registration District No. 2157 Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Harvey E. Biegert

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ester Biegert

6. DATE OF BIRTH (month, day, and year) Oct 18-1889

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 44 | 6 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm Work

10. Date deceased last worked at this occupation (mo. and yr.) 5-34

11. Total time (years) spent in this occupation All life

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME J. F. Biegert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Erb.

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Walter Matson Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gilbert Cemetery Date 5-22-, 1934

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 5/22-, 1934. W. A. Stacy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Probably 5-17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at about noon m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot Wound in Head | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of.....

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Probably 5/17/34 Date of injury, 193.

Where did injury occur? on Ranch Clearwater County
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify..... Coroner

(Signed) Wayne S. Herres, M. D.

(Address) Orofino Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nezperce
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89052

Registration District No. 90
Primary Registration District No. 3117 Local Registrar's No. 46
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Jean Bent
(a) Residence. No. 811 Prospect Avenue St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? 30 yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Fred Sr. C. Bent
6. DATE OF BIRTH (month, day, and year): Unascertained
7. AGE: Years: 53 | Months: ? | Days: ? | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nova Scotia

FATHER
13. NAME: Luther Cross
14. BIRTHPLACE (city or town) (State or country): Unascertained

MOTHER
15. MAIDEN NAME: # Cook
16. BIRTHPLACE (city or town) (State or country): Unascertained

17. INFORMANT (Address): Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place. Orofino Ida. Date. 5/25., 1934

19. UNDERTAKER (Address): V. A. Peck Orofino

20. FILED. 5/23., 1934. V. A. Peck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 22 1934

22. I HEREBY CERTIFY, That I attended deceased from February 20., 1934., to May 22., 1934.
I last saw her alive on May 22., 1934.; death is said to have occurred on the date stated above, at 7:27 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | May 19, 1934 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Fracture left femur by falling | Apr. 21, 1934 |
| Manic-depressive psychosis (Depressed type) | 14 years. |

Name of operation None. Leg set. Date of
What test confirmed diagnosis? Symptoms. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Lonnie McKelway M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89053

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 47

(No. State Hospital North, Orofino, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma Mead

(a) Residence. No. Belmont St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Mead

6. DATE OF BIRTH (month, day, and year) May 19 1876

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 0 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flint, Mich.

FATHER

13. NAME Asa Tucker

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Hospital Record (Address) State Hosp. North Orofino

18. BURIAL, CREMATION OR REMOVAL

Place Date ..., 193..

19. UNDERTAKER Cassidy Funeral Home (Address) Rathdrum, Idaho

20. FILED 9/28, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/26, 193.4., to 5/26, 193.4.

I last saw her alive on 5/26, 193.4.: death is said to have occurred on the date stated above, at 7:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paresis | Unknown |
| | |
| | |
| | |
| *Other* ***contributory causes*** of importance: | |
| Cerebro-spinal syphilis | Unknown |

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Cloughley, M. D.

(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 89054

Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Engstrom

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Rev Driver Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date May 27, 1934

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 5/28, 1934 V. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Probably 5-18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193... death is said to have occurred on the date stated above, at about 1030 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| drowned | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Probably drunk and fell in river | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wayne S. Ihrig Coroner, M.D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89055

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sam Waldmoe

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| About | 51 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Forest Worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): —

FATHER

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT (Address): Forest Service Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Missoula Mont Date 5-22, 1934

19. UNDERTAKER (Address): J. M. Lucy & Sons Missoula Mont

20. FILED 5-25, 1934. W. A. Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8:15 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |

Other **contributory causes** of importance:

| | |
|---|---|
| Struck by falling tree | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-22, 1934

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Clearwater Nath. Forest

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wayne D. Herres Coroner, M. D.

(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89056

Registration District No. 90

Primary Registration District No. 2177 Local Registrar's No. 60

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Orofino Hospital)

2. FULL NAME John R. Harriman Herriman

(a) Residence. No. Orofino R.F.D St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Harriman

6. DATE OF BIRTH (month, day, and year): Oct 21-1885

7. AGE: Years 48 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm Work

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nebraska

MOTHER FATHER

13. NAME: Joseph L. Harriman

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Mary A. Crawford

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Melvin Harriman Orofino Ida

18. BURIAL, CREMATION OR REMOVAL Place. Orofino Ida Date. 5-30 1934

19. UNDERTAKER (Address): Orofino Mortuary Orofino Ida

20. FILED 5/31., 1934. V. A. Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to May 29., 1934.

I last saw h[illegible] alive on May 28., 1934.: death is said to have occurred on the date stated above, at 4:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | |
| with metastases | |

Other **contributory causes** of importance:

Name of operation Exploratory Date of Jan 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. B. Pappenhagen M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89057

Registration District No. 90

Primary Registration District No. 2107 Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Mason

(a) Residence. No. ..... St. Troy Ohio
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Blessie Mason

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| about | 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER/FATHER

13. NAME "

14. BIRTHPLACE (city or town) ..... (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT (Address) From letters in possession

18. BURIAL, CREMATION OR REMOVAL
Place Troy Ohio Date 5-31., 1934

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 5/31., 1934. W. A. Pearce
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-30 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/30, 193.4., to 5-30, 193.4.
I last saw him alive on 5/30, 193.4.: death is said to have occurred on the date stated above, at 10 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | 5/30/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Diabetes | Unknown |
| | |
| | |

Name of operation ..... Date of ..... ←
What test confirmed diagnosis? Symptoms & clinical pics Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Robinson M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89058

Registration District No. 2157

Primary Registration District No. 90 Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A. F. Reyes

(a) Residence. No. ..... St. Lewiston Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| about 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Papers on Body

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 5-30-, 1934

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 5/31-, 1934. M. A. Andrews
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Probably 5-6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| drowned | ..... |
| ..... | ..... |
| ..... | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following Probably accident
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) T. Wayne D. Hynes Coroner M. D.

(Address) Orofino Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89059

Registration District No. 2187
Primary Registration District No. 90 Local Registrar's No. 53
(No. State Hospital North, Orofino, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number) 14a

2. FULL NAME Peter Hansen

(a) Residence. No. Orofino St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1847
7. AGE: Years 87; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Fur Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Nels Hayson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Anna Olonson
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Records State Hospital North

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date 5-28, 1934

19. UNDERTAKER (Address): F. A. Billberg, Hosp. Attd. Orofino, Idaho.

20. FILED 5/31, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/27, 1934, to 5/27, 1934
I last saw h... alive on 5/27, 1934; death is said to have occurred on the date stated above, at 4:05 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 5/27/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arterial sclerosis | ? |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. J. Hofstrom, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89060

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 33
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Jackson

(a) Residence. No. ..... St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 27, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 7 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Former Stenographer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date May 2, 1934

19. UNDERTAKER F. A. Billberg, Hospital Attat. (Address) Orofino - Idaho

20. FILED 5-4-, 1934. P. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 27 1934

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1934, to April 27, 1934.
I last saw her alive on April 27 1934; death is said to have occurred on the date stated above, at 11:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of neck | |
| Other **contributory causes** of importance: | |
| Psychosis with other somatic diseases. | |

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McElway, M. D.
(Address) Orofino - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89061

Registration District No. 90

Primary Registration District No. 2107 Local Registrar's No. 24

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Hauser

(a) Residence. No. ..... St. Moscow - Idaho -

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) November ?, 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 84 | 6 | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer in mines

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New York
(State or country)

MOTHER/FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) Unascertained
(State or country)

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetary Date May 7, 1934

19. UNDERTAKER F. A. Billberg, Hosp. Asst.
(Address) Orofino - Idaho

20. FILED 5/7, 1934 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30 1934, to May 1, 1934.

I last saw him alive on May 1, 1934; death is said to have occurred on the date stated above, at 1.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senile psychosis | |
| | |
| | |

Name of operation ..... Nature of ..... Date of .....

What test confirmed diagnosis? Thos Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey M. D.

(Address) Orofino - Idaho -

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Headquarters

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89062

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Fisher

(a) Residence. No. Seattle Wn St. Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1887

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alta Fisher

6. DATE OF BIRTH (month, day, and year) Aug. 22 - 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 46 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumberjack

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber Camp

10. Date deceased last worked at this occupation (mo. and yr.) 5-2-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER FATHER

13. NAME William Fisher

14. BIRTHPLACE (city or town) (State or country) Unascertained

15. MAIDEN NAME Catharine

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alta Fisher (Address) Coeur d'Alene Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 5-5-, 1934

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 5-7-, 193... H. A. Erhart Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at about 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Struck on head by falling tree while at Work Cutting Timber | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-2-1934
Where did injury occur? Headquarters Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In Logging Camp while
Manner of injury Cutting Stripes (Head Injury)
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Struck while at Work cutting
(Signed) J. Wayne S. Kerres M. D.
(Address) Orofino Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89063

Registration District No. 90

Primary Registration District No. 2157 Local Registrar's No. 36

(No. Burns Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie Roy Baker

(a) Residence. No. Pierce St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Baker

6. DATE OF BIRTH (month, day, and year) Aug 10 - 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 48 | 8 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mine Work

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME Baker

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Tucker

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Louise Baker (Address) Pierce Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pierce Ida Date 5-7, 1934

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 5-7, 193... W. A. Shaw Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1934, to May 5th, 1934.

I last saw him alive on 5-5, 1934.: death is said to have occurred on the date stated above, at 10 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia - Bronchial (Flue) | May 1st 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Enlarged Liver - Carcinoma of Peritoneum & Ascites | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. F. Robertson, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89064

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Letha B. Altenedeer

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 8 mos. 7 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ×

6. DATE OF BIRTH (month, day, and year) Aug 20 1930

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 3 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ×

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ×

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Orofino Ida.

13. NAME Frank Altenedeer

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Alletta Earl

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT (Address) Frank Altenedeer Orofino Ida

18. BURIAL, CREMATION OR REMOVAL Place Orofino Ida Date 5-7, 193 4

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 5-7, 1934. W. A. Graham Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to May 7, 1934

I last saw her alive on 5-4-, 1934: death is said to have occurred on the date stated above, at 1:15 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro spinal Meningitis | |

Other **contributory causes** of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) A. S. Pappenhagen M. D.

(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89065
State File No.

Registration District No. 96

Primary Registration District No. 2167 Local Registrar's No. 28

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James L. Bishop

(a) Residence. No. St. Grangeville, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 11 dys. How long in U. S., if of foreign birth? yrs. mos. dys.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Former laborer and prospector

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kirtland (State or country) Indiana.

FATHER

13. NAME Martin Bishop

14. BIRTHPLACE (city or town) Michigan (State or country)

MOTHER

15. MAIDEN NAME Charlotte Blackmer

16. BIRTHPLACE (city or town) Michigan (State or country)

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date May 11, 1934

19. UNDERTAKER F. A. Billberg, Mgr. Mort. (Address) Orofino - Idaho.

20. FILED May 12, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934, to May 10, 1934.
I last saw him alive on May 10 1934; death is said to have occurred on the date stated above, at 11:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic interstitial nephritis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senile psychosis | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway M. D.
(Address) Orofino - Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Clearwater

City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89066

Registration District No. 90

Primary Registration District No. 3114

Local Registrar's No. 30

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Malcolm Condrey

(a) Residence. No. St. Pierce Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Baby |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 1/12/34

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | ✓ | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Pierce Idaho

FATHER

13. NAME Albert Condrey

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Ima B Halladay Pierce Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pierce Idaho Date 5/3, 1934

19. UNDERTAKER Ima B Halladay (Address) Pierce Idaho

20. FILED 5/12, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-12 1934

22. I HEREBY CERTIFY, That I attended deceased from 5 May 11th, 1934, to only a baby since I last saw him alive on 5-11-, 1934: death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Whooping Cough - Pneumonia | 2 weeks |

Other contributory causes of importance: none

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W F Robertson, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89067

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary S. Crockett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Femal | white | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 18 - 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 84 | 4 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Troy Missiouri
(State or country)

FATHER

13. NAME William Crockett

14. BIRTHPLACE (city or town) Mo
(State or country)

MOTHER

15. MAIDEN NAME Nancy Gibson

16. BIRTHPLACE (city or town) Kentuckey
(State or country)

17. INFORMENT (Address) Oran Crockett Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date May 18, 193..

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED May 18, 1934 W A Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to 5-16-, 193.4

I last saw h[illegible] alive on 5-16, 193.4; death is said to have occurred on the date stated above, at 4 30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably Carcinoma of Pylorus End of Stomach & Ovary - | 1927 (?) |

Other contributory causes of importance:
Acute Gastritis
Malnutrition Heart trouble & Senility

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H F Johnson, M. D.

(Address) Orofino Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89068

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 41
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William B. Gobel

(a) Residence. No. ..... St. Lewiston - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | ? | ? | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Davenport Iowa

FATHER
13. NAME J. S. Gobel
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME # Palmer
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date May 15, 1934

19. UNDERTAKER F. A. Billberg Hosp. Attdr.
(Address) Orofino - Idaho

20. FILED 5-17..., 1934. ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14..., 1934, to May 14..., 1934.
I last saw him alive on May 14, 1934; death is said to have occurred on the date stated above, at 12.50 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Other **contributory causes** of importance: | |
| Carbuncle of scalp | May 4, 1934 |
| Senile psychosis | 1930 |

Name of operation None Date of .....
What test confirmed diagnosis? Symptoms. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89069
State File No.....

Registration District No. 90

Primary Registration District No. 2107 Local Registrar's No. 42

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME John Derringer

(a) Residence. No..... St. Wallace, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Butcher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date May 16, 1934

19. UNDERTAKER F. A. Dillberg, Mgr. Undertaker
(Address) Orofino - Idaho.

20. FILED 5-17-, 1934. W. A. Gallagher
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 15, 1934
I last saw him alive on May 14 1934: death is said to have occurred on the date stated above, at 3:55 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic pulmonary tuberculosis | |
| Other **contributory causes** of importance: | |
| Alcoholic psychosis | |

Name of operation. None Date of.....
What test confirmed diagnosis? Symptoms. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify.....
(Signed) John Lorne McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89070
State File No.....

Registration District No. 96
Primary Registration District No. 2187 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha E. Bloom

(a) Residence. No. 3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Bloom

6. DATE OF BIRTH (month, day, and year) Oct 20 - 1882

7. AGE — Years: 51 | Months: 6 | Days: 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home work
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Beatrice (State or country) Nebraska

MOTHER FATHER
13. NAME Cush Rutter
14. BIRTHPLACE (city or town)..... (State or country) Unascertained

MOTHER
15. MAIDEN NAME Ella Flowers
16. BIRTHPLACE (city or town)..... (State or country) Unascertained

17. INFORMANT Charles Bloom (Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 5-17., 1934

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 5-17, 1934. W. A. Schaer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1934, to May. 16, 1934. I last saw her alive on May. 15., 1934.: death is said to have occurred on the date stated above, at 4:30 Am.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cachexia from Gastric Cancer - | |
| Pyloric obstruction | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Toxic Thyroid. | |
| | |
| | |

Name of operation — Date of. —
What test confirmed diagnosis?. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) A. B. Pappenhagen M. D.
(Address) Orofino Idaho

RVFD JUN 9 '34

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89071

**PLACE OF DEATH**

County of Elmore

City of Mountain Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 10

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Leslie Pinkston

159

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mountain Home
(State or country) Idaho

FATHER

13. NAME George Pinkston

14. BIRTHPLACE (city or town) Bruneau
(State or country) Idaho

MOTHER

15. MAIDEN NAME Elsie Neafey

16. BIRTHPLACE (city or town) Buhl
(State or country) Idaho

17. INFORMENT George Pinkston
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Bruneau, Ida. Date March 18, 1934

19. UNDERTAKER
(Address)

20. FILED Apr 20, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18 1934

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1934, to March 18, 1934

I last saw him alive on March 17, 1934: death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart Disease | Mar 13, 34 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry C. Rutford M. D.

(Address) Mountain Home, Ida.

**MARGIN RESERVED FOR BINDING**

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89072

**PLACE OF DEATH**
County of Elmore
City of Glenns Ferry
Registration District No. 36
Primary Registration District No. 2021
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick Albert Phenney 135
(a) Residence. No. Los Angeles California
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Phenney
6. DATE OF BIRTH (month, day, and year): Feb 22 - 1864
7. AGE: Years 73 | Months 3 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Railroader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O.S.L. RR
10. Date deceased last worked at this occupation (month and year): 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Bryan Phenney
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Mary Marshall
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMENT (Address): Maggie Phenney Los Angeles Calif
18. BURIAL, CREMATION, OR REMOVAL Place: Los Angeles Date: 5-28-1934
19. UNDERTAKER (Address): H C Zachary
20. FILED: May 28, 1934 Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 27 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | |
| Prostatis | April 15-1934 |

Other contributory causes of importance:

Name of operation: ..... Date of:
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) John W Davis, M.D.
(Address) Glenns Ferry Idaho

RECEIVED UN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 89073

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 3020
Local Registrar's No. 43
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mary Wayner

(a) Residence. No. Bennett, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 66 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | White. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Wayner

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant
(Address)

15. Filed May 22, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 17 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at about 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental death by fall
over cliff.

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Horse falling on Trail
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Thila J. Green Coroner M. D.
3/21/34, 19..... (Address) Mt. Home, Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Mt. Home Ida. | 3-21 1934 |
| **20. Undertaker** | **Address** |
| G. S. Zachman | Mt. Home Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89074

PLACE OF DEATH
County of Elmore
City of Featherville

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harley Grant Wood

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If ~~married~~, widowed, ~~or divorced~~
HUSBAND of
(or) ~~WIFE of~~ Dot Wood.

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 66 | — | — | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ~~Dot Wood~~. ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT Harley Wood (Address) Folsom Cal.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Boise Idaho Date 5/21, 1934

19. UNDERTAKER S. S. Barker (Address) Mt. Home Idaho

20. FILED May 21, 1934 A H Anderson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/17 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 8.45 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorage | |

Other contributory causes of importance:

| | |
|---|---|
| Goitre | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...
(Signed) Phila J Green Coroner
(Address) Mt. Home, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 89075

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Elmore
City of Mtn. Home
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Shirley Marie Love

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3-22-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | 16 hrs. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Mountain Home
(State or country) Idaho

PARENTS

10. NAME OF FATHER Robert Love

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Irene Sherman

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Utah

14. Informant (Address) Robert Love Mountain Home Idaho

15. Filed Apr 20, 1934 A. H. Andrews Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 22, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4:30 pm Mar 22, 1934, to 8:30 pm Mar 22, 1934
that I last saw her alive on Mar 22, 1934
and that death occurred, on the date stated above, at 8:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Enlargement of Thymus gland

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? Yes.
What test confirmed diagnosis? Autopsy findings.

(Signed) Henry C. Rafford M. D.
March 22, 1934 (Address) Mtn. Home, Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Mountain Home | 3-24 1934 |
| 20. Undertaker G. S. Zachau | Address Mtn. Home Ida. |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

RECEIVED JUN 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89076

**PLACE OF DEATH**
County of Franklin
City of Franklin

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 22

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Girl Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Baby |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | Stillbirth | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER

13. NAME Carl N Nelson

14. BIRTHPLACE (city or town) (State or country) Sandy Utah

MOTHER

15. MAIDEN NAME Rea B Albiston

16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMENT (Address) Carl N Nelson Franklin Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Idaho Date May 16, 1934

19. UNDERTAKER none
(Address)

20. FILED June 8, 1934 G. W. Stetler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to May 14, 1934
I last saw her alive on May 14, 1934: death is said to have occurred on the date stated above, at ~ m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stillbirth | |
| Premature 5½ mo | |

Other contributory causes of importance:

Name of operation ~ Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Orson Davis, M. D.
(Address) Preston Idaho

RECEIVED JUN 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89078

PLACE OF DEATH
County of Franklin
City of Whitney

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Dunkley

1000

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr II 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Whitney
(State or country) Idaho

FATHER

13. NAME Lorin Dunkley

14. BIRTHPLACE (city or town) Franklin
(State or country)

MOTHER

15. MAIDEN NAME Viola Pratt

16. BIRTHPLACE (city or town) Fairview
(State or country) Idaho

17. INFORMENT Viola Pratt Dunkley
(Address) Whitney

18. BURIAL, CREMATION, OR REMOVAL
Place Whitney Date May 13 1934

19. UNDERTAKER M. W Hendricks
(Address) Preston

20. FILED June 8, 1934 G. W. Stutz
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934, to May 11, 1934
I last saw him alive on May 11, 1934: death is said to have occurred on the date stated above, at 9.45 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | May 10, 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) C. R. Gulbert, M. D.
(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89079

**PLACE OF DEATH**
County of Franklin
City of Franklin

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Enoch Bennett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Ellen Bennett

6. DATE OF BIRTH (month, day, and year) Nov 21 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Engkand

FATHER

13. NAME Thomas Bennett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Lacey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Ellen W. Bennett, Franklin

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Date May 31, 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED June 8, 1934 G. W. Stokes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 — 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934, to May 28, 1934
I last saw him alive on May 26, 1934; death is said to have occurred on the date stated above, at 12 30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Bright's Disease | Mar. 1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cripples — | Mar. 18-34 |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. W. Stokes, M. D.
(Address) Preston Idaho

RECEIVED JUN 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89080

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Ann Davis Kershaw

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Kershaw

6. DATE OF BIRTH (month, day, and year) Sept 26 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Wales

FATHER

13. NAME John D. Davis

14. BIRTHPLACE (city or town) (State or country) South Wales

MOTHER

15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (city or town) (State or country) South Wales

17. INFORMENT (Address) Thomas Kershaw Preston

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date May 14, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED June 8, 1934 G. W. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1934 to 5-11, 1934

I last saw h~~e~~r alive on 5-11, 1934; death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirsyle Coprudeaths with Parklonites | 5-8-34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. R. Cutler, M. D.

(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state • CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILED JAN 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. [redacted]
89081

## PLACE OF DEATH

County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 129

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME John Casper Whittle

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Zina Cora Whittle

6. DATE OF BIRTH (month, day, and year): Aug. 11 1861

7. AGE: Years 72 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Utah

MOTHER FATHER

13. NAME: John Casper Whittle
14. BIRTHPLACE (city or town) (State or country): Canada
15. MAIDEN NAME: Mary Ann Harris
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Arnold Whittle St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Riverview Date: 4/29, 1934

19. UNDERTAKER (Address): W. M. Hanson St. Anthony Idaho

20. FILED: May 1, 1934 Isaac Munk Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2nd, 1934, to Apr. 26, 1934.
I last saw him alive on Apr. 26 1934: death is said to have occurred on the date stated above, at 10 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of lung. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Senile Exhaustion | |
| | |
| | |

Name of operation: clinical Date of:
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. M. Kell, M. D.
(Address) St. Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89082
State File No.

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 128

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Josiah Ross

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Ross

6. DATE OF BIRTH (month, day, and year)
Mar. 28-1860

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | — | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Charles Ross

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Wm. J. Ross
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Milford Date Apr. 29 1934

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED May 1, 1934 Sarah Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/19 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1934, to Apr. 19, 1934.

I last saw him alive on Apr. 18, 1934.; death is said to have occurred on the date stated above, at 2:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Apr. 16, 34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) .... P. W. Hill M. D.

(Address) St. Anthony, Idaho.

FORM V. S. No. 5-25 M. 1-19

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 89085

Local Registrar's No. 127

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH
County of Fremont
City of Teton
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. St.)

2. FULL NAME Melvin Hansen

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): infant

6. DATE OF BIRTH: 2 (Month) 18 (Day) 1933 (Year)

7. AGE: 1 Yrs. 1 Mos. 29 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: infant
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Teton City Idaho

10. NAME OF Father: Leslie Levere Hansen

11. BIRTHPLACE OF FATHER (State or Country): Wilford Idaho

12. MAIDEN NAME OF MOTHER: Luella Bird

13. BIRTHPLACE OF MOTHER (State or Country): Teton City Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Leslie L Hansen
(Address): Teton City Idaho

15.
Filed May 1 1934 Sarah Munk
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 16 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1934, to April 16 1934, that I last saw h.IM. alive on March 25 1934, and that death occurred on the date stated above, at 2:30 A M.

The CAUSE OF DEATH* was as follows:

Measles.

(Duration) ....yrs. ....mos. 14 ds.
Contributory (Secondary) Broncho-pneumonia
(Duration) ....yrs. ....mos. 3 ds.

(Signed) Louis C. Rich M. D.
4/17 1934. (Address) Rexburg Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....days. In the State....yrs....mos....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: W M Hansen — DATE OF BURIAL: April 18 1934

20. UNDERTAKER: St Anthony — ADDRESS: Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Fremont
City of Ashton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89084

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 131

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John O. Lowther CC-9-105955

(a) Residence. No. Co. 1306, Camp F-94, C.C.C., St. Ashton, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred, yrs. 1 mos. 6 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year) May 3rd. 1914

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 20 | 0 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** C.C.C.

10. Date deceased last worked at this occupation (mo. and yr.) 5/25/34

11. Total time (years) spent in this occupation 11mos. 22days

12. BIRTHPLACE (city or town) Santa Monica
(State or country) California

MOTHER / FATHER

13. NAME not known

14. BIRTHPLACE (city or town) not known
(State or country) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT W. M. Hanson
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise Idaho Date May 30, 1934

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED June 1, 1934 Sarah Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/27/ 193

22. I HEREBY CERTIFY, That I attended deceased from April 21st 1934, to May 27th. 1934
I last saw h... im alive on May 25th 1934; death is said to have occurred on the date stated above, at 1.30a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion Cerebri | May 27th 1934 |
| Punctured Right Lung | May 27th 1934 |
| Fractured Right Ribs. | |
| Probable Basal Skull Fracture | May 27th 1934 |
| Other **contributory causes** of importance: Shock | May 27th 1934 |
| | |
| None | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 5/27/34
Where did injury occur? Ashton, Fremont, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in ~~industry~~, ~~in home~~, or in **public place.** Auto. Accident.
Manner of injury Probable reckless driving
Nature of injury thrown from auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No.
(Signed) O. C. Winter, M. D.
(Address) Osborne Springs, Ashton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89085

Registration District No. 99

Primary Registration District No. 2677 Local Registrar's No. 236

(No. St Anthony Gen —)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Birch

(a) Residence. No. St Anthony St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 4 — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** none

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Anthony
(State or country)

FATHER

13. NAME Edgar J Birch

14. BIRTHPLACE (city or town) Wilford
(State or country) Fremont Idaho

MOTHER

15. MAIDEN NAME Ida Meink

16. BIRTHPLACE (city or town) Teton County Idaho
(State or country) Fremont

17. INFORMANT E C Birch St Anthony Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Wilford Date June 5, 1934

19. UNDERTAKER W M Hansen
(Address)

20. FILED June 4, 1934 Sarah Meink
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 193 4., to June 4, 193 4.
I last saw him alive on June 4, 1934.; death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstinal Impction | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. Elfison, M. D.
(Address) St Anthony Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89086

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 134

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles LeRoy Froyce

(a) Residence. No. St. Anthony St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16-1931

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise Idaho
(State or country)

MOTHER FATHER

13. NAME Wm. Henry Froyce

14. BIRTHPLACE (city or town) Manhatten
(State or country) Kans.

15. MAIDEN NAME Lela Mathews

16. BIRTHPLACE (city or town) St. Anthony Idaho
(State or country)

17. INFORMANT Mrs. Lela Froyce
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Teton Date 5/26, 1934

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED May 29, 1934 Sarah M. Cusk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1934, to 5/25, 1934.

I last saw him alive on 5/24 1934; death is said to have occurred on the date stated above, at 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza. | 5/20/34 |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Allison M. D.

(Address) St. Anthony Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Fremont

City of Island Park

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89087

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 133

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilfiam Walter Edginton

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ May Thompson

6. DATE OF BIRTH (month, day, and year) June 26 1879

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 54 | 11 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City Utah
(State or country)

FATHER

13. NAME Charles Daniel Edginton

14. BIRTHPLACE (city or town) Salt Lake City Utah
(State or country)

MOTHER

15. MAIDEN NAME Martha Ann Cox

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT William Edginton
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Milford Date 5/29, 1934

19. UNDERTAKER N. M. Hansen Idaho
(Address) St. Anthony Idaho

20. FILED June 1, 1934 Sarah Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on May 24, 1934.: death is said to have occurred on the date stated above, at 8 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) N. M. Hansen Coroner

(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89089

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 1

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1612

2. FULL NAME Maurice Jean

(a) Residence. No. St Anthony Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** none

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Anthony, Idaho

FATHER

13. NAME Maurice R Birch

14. BIRTHPLACE (city or town) (State or country) St Anthony Idaho

MOTHER

15. MAIDEN NAME Ella Elair Jacobson

16. BIRTHPLACE (city or town) (State or country) St Anthony Idaho

17. INFORMANT (Address) Maurice R Birch

18. BURIAL, CREMATION OR REMOVAL
Place Milford Idaho Date May 28 1934

19. UNDERTAKER (Address) none

20. FILED May 28, 1934 Sarah Munch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to May 27, 1934.

I last saw h....alive on May 24, 1934: death is said to have occurred on the date stated above, at 12:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) P. M. Kelly, M. D.

(Address) St Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 14 1934

**PLACE OF DEATH**
County of Fremont
City of Ashton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89091

Registration District No.....
Primary Registration District No..... Local Registrar's No.....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Emma Boone

(a) Residence. No. St. Anthony, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

159

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | W | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day and year) May 28th 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 7 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Ashton (State or country) Idaho

MOTHER/FATHER

13. NAME Kenneth Boone

14. BIRTHPLACE (city or town)..... (State or country) Kentucky

15. MAIDEN NAME Myrtle Wood

16. BIRTHPLACE (city or town) Ashton (State or country)

17. INFORMANT Mary Calonge (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Date 5-29-1934

19. UNDERTAKER (Address) Daniel Boone

20. FILED 6/1, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-28-, 1934, to 5-29-, 1934.
I last saw her alive on 5-28, 1934: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malformed Brain protruding back of skull. | Birth |

Other **contributory causes** of importance:

| | |
|---|---|
| — | |

Name of operation — Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury —
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) P. M. Kelly M. D.
(Address) St. Anthony, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 89092

**PLACE OF DEATH**

County of FREMONT

City of ST ANTHONY

Registration District No. 102

Primary Registration District No. 6 Local Registrar's No.

(No. ST ANTHONY GENERAL HOSPITAL)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** BYRON HENRY MATTHEWS.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| MALE | WHITE | MARRIED. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of HAZEL MATTHEWS.

6. DATE OF BIRTH (month, day and year) OCTOBER 20th 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 43 | 6 | 25 | |

8. OCCUPATION OF DECEASED FARMER
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) SCEIPIO
(State or country) ~~UTAH~~

PARENTS

10. NAME OF FATHER ALVIN MATTHEWS

11. BIRTHPLACE OF FATHER (city or town) FILMORE
(State or Country) UTAH

12. MAIDEN NAME OF MOTHER MARY McARTHUR

13. BIRTHPLACE OF MOTHER (city or town) MT. PLEASANT
(State or County) UTAH

14. Informant MRS BYRON MATTHEWS
(Address) ASHTON IDAHO.

15. Filed 5/7/34, 19.... LEWIS KISER
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 6 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan [illegible], 19.... to [illegible], 19....
that I last saw h[illegible] alive on May 6 1934
and that death occurred, on the date stated above, at 10 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:
Fragility of skull
Basal fracture Car accident
Was driving alone and ran off
Sleeping in car at Home Remedy
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [illegible] M. D.
May 7, 1934 (Address) Ashton Idaho

19. Place of Burial, Cremation, or Removal: ASHTON IDAHO — Date of Burial: 5/9/34 19

20. Undertaker: LEWIS KISER — Address: ASHTON IDAHO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

JUN 14 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89093

**PLACE OF DEATH**

County of FREMONT

City of MARYSVILLE

Registration District No. 1-8

Primary Registration District No. 6

Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MARGERT NELSON

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | WIDOWED. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WIDOWED

6. DATE OF BIRTH (month, day and year) NOV. 29th1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 70 | 5 | 23 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) PROVO.
(State or country) UTAH

PARENTS

10. NAME OF FATHER JOHN GALBRITH

11. BIRTHPLACE OF FATHER (city or town) ENCLAND.
(State or Country)

12. MAIDEN NAME OF MOTHER MARY ANN GETTING.

13. BIRTHPLACE OF MOTHER (city or town) ENCLAND.
(State or Country)

14. Informant WILLIAM KIRKHAM
(Address) IDAHO FALLS IDAHO

15. Filed 5/23/34, 19 LEWIS KISER Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 (Month) 5 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 2 15 P m.
The CAUSE OF DEATH* was as follows:
No Medical attention

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Lewis Kiser M. D.
le 5, 1934 (Address) Ashton Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| ASHTON I DAHO | 5/24/34 19 |

| 20. Undertaker | Address |
|---|---|
| LEWIS KISER | ASHTONIDAHO |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89094
State File No.....

Registration District No. 6

Primary Registration District No..... Local Registrar's No. 2055

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Alonzo D Holbrook

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Dec 12 - 1856

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Roseburg Oregon

FATHER

13. NAME Mortemier Holbrook

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Mary J Tate

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Lee Holbrook (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 4/10, 1934

19. UNDERTAKER C D Buckmun (Address) Emmett Idaho

20. FILED 4/10, 1934 J L Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| No physician in attendance Probably Cerebral Vascular trouble | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) C D Buckmun Coroner M. D.

(Address) Emmett Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89095

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Charles Kiser

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Laura Kiser

6. DATE OF BIRTH (month, day, and year) Jan 18 - 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Glenn Kiser Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 4/18 1934

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Idaho

20. FILED 4/18, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/17 1934

22. I HEREBY CERTIFY, That I attended deceased from X-15-34, 19XX, to X-17-....., 19XX.

I last saw h-- alive on X-12-, 19XX; death is said to have occurred on the date stated above, at 1 X m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Paralysis | |
| Chronic Nephritis | |
| Edema of Lungs etc | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 19XX.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. L. Reynolds, M. D.

(Address) Emmett Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6

DO NOT WRITE IN THIS SPACE

State File No. 89096

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence W. Joy

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205 F

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Wht | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Joy

6. DATE OF BIRTH (month, day, and year) Nov 22- 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 76 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Michigan

FATHER

13. NAME Franklin Joy

14. BIRTHPLACE (city or town) .....
(State or country) New York

MOTHER

15. MAIDEN NAME Jamar Bundy

16. BIRTHPLACE (city or town) .....
(State or country) Indiana

17. INFORMANT Mary E. Joy
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Boise Idaho Date 4/11, 1934

19. UNDERTAKER C. D. Buckheim
(Address) Emmett Ida

20. FILED 4/10, 1934 J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/8 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw h... alive on ....., 193..: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died in night all alone | |
| Had had heart disease | |
| so suppose he died | |
| suddenly of heart disease | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation none Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. L. Reynolds M. D.
(Address) Emmett Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89097

2. FULL NAME Jennettea Jane Cook

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Uel Cleve Cook

6. DATE OF BIRTH (month, day, and year): Feb 16 - 1892

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 42 | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER

13. NAME: Joseph Brown
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Sarah L. Clifford
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Uel Cleve Cook

18. BURIAL, CREMATION OR REMOVAL
Place: St Anthony Ida Date: 4/15, 1934

19. UNDERTAKER (Address): D. Funeral Emmett Idaho

20. FILED 4/17, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/10 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1934, to April 10, 1934.
I last saw her alive on April 10 1934: death is said to have occurred on the date stated above, at 10.30 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation: none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) J. L. Reynolds, M. D.
(Address) Emmett Ida.

RECEIVED JAN 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Elmore

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
89098
State File No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Rynearson Hunter

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | colrd | |

6a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Nate Hunter

6. DATE OF BIRTH (month, day, and year) Oct 25 - 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mill Creek Utah

FATHER

13. NAME John Rynearson

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Mary J. Redmond

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) J. W. Hunter

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Emmett Ida Date Jan 31 1934

19. UNDERTAKER C. D. Buckman
(Address) Emmett Idaho

20. FILED Jan 31, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/29 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1933, to Jan 29, 1934

I last saw her alive on Jan 29, 1934; death is said to have occurred on the date stated above, at 6 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Stenosis | not known |
| Heart Failure | Jan. 28-1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Pregnancy | 6 mo. |

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Buckman M. D.
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89099

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary C Phillips

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Luther Phillips

6. DATE OF BIRTH (month, day, and year) Sept 10 - 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 73 | 8 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER/FATHER
13. NAME Madison Martin
14. BIRTHPLACE (city or town) (State or country) Not Known
15. MAIDEN NAME Sarah J. Milligan
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Luther Address Emmett
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 5/21, 1934

19. UNDERTAKER C. O. Buckminster
(Address) Emmett Idaho

20. FILED 5/21, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/18 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-18-, 1934, to 5-18, 1934.
I last saw h[illegible] alive on 5-18, 1934 death is said to have occurred on the date stated above, at 6 ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Failure | 5-18-34 |
| Myocarditis | Unknown |
| Ventricular Fibrillation | |
| | |
| Other **contributory causes** of importance: | |
| Pneumonia | 5-18-34 |
| Fracture Rt. Hip | 5-11-34 |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) [signature] M. D.
(Address) Emmett

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89100

**PLACE OF DEATH**
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 280
(No. Gooding County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helga E. Furcht

(a) Residence. No. ____ Gooding St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of F J Furcht

6. DATE OF BIRTH (month, day, and year) March 16 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 79 | 2 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Joseph O'Neil
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Cole
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Mrs Wm Hirschy Daughter

18. BURIAL, CREMATION, OR REMOVAL
Place Gooding Date 5-31, 1934

19. UNDERTAKER Thompson
(Address) Gooding

20. FILED 5-31, 1934 J H Cornwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1934, to 5-29, 1934
I last saw h[illegible] alive on 5-29, 1934: death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of Stomach | 5-27-34 |
| Ulcer | |

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) L E Margret M. D.
(Address) Gooding Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 275

DO NOT WRITE IN THIS SPACE
State File No. 89101

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Johnson

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Johnson
6. DATE OF BIRTH (month, day and year): Apr 8 1863
7. AGE: Years 71 | Months 1 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Little Rock Ark

FATHER
13. NAME: Geo Mascom
14. BIRTHPLACE (city or town) (State or country): Tenn

MOTHER
15. MAIDEN NAME: Nancy Mansker
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Myrtle Bunnell

18. BURIAL, CREMATION OR REMOVAL
Place. Wendell Date June 1, 193[illegible]

19. UNDERTAKER (Address): Thompson

20. FILED 5-31, 193[illegible] J. H. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from May 27, 193[illegible], to May 28, 193[illegible]
I last saw h[illegible] alive on May 28, 193[illegible]; death is said to have occurred on the date stated above, at 7.40 p m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | years |
| Valvular insufficiency | years |
| Senile anemia Life | months |
| Undetermined | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis? None as there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John Somerville, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Goodding
City of Dietrich

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 89102

Local Registrar's No. 276

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Lewis Grant Dunn

(a) Residence. No. Bliss Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anabel Dunn

6. DATE OF BIRTH (month, day, and year) Dec 10 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodston Kansas

FATHER

13. NAME Last Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Ida. Date May 28. 1934

19. UNDERTAKER Thompson (Address) Gooding Ida.

20. FILED 5-31, 1934 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at about 7 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L E Manner Coroner, M. D.

(Address) Gooding Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 89103
Local Registrar's No. 277

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma Mae Wright-Calhoun

(a) Residence. No. Gooding St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, ~~widowed~~, or divorced ~~HUSBAND~~ of (or) WIFE of Edwin J. Calhoun

6. DATE OF BIRTH (month, day, and year) Aug 4 1910

7. AGE: Years 24 | Months 0 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Topeka Kansas

FATHER
13. NAME John Henry Wright
14. BIRTHPLACE (city or town) (State or country) Garnett Kansas

MOTHER
15. MAIDEN NAME Ellen Mae Shore
16. BIRTHPLACE (city or town) (State or country) Missouri (?)

17. INFORMENT (Address) Reynard Wright

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Cemetery Date 5-29, 193 4

19. UNDERTAKER (Address) E. Thompson Gooding

20. FILED 5-31, 193 4 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 193 4

22. I HEREBY CERTIFY, That I attended deceased from May 11, 193 4, to May 27, 193 4
I last saw h[er] alive on May 27, 193 4; death is said to have occurred on the date stated above, at 8:10 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Septicemia | |
| Abruptio placentae Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
chronic nausea
Childbirth

Name of operation none Date of
What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Childbirth
(Signed) J H Cromwell M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89104

**PLACE OF DEATH**

County of Gooding

City of Gooding

Registration District No. 24

Primary Registration District No. ..... Local Registrar's No. 279

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Linnie Rae Rader

(a) Residence. No. ..... Gooding Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100 2

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Apr 10-1934

7. AGE — Years: — Months: 1 — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Gooding Idaho

FATHER

13. NAME: Jack Rader

14. BIRTHPLACE (city or town) (State or country): Mt Vernon Kentucky

MOTHER

15. MAIDEN NAME: Mona Viola Durland

16. BIRTHPLACE (city or town) (State or country): Lincoln Kans

17. INFORMANT (Address): Jack Rader

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 5/29 1934

19. UNDERTAKER (Address): Thompson Gooding

20. FILED 5-31, 1934 J. H. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1934, to 5-27, 1934.

I last saw him alive on 5-27, 1934; death is said to have occurred on the date stated above, at 2:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | 4-24-34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. O. Cromwell, M. D.

(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1934

PLACE OF DEATH

County of Gooding

City of "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 3X

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 89105

Local Registrar's No. 278

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Oliver Jones

(a) Residence. No. Dietrich Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rachel Jones

6. DATE OF BIRTH (month, day, and year) May 24-58

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) Carl Jones Dietrich Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Shoshone Date 5-10, 1934

19. UNDERTAKER C. Hickok (Address) Shoshone Ida

20. FILED 5/7, 1934 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-7- 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-21-, 1934, to 5-7, 1934

I last saw him alive on 5-6-34, 1934: death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 4-23-34 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Cromwell, M. D.

(Address)

RECEIVED MAY 21 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89106

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 364

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irwin Thurston Green

8802

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agnes Sampson Green

6. DATE OF BIRTH (month, day, and year)
September 18 - 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 6 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Charles
(State or country) Minnesota

FATHER

13. NAME Giles Green

14. BIRTHPLACE (city or town) Pinckney
(State or country) N.Y.

MOTHER

15. MAIDEN NAME Sarah Amelia Bowerch

16. BIRTHPLACE (city or town) Watertown
(State or country) N.Y.

17. INFORMANT ..... Agnes S. Green
(Address) Kooskia - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date Apr 18, 1934

19. UNDERTAKER Geo. Freeman
(Address) Kooskia - Idaho

20. FILED April 18 1934. J M Verbeke
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 17 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1934 to April 17, 1934.
I last saw him alive on April 17 1934; death is said to have occurred on the date stated above, at 9:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | |
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J M Verbeke M. D.

(Address) Kooskia - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Idaho
City of Stites

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE
State File No. 89107

Local Registrar's No. 365

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Townsend Stem

(a) Residence. No. Main St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Stem

6. DATE OF BIRTH (month, day, and year) Jan 27-1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 — | 2 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stock-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock ranch

10. Date deceased last worked at this occupation (month and year) Oct 1917

11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (city or town) (State or country) Winterset Iowa

FATHER

13. NAME William Christopher Stem

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Susanne Burkhoff

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Lizzie Stem Stites Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kootenia Date Apr 20, 1934

19. UNDERTAKER (Address) Geo Tennant Kootenia

20. FILED April 20, 1934 J. W. Verbeck Kuns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to Apr 19, 1934
I last saw h. alive on Apr 15, 1934: death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral insufficiency with lost compensation | |
| Other contributory causes of importance: | |

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H W Wentworth, M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89108

**PLACE OF DEATH**
County of Idaho
City of Stites

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 366

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert L. Dutcher

(a) Residence. No. Near Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Silpha Dutcher
6. DATE OF BIRTH (month, day, and year): May 8-1865
7. AGE — Years: 68 | Months: 11 | Days: 19 | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 40 Years

12. BIRTHPLACE (city or town) (State or country): Hamilton Iowa

FATHER
13. NAME: Reuben Dutcher
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Lucy Harriman
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Family Stanton Lewiston Idaho
18. BURIAL, CREMATION, OR REMOVAL — Place: Stites Date: Apr 21 1934
19. UNDERTAKER (Address): Rinehart Kamiah
20. FILED Apr 20 1934 J. M. Verbeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 19 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1934, to Mar 2, 1934
I last saw him alive on Feb 20, 1934: death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | |
| Other contributory causes of importance: | |
| Heart disease - mitral and right dilatation | |

Name of operation None Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. W. Hathorn M. D.
(Address) Stites Idaho

FORM V. S. No. 5 (Rev. 1919)

RECEIVED

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
(No. Our Lady of Consolation St.) of
File No. 89109
Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Idaho

City of Cottonwood.

2. FULL NAME David Wagner Neill

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: March (Month) 23 (Day) 1929 (Year)

7. AGE: 5 Yrs. 1 Mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Minor.

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Riggins, Idaho.

10. NAME OF FATHER: William Neill

11. BIRTHPLACE OF FATHER (State or Country): Wallace, Idaho.

12. MAIDEN NAME OF MOTHER: May Brundage

13. BIRTHPLACE OF MOTHER (State or Country): Payette, Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. D. Neill

(Address)

15. Filed May 3 1934 — W. F. Orr, Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 3 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 1934, to May 3 1934, that I last saw him alive on May 3 1934, and that death occurred on the date stated above, at 1:20 P. M.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) ..... Yrs. ..... mos. 14 ds.

Contributory (Secondary) Miliary Tuberculosis (Pneumonia & Hip)

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.

May 3 1934 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grangeville, Idaho. — DATE OF BURIAL: May 4 1934

20. UNDERTAKER: Glen Gilo by C. Claus — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-25 M. 1-19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. Our Lady of Consolation Hospital)

File No. 89110

Registered No. 11

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Doris May Barclay

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: September (Month) 23. (Day) 1917 (Year)

7. AGE: 16 Yrs. Mos. 7 ds. 8

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ontario, Oregon

10. NAME OF FATHER: Logan A. Barclay (Dead)

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Margaret Mc Bride

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M B. Carnefix, Mother

(Address) Riggins, Idaho

15. Filed May 1 1934 N. F. Orr per J. B. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 1. (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24 1934 to May 1 1934 that I last saw her alive on May 1 1934 and that death occurred on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH* was as follows:

Primary Sarcoma of Lung

(Duration) 1 Yrs. mos. ds.

Contributory (Secondary) Measles

(Duration) yrs. mos. 21 ds.

(Signed) Healy F. Orr M. D.

5/1 1934 (Address) Cottonwood

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? Riggins Ida.

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grangeville Idaho — DATE OF BURIAL: May 3 1934

20. UNDERTAKER: C A Hancock — ADDRESS: Grangeville Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED JUN [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89111

Registration District No. 10 3

Primary Registration District No. 1001 Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

186

2. FULL NAME Duncan Spithill

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 43 | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) May 25...

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Everett
(State or country) Washington

FATHER

13. NAME Duncan Spithill

14. BIRTHPLACE (city or town)..... Unknown
(State or country)

MOTHER

15. MAIDEN NAME Ida Hawkins

16. BIRTHPLACE (city or town). Washington
(State or country)

17. INFORMANT Mrs. R. H. Bartlett
(Address) Edmond, Washington

18. BURIAL, CREMATION OR REMOVAL
Place. Grangeville Date May 29, 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville

20. FILED. 6-2..., 1934. B. Chipman (B.N.)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ..5-22-.., 1934., to ..5-26-..., 1934.

I last saw h[illegible] alive on ...5-26 1934.; death is said to have occurred on the date stated above, at 8 P. ..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned — Car | |
| mm — mine. | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) ..... B. Chipman ....., M. D.

(Address) ..... Grangeville Ida .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 105

Primary Registration District No. 1001 Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89112

2. FULL NAME Mary Anna Hoag

(a) Residence. No. 0 Grangeville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho

MOTHER FATHER

13. NAME Allen Hoag

14. BIRTHPLACE (city or town) Sunnyside
(State or country) Wash

15. MAIDEN NAME ada morrow

16. BIRTHPLACE (city or town) Nebraska.
(State or country)

17. INFORMANT Allen Hoag
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date May 6, 1934

19. UNDERTAKER Glenn Acker
(Address)

20. FILED 6-2, 1934 B. Chipman (R.D.)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-2-, 193.4., to 5-5-, 1934.

I last saw h alive on 5-2-, 193.4.; death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Status Lymphaticus | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify.....

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida.

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89113

**PLACE OF DEATH**

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orange Edwards

1000

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hattie

6. DATE OF BIRTH (month, day, and year) 11/10/1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Albion Ills.
(State or country)

FATHER

13. NAME Caleb Edwards

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Mary Orange

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT A. P. Edwards
(Address) Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 6-3, 1934

19. UNDERTAKER C. A. Hancock
(Address) Grangeville

20. FILED 6-2, 1934 B. C. Chapman (B. N.)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/2/1934

22. I HEREBY CERTIFY, That I attended deceased from 5-28-, 1934, to 6-1-, 1934

I last saw him alive on 6-1-, 1934; death is said to have occurred on the date stated above, at 12.40 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | to 5-28-34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89114

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Jane Hanley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 10/25/1852
7. AGE: Years 81 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rockville Indiana

FATHER
13. NAME: Joseph Sticker
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Blanche Martin Grangeville Idaho,

18. BURIAL, CREMATION OR REMOVAL
Place. Grangeville Date. May 28 1934

19. UNDERTAKER (Address): J. A. Hancock Grangeville Idaho

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/27/1934

22. I HEREBY CERTIFY, That I attended deceased from June ..., 1931.., to May 26 1934
I last saw h.. alive on May 26 1934: death is said to have occurred on the date stated above, at 6-30 4 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) J. A. Hancock M. D.
(Address) Grangeville Idaho

RECEIVED JUN 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89115

**PLACE OF DEATH**
County of Jefferson
City of Annis
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 25
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

917

2. FULL NAME Margaret Ellen Bybee.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bluford Allen Bybee.

6. DATE OF BIRTH (month, day and year) Sept. 20, 1844

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 89 | 8 | 12 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Illinois.

PARENTS

10. NAME OF FATHER Richard Slater.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Ann Carbridge.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Mrs. Maude Scott
(Address) Lorenzo, Idaho. R. #1

15. Filed 6/4, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 1 1934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to June 1st, 1934
that I last saw her alive on May 20, 1934
and that death occurred, on the date stated above, at 6 A m.
The CAUSE OF DEATH* was as follows:
Arteria. sclerosis and cardiac dilatation

..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Senility
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. A. Anderson, M. D.
6/4, 1934 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Annis, Idaho. Date of Burial: 6/4/34 19

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89116

PLACE OF DEATH
County of Jefferson
City of Roberts

Registration District No.
Primary Registration District No.
Local Registrar's No. 24

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Becker. 90

(a) Residence. No. Roberts Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Becker

6. DATE OF BIRTH (month, day, and year): Feb. 1 1881.

7. AGE: Years 53. Months 3. Days 10. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tipton Kansas

FATHER
13. NAME: Nicholas Gasper
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Barbara Schleid
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Conrad Becker. Roberts Idaho.
18. BURIAL, CREMATION, OR REMOVAL. Place: Idaho Falls Date: 5/14, 1934
19. UNDERTAKER (Address): V. F. McFarland Idaho Falls Idaho
20. FILED: May 14 1934 C. W. Eckwood Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1934, to May 11, 1934
Last saw h alive on May 11th, 1934; death is said to have occurred on the date stated above, at 1120 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular heart disease | D K |

Other contributory causes of importance:
None Known

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Earl D Jones, M. D.
(Address) Roberts Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8911 7

**PLACE OF DEATH**

County of Jerome

City of Jerome

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Alfred W Lee

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13 - 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 10 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Timberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Teasdale Wasatch Utah

FATHER

13. NAME Thomas Lee

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Harriet Hale

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMENT (Address) Alfred Lee jr Raley

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date May 18, 1934

19. UNDERTAKER Dec Patterson (Address) Jerome

20. FILED June 6, 1934 Chas F Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to May 16, 1934

I last saw him alive on May 16, 1934; death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis R. Leg arteries | May 10 |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation No Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Reuben C. Matson M. D.

(Address) Jerome Idaho

TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89118

47

2. FULL NAME Anna Hazel Simerly

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 5 1903

7. AGE — Years: 31 — Months: 1 — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Evangelist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryville (State or country) Tenn

FATHER

13. NAME Charlie Simerly

14. BIRTHPLACE (city or town) ..... (State or country) Tenn.

MOTHER

15. MAIDEN NAME Bell O'Connor

16. BIRTHPLACE (city or town) ..... (State or country) Tenn

17. INFORMANT Mrs. Chas. Simerly (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Jerome Cem. Date May 9 1934

19. UNDERTAKER R. W. Day (Address) Jerome Idaho

20. FILED 5/8, 1934 C. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1934, to May 7, 1934.

I last saw her alive on May 7, 1934.; death is said to have occurred on the date stated above, at 6:15 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of breast with metastases | April 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation no Date of .....

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben C. Matson, M. D.

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

DO NOT WRITE IN THIS SPACE
State File No. 89119

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James A Eoff

(a) Residence. No. ..... St. ..... 129
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24. 1861

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 82 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Louisiana Mo
(State or country)

FATHER

13. NAME John Eoff
14. BIRTHPLACE (city or town) .....
(State or country) Mo

MOTHER

15. MAIDEN NAME May Spencer
16. BIRTHPLACE (city or town) .....
(State or country) Mo

17. INFORMANT ... Ed. Eoff ..... Jerome Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date May 27, 1934

19. UNDERTAKER J.R.Wiley Jerome Idaho
(Address)

20. FILED 5/26., 1934 ... C. A. Keller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23., 1934., to May 25., 1934.
I last saw h.. alive on May 25, 1934. Death is said to have occurred on the date stated above, at 11:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Sclerosis | |
| Chronic Nephritis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ... Chas. A. Keller M. D.
(Address) ... Jerome Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

DO NOT WRITE IN THIS SPACE
State File No. 89120

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

10 2

2. FULL NAME Zelma Cordelia Mogensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Mogensen

6. DATE OF BIRTH (month, day, and year) Sept 19 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 38 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Remis Boyd

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Dora Nichols

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) John Mogensen Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date June 6, 1934

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED 6/6, 1934. C. Grace F. Zeller Registrar.
Jane.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Febr 22, 1934, to June 4, 1934.
I last saw her alive on June 4, 1934; death is said to have occurred on the date stated above, at 3:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pleuro pneumonia with effusion right side | Febr 1934 |
| Myocarditis | 1920 |
| | |

Other **contributory causes** of importance:

Name of operation Aspiration pleural Cavity Date of May 28-34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben C. Matson M. D.
(Address) Jerome, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89121

2. FULL NAME Minnie Buckles

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W R Buckles

6. DATE OF BIRTH (month, day, and year) Dec 12. 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 5 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME K Powers

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Anna Kester

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs A. O. Broughton Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date May 28 1934

19. UNDERTAKER J. R. Wiley (Address) Jerome, Idaho

20. FILED 5/26, 1934 C. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from March ....., 1934, to May 25, 1934

I last saw h[illegible] alive on May 25 1934 death is said to have occurred on the date stated above, at 7:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Liver | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Chas. P. Keller, M. D.

(Address) Florence Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 89122

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John P. Quigley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Daisy Voorhees Quigley

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 61 — Months: 7 — Days: 12 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Contractor & Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rochester Ill.

FATHER

13. NAME: Geo Washington Quigley

14. BIRTHPLACE (city or town) (State or country): Dont Know

MOTHER

15. MAIDEN NAME: Letitia Parks

16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMENT (Address): Mrs Genevieve Yagmin, Darlen Mont.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER: O. C. L. Ferguson
(Address): Jerome Idaho

20. FILED 6/28, 1934 C. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to May 27, 1934

I last saw him alive on May 27, 1934; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrage | |

Other contributory causes of importance:

| | |
|---|---|
| Cardio Vascular Renal Disease | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 45
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 89123

Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Anderson Smiley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John W. Smiley

6. DATE OF BIRTH (month, day, and year) June 28 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion County Kentucky

FATHER

13. NAME John Wright

14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Nancy Derringer

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMENT (Address) Arthur Anderson Spirit Lake Ida

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Cem. Spirit Lake Ida Date 5/18, 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Hayden Lake Ida

20. FILED May 18, 1934 A C Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934, to May 16, 1934

I last saw h alive on May 16, 1934: death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Measles | May 8 |
| (Hemorrhagic type) | |

Other contributory causes of importance:

| | |
|---|---|
| Ac. nephritis | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A C Spooner, M. D.

(Address) Spirit Lake Ida

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89125
State File No.....

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 220
(No. Coeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Phillipe Busch

(a) Residence. No. 512 Indiana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Busch
6. DATE OF BIRTH (month, day, and year): Aug — 1866
7. AGE: Years 68 Months 9 Days — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country): Henderson Kentucky

FATHER
13. NAME: George F. Busch
14. BIRTHPLACE (city or town). (State or country): Germany

MOTHER
15. MAIDEN NAME: Mary Ensbaugh
16. BIRTHPLACE (city or town). (State or country): Germany

17. INFORMANT (Address): James J. Busch 1223 - 3rd St. CdA
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Coeur d'Alene Cemetery Date: May 10, 1934
Forest-
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Idaho
20. FILED May 10, 1934 E. L. Spokane, M.D., Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1934, to May 6, 1934.
I last saw him alive on May 6, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Hemorrhage from abscess of lower ⅓ of oesophagus | 6 hrs |
| | |
| | |

Other **contributory causes** of importance:
Early Ca of Posterior wall of Stomach

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89126

PLACE OF DEATH

County of Kootenay
City of Worley R.F.D.
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 221

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick Eugene Sheldon

(a) Residence. No. Worley R.F.D. St.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Alice Cogswell

6. DATE OF BIRTH (month, day, and year) June 14 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 9 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) Albany Falls New York.

FATHER

13. NAME Geo A Sheldon

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Edmondson

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Harry Sheldon Worley, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Fernwood, Idaho Date April 13 1934

19. UNDERTAKER (Address) Gaeder Funeral Home Fairfield Wn

20. FILED May 16, 1934 E. L. Sporn, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to April 10, 1934

~~last saw him alive~~ on April 10, 1934; death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Arteriosclerosis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis Findings ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William E. Jones, M.D.

(Address) Fairfield Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89127

**PLACE OF DEATH**
County of Kootenai
City of Worley R.F.D.

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 222

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charley Spurgeon Malone

(a) Residence. No. Worley / Idaho St. R.F.D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nettie Malone

6. DATE OF BIRTH (month, day, and year) May 28-1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer past 15 years Previous Attorney.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Owner

10. Date deceased last worked at this occupation (month and year) April 19-1934

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John C Malone

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eunice Chaffin

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Geo. Malone Worley R 4 D.

18. BURIAL, CREMATION, OR REMOVAL Place Worley Ida. Date Apr 23 1934

19. UNDERTAKER (Address) Jaques Funeral Home Fairfield Wn

20. FILED May 16, 1934, E. L. Spohn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from He was dead when I arrived at the house. 193 to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sudden Heart Attack. | |
| He was standing and fell Dead. | |
| Other contributory causes of importance: | |
| He was Anemic. | |

Name of operation None. Date of

What test confirmed diagnosis? Sickness Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. J. Hemington, M. D.

(Address) Worley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Kootenai

City of Athol

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 89128

Local Registrar's No. 223

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Edmund Zachary

(a) Residence. No. ..... St. Brownsville, Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. none mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Georgia Zachary

6. DATE OF BIRTH (month, day, and year) August 30, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 58 | 8 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 2, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brownsville
(State or country) Oregon

FATHER

13. NAME Daniel Zachary

14. BIRTHPLACE (city or town)
(State or country) Arkansas

MOTHER

15. MAIDEN NAME Martha Dinwiddie

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMENT (Address) Mrs. Georgia Zachary Mabton, Wash.

18. BURIAL, ~~CREMATION, OR~~ REMOVAL Place Mabton, Wash. Date May 3 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum, Idaho

20. FILED May 21, 1934 E. L. Spoka, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from did not see, 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart disease | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) E. N. Feek Coroner, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Kootenai

City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 89129

Local Registrar's No. 224

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maude Caroline McBurney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John E. McBurney

6. DATE OF BIRTH (month, day, and year) 12/25/1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 4 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Exira
(State or country) Iowa

FATHER

13. NAME Charles Young

14. BIRTHPLACE (city or town) Lancaster
(State or country) Ohio

MOTHER

15. MAIDEN NAME Pauline Snider

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMENT Edw. M. Pearce
(Address) Tacoma, Wash.

18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Spokane, Wash. Date 5/7, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho.

20. FILED May 24, 1934. E. L. Sparks, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1933, to Oct 31, 1933

I last saw her alive on Oct 31, 1933: death is said to have occurred on the date stated above, at 11:12 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the lungs rib & left pneumonia. Following operation of Amputation of left breast about 3 yrs ago | Do not know |
| Other contributory causes of importance: | |

Name of operation Amputation Date of Aug 1931

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Reger M.D.

(Address) Paulsen Bldg Spokane Wash.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Cœur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 89130

Local Registrar's No. 225

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William A. McGuire

(a) Residence. No. ..... St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, and year) August 4 1884

7. AGE: Years 49 | Months 9 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year) May 12-1934
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Colfax, Washington

FATHER
13. NAME: Frank P. McGuire
14. BIRTHPLACE (city or town) (State or country): Conn.

MOTHER
15. MAIDEN NAME: Annie Morris
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Lassie McGuire, Rathdrum, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Cœur d'Alene Date 5/15, 1934 St. Thomas Cemetery
19. UNDERTAKER (Address): Cassidy Funeral Home, Rathdrum Idaho
20. FILED May 25, 1934 E. L. Spohn, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12 1934
22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 193..
I last saw her alive on May 12, 1934: death is said to have occurred on the date stated above, at 11:30 A m.
The principal cause of death and related causes of importance were as follows: Angina Pectoris and Myocarditis

| | Date of onset |
|---|---|
| Angina Pectoris | |
| and Myocarditis | |

Other contributory causes of importance: .....

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. W. Teed Coroner, M. D.
(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89131
State File No.....

## PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 226

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Ebbie Claud Metcalf

(a) Residence. No..... St. Hayden Lake, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Jennie E. Metcalf

6. DATE OF BIRTH (month, day, and year) 1860 - 8 - 5

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elba Minn.

FATHER

13. NAME John Metcalf

14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

15. MAIDEN NAME Sarah Louise Coston

16. BIRTHPLACE (city or town) (State or country) Grand Rapids Mich.

17. INFORMANT (Address) Mrs. Jennie E. Metcalf Ft.

18. BURIAL, CREMATION OR REMOVAL
Place Rimrock Ida. Date 5-24-, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED May 25 1934 E. L. Spahn MD
E. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-20 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934, to May 20, 1934.
I last saw him alive on May 20, 1934.: death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| malignant Papaloma of the Urinary Bladder | 1932 |
| Myocarditis Chronic | 1933 |
| Cancer of Liver | 1933 |
| Other **contributory causes** of importance: | |

Name of operation... None ..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?.. Clinical

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) Lee Lemke ....., M. D.
(Address) 412 Lakeside ave. CDA. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 89132

Local Registrar's No. 227

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Mike P. Bliss

(a) Residence. No. (Usual place of abode) Kootenai County Hospital St. Harrison, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Do not know. Has been married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Do not Know

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | -- | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know

FATHER

13. NAME " " "

14. BIRTHPLACE (city or town) (State or country) " " "

MOTHER

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address) Helen Brown, Matron, Rathdrum, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rathdrum, Ida. Date 5/14, 193 4

19. UNDERTAKER Cassedy Funeral Home (Address) Rathdrum, Idaho

20. FILED May 21, 193 4 E. L. Spokane Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ed March 15, 1934, to April 28, 1934

I last saw him alive on ..., 193..; death is said to have occurred on the date stated above, at 10:15 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 2 years. |

Other contributory causes of importance:

Ascites

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Spokane, M. D.

(Address) Coeur d'Alene, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 89133
Local Registrar's No. 228

74a

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia E. Poleson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Martin F. Poleson

6. DATE OF BIRTH (month, day, and year) Aug. 8. 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 9 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Livingston, County Missouri

FATHER

13. NAME James S. Stockwell

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Gillispie

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) W. A. Poleson Rathdrum, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Cem. Rathdrum Date 5/27, 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Rathdrum, Idaho.

20. FILED May 28, 1934 E. L. Spoku, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933, to May 24 1934

I last saw h alive on May 23 1934; death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Asphyxia | May 19 |
| Hypertensive heart disease | |

Other contributory causes of importance:

Chronic Appendicitis
Senility

Name of operation None. Date of —

What test confirmed diagnosis? Repeated examinations of urine. Was there autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. C. Horning M. D.

(Address) Rathdrum Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89134

PLACE OF DEATH

County of Kootenai

City of Dalton Gardens

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 229

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

590

2. FULL NAME Albert O. Laabs

(a) Residence. No. Coeur d'Alene, Idaho, Route #3

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ella A. Laab

6. DATE OF BIRTH (month, day, and year) 1877-8-29

7. AGE: Years 56 | Months 8 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Illinois

13. NAME Chas. Laabs

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Don Laabs

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Ida. Date 5-29, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED May 29, 1934. E. L. Sperry, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1934, to 5/26, 1934.

I last saw him alive on 5/21, 1934; death is said to have occurred on the date stated above, at 6:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious Anemia | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) Coeur d'Alene Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. WHITE PENCIL, WITH ONE ERASURE—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89135

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No. 63
Primary Registration District No. 2143
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME John Finley Reed

(a) Residence. No. (Usual place of abode) St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Reed

6. DATE OF BIRTH (month, day and year) April 14 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 0 | 24 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Alexander Co. N. C.

PARENTS

10. NAME OF FATHER John Reed
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. C.
12. MAIDEN NAME OF MOTHER Martha Sherill
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) N. C.

14. Informant Mrs Ada Reed
(Address) Kendrick Idaho

15. Filed May 15, 1934 B. F. Nesbit Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 13 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1934, to May 13, 1934
that I last saw him alive on May 12, 1934
and that death occurred, on the date stated above, at 9:15 p.m.

The CAUSE OF DEATH* was as follows:
Syphilis
Aortitis
Aortic regurgitation
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Phys. ex. Wassermann

(Signed) D. H. Christensen, M. D.
May 15, 1934 (Address) Kendrick, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, ~~Cremation, or Removal~~ | Date of Burial |
|---|---|
| Kendrick | May 16 1934 |
| 20. Undertaker | Address |
| John J. Pickard | Troy Idaho |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Potlatch (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
89136
State File No.

2. FULL NAME David F. Kellmer

(a) Residence. No. Potlatch R D St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Kellmer

6. DATE OF BIRTH (month, day, and year) Nov. 3, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 66 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Widenhauson
(State or country) Germany

FATHER

13. NAME David Kellmer

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT R. D. Kellmer
(Address) 2117 W. Sinto, Spokane, Wn.

18. ######## OR REMOVAL
Place Spokane, Wn. Date 5/21/34 93

19. UNDERTAKER H. R. Short
(Address) Moscow

20. FILED 5/21, 193 4 Jos. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/20 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 5A. ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound in head | |
| Suicide | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
~~Accident~~, suicide, or ~~homicide~~? Suicide Date of injury .., 193 4

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In own home

Manner of injury... Gun shot

Nature of injury... Bullet in head

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) H. R. Short, M. D.

(Address) Moscow Coroner

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1934

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89137

Registration District No. 6-1

Primary Registration District No. 1011 Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas. Wm. Lenhard

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Lenhard

6. DATE OF BIRTH (month, day, and year)
May 19, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1922

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME John Lenhard

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Carrie Dorau

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) Mrs. P. B. Mullikin Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Moscow, Idaho Date 5/8, 1934

19. UNDERTAKER (Address) H. R. Short Moscow, Idaho

20. FILED 6/7, 1934 Harry Erdman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-4-, 1933, to 5-6-, 1934

I last saw him alive on 5-6-, 1934; death is said to have occurred on the date stated above, at 5:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patient was found dead. Probable coronary occlusion or Cerebral hemorrhage | |
| Other **contributory causes** of importance: arthritis deformans | |

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph S. Wilson M. D.

(Address) Moscow, Ida.

RECEIVED JUN 8 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89138

Registration District No. 6 1

Primary Registration District No. 1011 Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Caroline Cole

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. H. Cole

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1845

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 89 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Buncombe County, North Carolina

FATHER

13. NAME Benjamin F. Wells

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Sara E. Pendlon

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. C. B. Rogers
(Address) Moscow, Idaho

18. BURIAL, ##########, ######
Place Moscow Date 5/10, 1934

19. UNDERTAKER W. R. Sprotz
(Address)

20. FILED 5/10, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to May 6, 1934

I last saw her alive on May 6, 1934; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Before 1930 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Progressive Debility | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. J. Magee, M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89139

**PLACE OF DEATH**
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1961 Local Registrar's No. 41
(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin F Cone

(a) Residence. No. St. Onaway Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jane Cone

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 83 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner
10. Date deceased last worked at this occupation (month and year) Nov 24
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) John Cone Princeton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Date May 11, 1934

19. UNDERTAKER D D Kimball (Address) Palouse Wash.

20. FILED 5/9, 1934 Pam Imbrose Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/4/34, 193.., to 5/9/34, 193..
I last saw him alive on 5/9/34, 193..: death is said to have occurred on the date stated above, at 6.15a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorhage. | 5/4/34 |

Other contributory causes of importance:

| | |
|---|---|
| Hypertention | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Doyle M Taylor, M. D.
(Address) Moscow Idaho

RECEIVED JUN 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89140

Registration District No. 61

Primary Registration District No. 1 0 1 1 Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albin Leverne Berglund

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
July 11, 1922

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 11 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow, Idaho
(State or country)

FATHER

13. NAME John A. Berglund

14. BIRTHPLACE (city or town) Centerville, So. Dakota
(State or country)

MOTHER

15. MAIDEN NAME Ellen Westberg

16. BIRTHPLACE (city or town) Troy, Idaho
(State or country)

17. INFORMANT John A. Berglund
(Address) Moscow, Idaho

18. BURIAL, [redacted]
Place... Moscow ..... Date 5/16, 1934

19. UNDERTAKER W. R. Shook
(Address) Moscow

20. FILED 5/16, 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/13/34, 193..., to 5/13/34, 193...
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned | 5/13/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide or homicide~~?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Doyle M. Lyeth, M. D.
(Address) Moscow, Idaho

RECEIVED JUN [illegible] 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89141

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Celia Celestia Pool

(a) Residence. No. (Address) Farmington, Wn. (Rural) Live in Latah, Co., Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

146

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Guy Pool

6. DATE OF BIRTH (month, day, and year)
Dec. 1, 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sac County, Iowa
(State or country)

MOTHER FATHER

13. NAME Mark Horine

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Jennie Horine

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Mrs. Jennie Horine
(Address) Viola, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Palouse, Wash. Date 5/18..., 1934

19. UNDERTAKER H. R. Short
(Address) Moscow

20. FILED 5/18, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/26/34, 193..., to 5/12/34, 193...
I last saw her alive on 5/15/34, 193...: death is said to have occurred on the date stated above, at 9.22 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post partum infection following a Prolonged Labor | |
| Other **contributory causes** of importance: | |
| Secondary Anemia | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... *Date of injury*.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Doyle W. Luehr, M. D.
(Address) Moscow, Idaho

Armstrong

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89142

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Giles Reader Kerns

(a) Residence. No. ..... St. Newport, Wash
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edna L. Kerns

6. DATE OF BIRTH (month, day, and year): Oct. 20, 1865

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 68 | 7 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Schoolteacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1932

11. Total time (years) spent in this occupation: 40 years

12. BIRTHPLACE (city or town) (State or country): Nemaha county Neb.

MOTHER, FATHER

13. NAME: Henry Kerns

14. BIRTHPLACE (city or town) (State or country): Iowa

15. MAIDEN NAME: Martha Weatherwax

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. Edna Kerns Newport Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Garfield, Wash. Date 5/26, 1934

19. UNDERTAKER (Address): H. R. Short Moscow

20. FILED 5/25, 1934 J. Lawrence Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to May 24, 1934
I last saw her alive on May 24, 1934: death is said to have occurred on the date stated above, at 3 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Aortic sclerosis | |
| Chronic interstitial nephritis | |
| | |

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Armstrong, M. D.

(Address) Moscow Ida.

Latah

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 89143

Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Peter E. Egland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Susie Egland
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 23, 1865

7. AGE — Years: 69 | Months: | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Story County, Iowa

FATHER

13. NAME: Erick Egland
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Bertha Thompson
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT: Hans Egland
(Address): Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL: 1934
Place. Moscow Date. 5/27, 1934

19. UNDERTAKER: H.R. Short
(Address): Moscow

20. FILED 5/26, 1934 — [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/22/34, 193..., to 5/24/34, 193...
I last saw him alive on 5/24/34, 193...: death is said to have occurred on the date stated above, at 4.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure | |
| Asthenia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cardio Renal disease | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Doyle M. Lyeth M. D.
(Address) Moscow, Idaho

Margin [illegible] JUN

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89144
State File No.....

Registration District No. 6-1

Primary Registration District No. 1011 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry L. Coats

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Coats

6. DATE OF BIRTH (month, day, and year): Oct. 28, 1848

7. AGE: Years 85 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Book-keeper and farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

13. NAME: Chas. Coats

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Mrs. M.E. Lawrence
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 5/28, 1934

19. UNDERTAKER: H.R. Short
(Address) Moscow Ida.

20. FILED 5/27, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to May 25, 1934.
I last saw him alive on May 26 1934. death is said to have occurred on the date stated above, at 10 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bright's Disease | 1920? |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Dropsy, Uremic Ulcers | Cystitis |
| a Low Grade Infection | |
| Acute Pneumonia | 3 days |

Name of operation, if any: Prostatectomy Date of: May 24 1926

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Moscow Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89145

**PLACE OF DEATH**

County of Latah

City of Deary

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Karen Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Olaf Nelson

6. DATE OF BIRTH (month, day, and year): Jan 29 - 1853

7. AGE — Years: 81 — Months: 4 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

FATHER

12. BIRTHPLACE (city or town) (State or country): Sweden

13. NAME: Johnson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Emil Nelson

18. BURIAL, CREMATION OR REMOVAL
Place: Dry Creek Date: June 10 1934

19. UNDERTAKER (Address): John J. Puckett Troy Ida

20. FILED June 8, 1934. Lucy M. Puckett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. ..., 193.., to June 7, 1934
I last saw her alive on June 7, 1934 and death is said to have occurred on the date stated above, at 1000 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. A. Meyer M. D.

(Address) Troy, Idaho

4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Princeton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2141

DO NOT WRITE IN THIS SPACE

State File No. 89146

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Jord Morrow

(a) Residence. No. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lou Morrow

6. DATE OF BIRTH (month, day, and year) Oct, 11, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Albert Morrow

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah Hillbolt

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Lou Morrow Princeton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Ida Date 5-27, 1934

19. UNDERTAKER D.D.Kimball (Address) Palouse Wash,

20. FILED May 24th, 1934 Dr. J. W. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...

I last saw h... alive on —, 193...: death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Died Suddenly | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno. Thompson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89147

**PLACE OF DEATH**
County of Lemhi
~~City of~~ Carmen Ida.
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Peter Neal

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mail
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 24 1933
7. AGE — Years: — Months: 9 — Days: 6 — If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salmon Idaho

FATHER
13. NAME: Ernest W Neal
14. BIRTHPLACE (city or town) (State or country): Salmon Idaho

MOTHER
15. MAIDEN NAME: Katie Annette McFarland
16. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

17. INFORMANT (Address): Ernest W. Neal Salmon Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Salmon Idaho Date: May 1 1934

19. UNDERTAKER: W C Poebler (Address): Salmon Idaho

20. FILED May 5 1934 Chas C. Rillema Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to April 30, 1934
I last saw him alive on April 25, 1934: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bow closure of Jejunum ovale | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) F S Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89148

**PLACE OF DEATH**

County of Lemhi
City of Tendoy

Registration District No. 71
Primary Registration District No. 2116 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Thornton J. Booth

(a) Residence. No. Tendoy (Usual place of abode) Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 62 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Gardener

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or couhtry) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Jno C Doebler Salmon

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 6/23, 1934

19. UNDERTAKER (Address) Jno C Doebler Salmon Ida

20. FILED June 5, 1934 Clio C. Bell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to April 22, 1934

I last saw him alive on April 20, 1934: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Apr. 21 |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |

Name of operation — Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas F Hammond, M. D.

(Address) Salmon

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89149

**PLACE OF DEATH**

County of Lemhi
City of Baker

Registration District No. 41
Primary Registration District No. 2516
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Angeline Robinson 131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John G. Robinson
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years: 77 | Months: 6 | Days: 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jackson County Kentucky

FATHER
13. NAME: Mr. G. V. Holland
14. BIRTHPLACE (city or town) (State or country): [redacted] Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Azeble
16. BIRTHPLACE (city or town) (State or country): Jackson County Kentucky

17. INFORMANT (Address): Mrs. M. C. Dubler Salmon Idaho
18. BURIAL, CREMATION, OR REMOVAL — Place: Salmon Date: Apr. 22 1934
19. UNDERTAKER (Address): Mr. Doebler
20. FILED June 5, 1934 Alice E. Bell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 21. 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1934 to Apr. 21, 1934
I last saw her alive on April 21, 1934; death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brights Decease | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Mrs. C. Doebler Coroner
(Address) Salmon Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 11

Primary Registration District No. 2116

Local Registrar's No.

DO NOT WRITE IN THIS SPACE
State File No. 89150

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph A. Kadletz

(a) Residence. No. Baker Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25" 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) High Ridge Jefferson Co. Mo.

FATHER

13. NAME Custod Kadletz

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Catharine Skewor

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT (Address) Baron Kadletz Baker Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Idaho Date 4/30/ , 1934

19. UNDERTAKER (Address) Jno C Beebe Salmon Idaho

20. FILED June 5, 1934 Clara E Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18" 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to April 18, 1934

I last saw him alive on April 18, 1934; death is said to have occurred on the date stated above, at 5-05 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchi Pneumonia | |

Other contributory causes of importance:

| | |
|---|---|
| Influenza ? | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F S Wright M. D.

(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89151

**PLACE OF DEATH**

County of Lemhi
City of Salmon

Registration District No. 71
Primary Registration District No. 2116
Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harmon Clifton McDonald

(a) Residence. No. Salmon (Usual place of abode) Idaho St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) January 1st 1922
7. AGE: Years 12 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Guy E. McDonald
14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER
15. MAIDEN NAME Nannie C. Brown
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Guy E. McDonald Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Ida Date 4 22, 1934

19. UNDERTAKER (Address) Ryan C. Hachler Salmon Ida.

20. FILED June 5, 1934 E. C. Bell Registrar. by

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from apr 17, 1934, to apr 21, 1934
I last saw h alive on apr 21, 1934: death is said to have occurred on the date stated above, at 10:30 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pleurisy | apr 15 |

Other contributory causes of importance:

Aortic regurgitation, all

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. F. Harmon, M. D.
(Address) Salmon Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 71
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 89152

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alford Heglund

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry Mine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Jno C. Dahle Salmon

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 4/30, 1934

19. UNDERTAKER (Address) Jno C. Dahle Salmon Ida

20. FILED June 5, 1934 Chas C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 29 1934

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1934, to April 28, 1934

I last saw h[illegible] alive on April 28, 1934: death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Liver | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Wright, M. D.

(Address) Salmon

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Latham

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 89153

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Weaid

(a) Residence. No. Solomon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 65 mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 88 | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) St Pope Solomon

18. BURIAL, CREMATION, OR REMOVAL Place Burial Date Mar. 10, 1934

19. UNDERTAKER Wm C Hackler
(Address) Solomon Ida

20. FILED 5/3, 1934 Clyo Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6" 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to March 6, 1934

I last saw him alive on March 1, 1934; death is said to have occurred on the date stated above, at 6-30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably Cancer Colon | |
| or Liver or both did not see him before | |

Other contributory causes of importance:

| | |
|---|---|
| Old Age | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) F. S Wright, M. D.

(Address) Solomon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE
State File No. 89154

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine Cloe Kelley

(a) Residence. No. Carmen Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of James H. Kelley

6. DATE OF BIRTH (month, day, and year) Sept 26th 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida

FATHER

13. NAME Edmond W. Foster

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Etta Rachel Knowles

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT (Address) Edmond W. Foster Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Ida Date 4-5th, 1934

19. UNDERTAKER Wm O Doebler
(Address) Salmon Idaho.

20. FILED 5/3, 1934 Chas Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 3, 1934
I last saw h[illegible] alive on April 1, 1934: death is said to have occurred on the date stated above, at 5-P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) F S Wright, M. D.
(Address) Salmon

FORM V. S. No. 5-A-25M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 89156

Local Registrar's No.

Registration District No. 49

Primary Registration District No. 2127

1. PLACE OF DEATH

County of Lewis

City of Kamiah

If death occurs away from usual residence, give facts called for under special information.

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anna Elizabeth Bacon

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: Feb (Month) X (Day) 1920 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF Father: Guy C Bacon

11. BIRTHPLACE OF FATHER (State or Country): Ida

12. MAIDEN NAME OF MOTHER: Ida Kenworthy

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Guy C Bacon

(Address): Kamiah Ida

15. Filed 6-14 1934 Nell Robertson Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 11 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1934 to 6/11 1934, that I last saw h... alive on 6/11 1934, and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) Measles

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) A. F. Bacon M. D.

6/12 1934 (Address) Kamiah Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kamiah — DATE OF BURIAL: 6-12 1934

20. UNDERTAKER: Kamiah Funeral Home — ADDRESS: Kamiah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 89157

**PLACE OF DEATH**
County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No. 11

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Rex Beam

(a) Residence. No. .... St. ....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | White | Baby |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 31 - 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | | | | 2 2 |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kamiah Idaho

PARENTS

10. NAME OF FATHER Harold Beam
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lincoln Co. Neb.
12. MAIDEN NAME OF MOTHER Lottie Barber
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Pullman West

14. Informant Harold Beam
(Address)

15. Filed 6/1, 1934 Nell Robertson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH June 1, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1934, to 6/1/34, 1934
that I last saw h— alive on 6/1/34, 1934
and that death occurred, on the date stated above, at 2 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Immature & birth.

.... (duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) ....
.... (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) C. E. Bryan, M. D.
6/2, 1934 (Address) Kamiah

19. Place of Burial, ~~Cremation, or Removal~~ Kamiah — Date of Burial June 1 1934

20. Undertaker Home — Address Kamiah Ida

FORM V. S. No. 5-25 M. 1-16-13

MAY 31 1934

# CERTIFICATE OF DEATH

Registration District No. 47

Primary Registration District No. .....

File No. 196

Registered No. 89158

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MATTER RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH.**

County of Lewis

City of Nezperce Idaho (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information. Room

**2. FULL NAME** Claudine Ann Marker

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word) |
|---|---|---|
| female | white | Child |

**6. DATE OF BIRTH.** January 22 1925
(Month) (Day) (Year)

**7. AGE** 9 Yrs. ..... Mos. 3 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.)

**8. OCCUPATION**

(a) Trade, profession or particular kind of work... Child

(b) General nature of industry, business, or establishment in which employed (or employer).....

**9. BIRTHPLACE** (State or Country) Idaho

**10. NAME OF FATHER** Lloyd E Marker

**11. BIRTHPLACE OF FATHER** (State or Country) Washington

**12. MAIDEN NAME OF MOTHER** Laura Jacobs

**13. BIRTHPLACE OF MOTHER** (State or Country) Washington

**14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.**

(Informant) Lloyd E Marker

(Address) Nezperce

**15.**

Filed May 27 1934 Albert Huff
Local Registrar

SYMS - YORK CO., PRTS. & BOKS. 24658

## MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH** May 15 1934
(Month) (Day) (Year)

**17. I HEREBY CERTIFY,** That I attended deceased from May 12 - 1934, to May 15th 1934, that I last saw her alive on May 15th 1934, and that death occured on the date stated above, at ~10:00 A.M.

The CAUSE OF DEATH* was as follows:

Meningitis Cerebral

(Duration) ..... Yrs. ..... mos. 10 hours ds.

Contributory (Secondary) Measles with Endocarditis

(Duration ..... yrs. ..... mos. 10 ds.

(Signed) O. K. Cooper M. D.

5/26 1934 (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

**18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)**

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Nezperce Catholic Cemetery | May 17 1934 |
| **20. UNDERTAKER** | **ADDRESS** |
| Albert Huff | Nezperce Idaho |

RECEIVED MAY 19 1934

FORM V. S. No. 5-A-2M-1-16.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Lewis
City of Lenwiah
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49
Primary Registration District No. 2127
(No. ..... St.)

State File No. 89159
Local Registrar's No. .....
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Oakley James Ryan

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Aug (Month) 15 (Day) 1895 (Year)

7. AGE: 38 Yrs. 7 Mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Iron Moulder
(b) General nature of industry, business or establishment in which employed (or employer): Not Employed

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF Father

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: ~~Edith~~ Edna Fish

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edith Ryan.
(Address) 933 3rd St. Custer, S.D.

15.
Filed 5-14 1934 Nell Robertson
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 11 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 8 1934, to Apr 11 1934, that I last saw him alive on 4-11- 1934, and that death occurred on the date stated above, at 5 P M.
The CAUSE OF DEATH* was as follows:

Septic Sore Throat

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. E. Ryan M. D.
4/12 1934 (Address) Wallace Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 3 days. In the State ..... yrs. ..... mos. 16 ds.
Where was disease contracted if not at place of death? Glenwood - Ida
Former or usual residence Custer, S. Dak.

19. PLACE OF BURIAL OR REMOVAL: Custer S.D.
DATE OF BURIAL: 4-14 1934

20. UNDERTAKER: W. A. Shaw
ADDRESS: Deming

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, and PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89160

**PLACE OF DEATH**
County of Lincoln
City of Richfield

Registration District No. 10
Primary Registration District No. .....
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flora Modena Howard.

(a) Residence. No. ..... Richfield, Ida. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 31 - 1920

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 13 | 8 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shoshone Idaho.
(State or country)

FATHER

13. NAME A M Howard.

14. BIRTHPLACE (city or town) Tomball Texas
(State or country)

MOTHER

15. MAIDEN NAME Elagine A Norris.

16. BIRTHPLACE (city or town) Glendale Mont.
(State or country)

17. INFORMENT A M Howard.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Date May 2, 1934

19. UNDERTAKER A Thompson Son
(Address)

20. FILED 5/2, 1934 J D Fuller
Registrar.
By A M Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1934, to 4/30, 1934

I last saw h[illegible] alive on 4/30, 1934: death is said to have occurred on the date stated above, at 10:20 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephritis. | 4/13/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Interstitial Flu, and, expected Uremia

Name of operation ..... Date of .....

What test confirmed diagnosis? Death Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) Shoshone Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lincoln

City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 89161

Local Registrar's No. 14

(No. 884)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha C. Johnson

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ouel Johnson

6. DATE OF BIRTH (month, day, and year): Jan 31 1865

7. AGE — Years: 69 | Months: 2 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Springville Utah

FATHER

13. NAME: Joseph M. Cook

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Martha Barlow

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Ouel Johnson

18. BURIAL, CREMATION, OR REMOVAL Place: Richfield Date 5-3, 1934

19. UNDERTAKER (Address): A. V. Thompson

20. FILED 5/3, 1934 J. L. Fuller Registrar.

By Ruth Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-30 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1934, to, 1934

I last saw h~~e~~/~~s~~/~~he~~ alive on 4/30, 1934; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |

Other contributory causes of importance:

| | |
|---|---|
| Paralytic Ileus | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F. Zeller M. D.

(Address) Jerome, Ida.

RECEIVED MAY 21 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89162

**PLACE OF DEATH**

County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellory M Dill

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Chas W^m Dill

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME John Bowman

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bowman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Chas W Dill Jr.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Shoshone Date 4/23, 1934

19. UNDERTAKER
(Address) C. E. Thacker Lending Idaho

20. FILED 4-23, 1934
L. L. Fuller Registrar.
By A. McMahon

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to April 21, 1934

I last saw her alive on April 21, 1934: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Primary | April 19. |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: General Weakness | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Dill, M. D.

(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED IN [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89163
State File No.....

PLACE OF DEATH
County of Madison
City of Archer

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 32
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Higgins

(a) Residence. No. Archer Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of Al Higgins

6. DATE OF BIRTH (month, day, and year)
July 4, 1853

7. AGE — Years: 80 — Months: 10 — Days: 28 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Abraham Brown
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Mary Ann Dover
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): James Tea Archer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Archer Date 6/6, 1934

19. UNDERTAKER (Address): Russel A. Samson Rexburg Idaho

20. FILED 6-7, 1934 J. W. Symmonds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1933, to June 2., 1934.
I last saw he alive on June 1 1934 death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Chronic Myocarditis | |
| (Passive Congestion) | |
| Lungs, Liver & Kidneys | |
| Arteriosclerosis | |

Other **contributory causes** of importance:

| | |
|---|---|
| 2 Old age (89) | |
| 3 Bilateral Varicose ulcers | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. D. Taylor, M. D.
(Address) .....

Dr. Wrigley.

**PLACE OF DEATH**

County of Madison

City of Rexburg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89164

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 31

(No. 117)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Cabara

(a) Residence. No. Rexburg # 1. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Mexican | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug - 28 - 1913.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 20 | 8 | 18. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mexico

FATHER

13. NAME Jos. Cabara

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Lugarda.

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT (Address) Lugarda Madrigil Rexburg # 1.

18. BURIAL, CREMATION OR REMOVAL
Place Burton Ida. Date May 19, 1934.

19. UNDERTAKER (Address) Young & Rathbun Rexburg Idaho

20. FILED June 7, 1934. J. W. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1934, to May 16, 1934.

I last saw him alive on May 16, 1934: death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute tubercular peritonitis | Apr. 1934 |
| Other **contributory causes** of importance: | |
| Pulmonary T. B. | Jan. 1934 |

Name of operation Appendectomy Date of Apr. 20, 1934

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. B. Smithurst M. D.

(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1 1934

**PLACE OF DEATH**
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89165

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 30
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Ferdinand Hansen

(a) Residence. No. Rexburg #1 St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosie Beck Hansen Deceased

6. DATE OF BIRTH (month, day, and year): June 3 - 1878

7. AGE: Years 55 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Himself
10. Date deceased last worked at this occupation (mo. and yr.): Feb. 1934
11. Total time (years) spent in this occupation: Lifetime
12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER
13. NAME: Johannes Hansen Sr.
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Anna Elizabeth Amsliger
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Mrs. Anna Johnson Rexburg #1
18. BURIAL, CREMATION OR REMOVAL
Place: Burton, Ida. Date: 5-18-1934
19. UNDERTAKER (Address): Tom Keffer Rexburg Idaho
20. FILED 6-7-, 1934. J. R. Fanning Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1934, to 5-16, 1934.
I last saw him alive on 5-15, 1934: death is said to have occurred on the date stated above, at 12:40 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Lungs | 1 year |

Other **contributory causes** of importance: Anemia

Name of operation: None Date of: ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ....

5/18/34 (Signed) Louis A. Turk M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Thornton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89166

Registration District No. 100

Primary Registration District No. 2128 Local Registrar's No. 29

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo Harrison Boord 160

(a) Residence. No. Thornton Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
~~HUSBAND of~~
~~(or) WIFE~~ of

6. DATE OF BIRTH (month, day, and year) April 25 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Thornton Idaho

MOTHER FATHER

13. NAME Joseph E. Boord

14. BIRTHPLACE (city or town) (State or country) Burton Idaho

MOTHER

15. MAIDEN NAME Mary Etta Chambers

16. BIRTHPLACE (city or town) (State or country) Independence

17. INFORMANT (Address) Joseph E. Boord Thornton Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Burton Ida. Date May. 11, 1934

19. UNDERTAKER (Address) Mercy J. Fuller Lady Assistant Ida

20. FILED 6-7-, 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-10 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1934, to May 10, 1934.
I last saw him alive on May 7, 1934: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patulous foramen ovale Congenital. | |

Other **contributory causes** of importance:

Name of operation None Date of no
What test confirmed diagnosis? symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any ~~way~~ related to occupation of deceased? ... If so, specify ....

3/10/34 (Signed) Roger V. Rich M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN [illegible]

**PLACE OF DEATH**

County of Madison

City or Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89167

Registration District No. 100

Primary Registration District No. 2128 Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert G. Brown

(a) Residence. No. Rexburg Rt 1. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Effie Hill Brown

6. DATE OF BIRTH (month, day, and year) Aug - 12 - 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 8 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodchopper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Store for himself

10. Date deceased last worked at this occupation (mo. and yr.) April 1934

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER/FATHER

13. NAME - M. Brown

14. BIRTHPLACE (city or town) (State or country) Ky. Brown

15. MAIDEN NAME Telitha Brown

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) J. M. Brown Rexburg Rt 1.

18. BURIAL, CREMATION OR REMOVAL
Place Parton Cem Date May. 1. 1934

19. UNDERTAKER (Address) Brown & Kelley Rexburg Idaho

20. FILED 6-2-, 1934 J. Rex Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-3-34, 193..., to 5-8-34, 193...
I last saw him alive on 5-8, 1934: death is said to have occurred on the date stated above, at 6 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis following | |
| rupture of appendix | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Appendectomy Date of 5-5-34
What test confirmed diagnosis? ~~No~~ Was there an autopsy? ~~No~~

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) C. H. Smithurst M. D.
(Address) Rexburg Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Madison
City of Rexburg

DO NOT WRITE IN THIS SPACE

State File No. 89168

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Duane J. Kearsley

1000

(a) Residence. No. Victor Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 2 - 1933
7. AGE: Years 8 | Months | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jackson Wyo

FATHER
13. NAME: Hyrum L Kearsley
14. BIRTHPLACE (city or town) (State or country): Bountiful Utah

MOTHER
15. MAIDEN NAME: Lucy L. Dewey
16. BIRTHPLACE (city or town) (State or country): Victor Idaho

17. INFORMANT (Address): Hyrum L. Kearsley Victor Idaho

18. BURIAL, CREMATION OR REMOVAL: to
Place Victor Ida Date 5-10-1934

19. UNDERTAKER: none
(Address)

20. FILED 6-7-, 1934. J. R. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-8 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to May 8, 1934.
I last saw him alive on May 7, 1934.: death is said to have occurred on the date stated above, at 6:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 4-30-34 |

Other **contributory causes** of importance:

Name of operation: none Date of.....
What test confirmed diagnosis? symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. -
Manner of injury: -
Nature of injury: -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

5/9/34 (Signed) Lorin F. Rich, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Gifford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89169
State File No.

Registration District No. 92

Primary Registration District No. 2170

Local Registrar's No. 53

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lindsey S Darrah

131

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Sarah J Hollingsworth

6. DATE OF BIRTH (month, day, and year): Jan 14, 1854

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 3 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Seamore Iowa

MOTHER FATHER

13. NAME: Clark P Darrah

14. BIRTHPLACE (city or town) (State or country): Wheeling Vir.

MOTHER

15. MAIDEN NAME: Eliza Eastburn

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Mrs L S Darrah Gifford Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Gifford Ida Date: 5/6/, 1934

19. UNDERTAKER (Address): H. R. Merchant Clarkston Washington

20. FILED 4-5, 1934 E. E. Watts Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 193.., to 4-3, 193..
I last saw him alive on 4-3, 193..: death is said to have occurred on the date stated above, at 9-.. P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic Toxemia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: — Date of:

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. no. If so, specify.....

(Signed) E. E. Watts, M. D.

(Address) Gifford

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN

## PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89170

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Virginia Rouse

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence A Rouse

6. DATE OF BIRTH (month, day, and year)
March 30, 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waterloo Iowa

FATHER

13. NAME J P Mc Laughlin

14. BIRTHPLACE (city or town) (State or country) Pitsfield, Mass

MOTHER

15. MAIDEN NAME Martha Phillips

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT C A Rouse
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn Date 6/1/34 193..

19. UNDERTAKER H.R.Merchant
(Address) Clarkston, Wash.

20. FILED 6/2, 1934 J. W. Lyle
By [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/30/1934

22. I HEREBY CERTIFY, That I attended deceased from May 27th, 193.4., to May 30th, 193.4.
I last saw her alive on May 30th, 193.4: death is said to have occurred on the date stated above, at 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Peritonitis | May 29th 34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Dont know | |

Name of operation None Date of

What test confirmed diagnosis? Physicians + Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. C. Carson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89171

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick Stach

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 6th 1927

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 6 | 9 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Craigmont Idaho

FATHER
13. NAME Joseph N. Stach
14. BIRTHPLACE (city or town) (State or country) Nezperce Ida

MOTHER
15. MAIDEN NAME Mary Montague
16. BIRTHPLACE (city or town) (State or country) Chicago Ill

17. INFORMENT (Address) J. N. Stach Nezperce Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nezperce Ida Date May 29, 1934

19. UNDERTAKER C. E. Clover (Address) Craigmont Id

20. FILED 6/2, 1934 J. W. Lide by [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to May 28, 1934
I last saw him alive on May 28, 1934; death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul G. Haeussler, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 89172

Local Registrar's No.

(No. 1203-15 th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

9

2. FULL NAME Willis Richard Stone

(a) Residence. No. 1203-15th Ave St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/19/29

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Park Rapids, Minn.

FATHER

13. NAME Jacob X. Stone

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Jacob X. Stone 1203- 15 th Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Ida. Date 5/28/34 193

19. UNDERTAKER Vassar Shaughnessy-Rawls
(Address) Lewiston, Idaho.

20. FILED 5/31, 193 4 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934, to May 27, 1934

I last saw him alive on May 27, 1934: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hoopingcough. | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lafayette Truman M. D.

(Address) Lewiston, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89173

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Peterson

(a) Residence. No. Cavendish Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wheat Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 34

11. Total time (years) spent in this occupation 1924

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME No Known

14. BIRTHPLACE (city or town) (State or country) Germay

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Virgil Peterson Lenore Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cavendish Ida Date 5/28/34, 193

19. UNDERTAKER Vassar-Shaughnessy Co (Address) Lewiston Idaho.

20. FILED 5/28, 1934 C. M. LaRue Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/27/34 193

22. I HEREBY CERTIFY, That I attended deceased from 5/26, 193 4, to 5/27, 193 4
I last saw him alive on 5/27/34, 193 : death is said to have occurred on the date stated above, at 2. A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Dilatation of the Heart | 5/26/34 |
| Other contributory causes of importance: | |
| Chr Interstitial Nephritis | + yrs |

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. C. Carsaw, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 8917½

Local Registrar's No.

(No. 169)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Elisha Babb.

(a) Residence. No. Lewiston, St. Idaho.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. J. E. Babb

6. DATE OF BIRTH (month, day, and year) Jan. 11, 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 4 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME Milton Babb

14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER

15. MAIDEN NAME Elizabeth Littles

16. BIRTHPLACE (city or town) Unknown
(State or country) "

17. INFORMENT (Address) Mrs. J. E. Babb, Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida. Date 5/29, 1934

19. UNDERTAKER Brenner-Hand Co.
(Address) Lewiston, Idaho

20. FILED 6/4, 1934 J. W. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |
| Suicide | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/26, 193...

Where did injury occur? Lewiston, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Brown, M.D. Coroner

(Address) Lewiston, Idaho.

5/27/34.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89175

**PLACE OF DEATH**

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. Garage on Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gustave Henry Zeiman

(a) Residence. No. St. Southwick, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56. | 9. | 20. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fall Creek
(State or country) Wisconsin

FATHER

13. NAME F. Zeiman

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Whiturina Brusurt

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Mrs. G. H. Zeiman
(Address) Southwick, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date May 27, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 6/4, 1934 J. M. Lybe
Registrar.
Clay Ames

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934, to , 193
I last saw him alive on , 193: death is said to have occurred on the date stated above, at 1.30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Primary history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) William P. K. Habel M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 89176

Local Registrar's No.

2. FULL NAME George Horan

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Horan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia O'Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. J. McMeekin Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date May 28, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 6/4, 1934 J. W. Lyle Registrar.
by AM

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 21, 1934

I last saw him alive on May 20, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| about 1½ years ago | |
| Carcinoma of stomach. | |

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul W. Johnson, M. D.

(Address) Lewiston, Idaho

RECEIVED JUN 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

DO NOT WRITE IN THIS SPACE
State File No. 89177

(No. Whites hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Garnet Lee Howell

(a) Residence. No. (Usual place of abode) St. Clarkston, Wn.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1892

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 41 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomeroy Washington

FATHER

13. NAME Robert Howell

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Lela Wilson

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMENT Edna Howell
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Clarkston Date May 21, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED May 31, 1934 J. M. Eppler by AW Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 8th, 1934, to May 19, 1934
I last saw h[illegible] alive on 5-19, 1934: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 1 yr. |
| Lobar Pneumonia | May 10-34 |

Other contributory causes of importance:

Name of operation Cardiac Symptoms Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89178

**PLACE OF DEATH**

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. Main St., Lewiston)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jas. I. Wood

(a) Residence. No. Lewiston, Ida. - Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 2 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. J. A. Ward, Lewiston, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date May 20, 1934
19. UNDERTAKER Brower-Wann Co (Address) Lewiston, Idaho
20. FILED 5/21, 1934 J. M. Lyle by abw. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18 1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on 5/18, 1934; death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Base of Skull - from Fall Accidental | |

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify
(Signed) C. H. Brower Coroner M.D.
(Address) Lewiston Idaho
5/20/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89179

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1(a)

2. FULL NAME Esther Louise Blackwell

(a) Residence. No. St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | ---------- |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Nov 15, 1918.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 16 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Floyd W Blackwell

14. BIRTHPLACE (city or town) Mulhall (State or country) Okla

MOTHER

15. MAIDEN NAME Mary Olive Noel

16. BIRTHPLACE (city or town) Pittsburg (State or country) Kansas

17. INFORMANT Floyd W. Blackwell (Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date May 19 1934

19. UNDERTAKER H.R. Merchant (Address) Clarkston Washington

20. FILED 5/23, 1934 J. M. Lyle Registrar.
by A.K.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1934, to 5-17, 1934

I last saw him alive on 5-17, 1934; death is said to have occurred on the date stated above, at 5:55 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 5 | |
| Typhoid Fever | about 4-28-34 |
| Pneumonia-Broncho | May 12-34 |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. White, M. D.

(Address) Lewiston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILED

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 89180

Local Registrar's No.

(No. Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Fine

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Joseph Mo.

FATHER

13. NAME Abraham Fine

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Amanda Nichols

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Peck, Idaho Date May 18, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 5/17, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 1933, to May-, 1934

I last saw him alive on May 2, 1934: death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General debility | |

Other contributory causes of importance: Not Autopsied Pathology Found-Gradual decline

Name of operation None Date of

What test confirmed diagnosis? Sig. Sx. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify J. M. Lyle

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89181

**PLACE OF DEATH**

County of Nez Perce
City of Lewiston
Registration District No. 1209
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas F. Wren

(a) Residence. No. Fenn, Idaho St. Fenn, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Wren

6. DATE OF BIRTH (month, day, and year) 12-25, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 5 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer & Banker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianapolis, Indiania

FATHER

13. NAME Michael Wren

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Stack

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Lillie Wren, Fenn, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Spokane, Wash. Date , 193

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED 5/18, 193 4 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 17, 1934
I last saw him alive on May 17, 1934; death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic interstitial | 1925 |
| Nephritis | |
| Hypertension, | 1925 |
| arteriosclerosis | 1920 |
| Other contributory causes of importance: | |
| Angina Pectoris | May 7 1934 |

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Broadbent, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1209

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 89182

Local Registrar's No.

(No. Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keach Fox

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unkown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMENT
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date May 25, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 5/31, 1934 J. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 1926, 193, to May 17, 193 4

I last saw him alive on May 16, 193 4; death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteritis chronic | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89183

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Lewiston - 714 - 7th St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hallie M. Gibson

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter A. Gibson

6. DATE OF BIRTH (month, day, and year) March 25, 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 1 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Davenport
(State or country) Washington

FATHER

13. NAME L.A. Kennedy

14. BIRTHPLACE (city or town)
(State or country) Alabama

MOTHER

15. MAIDEN NAME Alice Dale

16. BIRTHPLACE (city or town)
(State or country) Ga.

17. INFORMENT (Address) W. A. Gibson Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date May 16, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 6/4, 1934 J. M. Lyle Registrar.
by Asst.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 21st, 193 2, to May 14th, 193 4

I last saw her alive on May 14th, 193 4; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | 4 months |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Parenchymatous Nephritis | 4 years |

Name of operation None Date of —

What test confirmed diagnosis? Clinical & Microscopical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Emerson, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED IN PLACE OF DEATH

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89184

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME James Durkin

(a) Residence. No. 3006-Main Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23, 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 49 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Durkin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. James Durkin

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date May 16, 1934

19. UNDERTAKER Vassar-Shaughnessy-Rawls
(Address) Lewiston, Idaho

20. FILED 5/18, 1934 Geo. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11th, 1934, to May 13th, 1934
I last saw h[illegible] alive on May 13th, 1934, & death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of 4th & 5th + 6th cervical vertebra | May 11th 34 |
| | |
| | |
| Other contributory causes of importance: | |
| Auto Accident | 5/11/34 |

Name of operation none Date of —
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/11, 1934
Where did injury occur? Lewiston Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by auto crossing
Nature of injury Head fracture, Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. F. Emerson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89185

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bettie E. Jacobson

(a) Residence. No. St. Weippe Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Femal | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3 1922

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 12 | | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weippe Idaho

FATHER

13. NAME Jocin Jacobson

14. BIRTHPLACE (city or town) (State or country) North Dakota

MOTHER

15. MAIDEN NAME Maud Hart

16. BIRTHPLACE (city or town) (State or country) Col

17. INFORMENT (Address) Mr J Jacobson Weippe

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Ida Date May 8, 193

19. UNDERTAKER (Address) W.A. Shaw Orofino Ida

20. FILED 5/9, 1934 J. M. Lyle Registrar. by ath

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to May 7, 1934
I last saw her alive on May 6, 1934; death is said to have occurred on the date stated above, at 3.30A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Glomerular Nephritis | Feb 1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89186

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Smith

(a) Residence. No. Lewiston, Idaho Orchards
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White, | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 3 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Pass
(State or country) Wyoming

FATHER

13. NAME John R. Smith

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Agnes Delaney

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT (Address) Owned Lewiston Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date May 9, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 5/16, 1934 J. M. Lyle Registrar.
By Asst.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to Dec, 1933

I last saw her alive on Dec, 1933 death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of uterus | |
| Other contributory causes of importance: | |

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89187

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sadie Myrtle Mays

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of G. H. Mays

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Whitman County
(State or country) Wisconsin

FATHER

13. NAME Sidney Green

14. BIRTHPLACE (city or town)
(State or country) N. Carolina

MOTHER

15. MAIDEN NAME Nancy Brock

16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMENT G. H. Mays
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date May 6, 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED 5/8, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1934, to Apr 30, 1934

I last saw her alive on Apr 30, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Endocarditis | |

Other contributory causes of importance:

| | |
|---|---|
| General Edema | |

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89188

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston Idaho Registration District No. 1089

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Melvin Everett Morris

(a) Residence. No. St.
(Usual place of abode) Pomeroy Wash (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ~~Male~~ | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Evelin Morris

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 10 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) April 15-34

11. Total time (years) spent in this occupation 6yrs

12. BIRTHPLACE (city or town) (State or country) Pomeroy, Wash

FATHER

13. NAME Delbert Morris

14. BIRTHPLACE (city or town) (State or country) Pomeroy Wash.

MOTHER

15. MAIDEN NAME Madie Childers

16. BIRTHPLACE (city or town) (State or country) Pomeroy Wash.

17. INFORMENT (Address) P. L. Hitchcock Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place City Cemetary Date 5-7-34 193

19. UNDERTAKER C. M. Vassar (Address) Pomeroy, Wash.

20. FILED 5/5, 1934 J. M. Lyle Registrar.
Lyall

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May5-1934

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934, to May 5, 1934

I last saw h alive on May 4, 1934: death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute appendecitis Perforated | Apr 20-34 |
| Other contributory causes of importance: General Peritonitis acute | Apr 23-34 |

Name of operation Appendectomy Date of Apr 23-34

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to exter causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. W. Bradshaw, M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 89189

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Lukes

(a) Residence. No. St. Slickpoo, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luke Billy

6. DATE OF BIRTH (month, day, and year) 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho

FATHER

13. NAME Abraham Readkas

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known Not Known

17. INFORMENT (Address) Mrs. Anton Higheagle Slickpoo, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL Place Slickpoo Idaho Date 5-5-34, 193

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho

20. FILED 5/5, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to May 5, 1934

I last saw h-- alive on May 5, 1934: death is said to have occurred on the date stated above, at 3:25 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Apoplexy 6 mos. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul W. Johnson, M. D.

(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89190

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Josephs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

145

2. FULL NAME Vera Louise Turner

(a) Residence. No. ~~St Josephs Hospital~~ St. ~~Lewiston~~ Craigmont, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Melvin Vernon Turner

6. DATE OF BIRTH (month, day, and year) Sept. 14-1904

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

FATHER

13. NAME William Maughmer

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER

15. MAIDEN NAME Emma Richardson

16. BIRTHPLACE (city or town) Sparta
(State or country) Wisconsin

17. INFORMENT Otis Turner Craigmont Idaho
(Address)

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Craigmont Idaho Date 5-9, 1934

19. UNDERTAKER L. C. Collins
(Address) Craigmont Idaho

20. FILED 5/7, 1934 J. M. Lytle Registrar.
by [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1933, to May 2, 1934

I last saw her alive on May 2, 1934; death is said to have occurred on the date stated above, at 11:26 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephrosis | May 1-1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pregnancy - Full term | |
| | |

Name of operation Caesarean Section Date of April 28-34

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. H. Collins, M. D.

(Address) Craigmont Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89191

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston,

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Infant Son of William Strange

(a) Residence. No. 1017-10th St. St. Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) 5/17/34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME William Strange

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Stella Buckner

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) William Strange 1017- 10 th St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Idaho Date 5/21/34 193

19. UNDERTAKER Vassar-Shaughnessy-Rawls (Address) Lewiston, Idaho

20. FILED 6/2, 1934 J. W. Ayle Registrar. By Asst.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934, to May 19, 1934

I last saw him alive on May 19, 1934: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Atelectasis | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul G. Young M. D.

(Address) Lewiston Idaho

JUN 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Nez Perce

City of Culdesac

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89192

74

2. FULL NAME Sarrah Jane Brower

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliah Brower

6. DATE OF BIRTH (month, day, and year) March 12, 1847

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 85 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME James Hallett

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Kartcher

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Mrs. L. Hart Culdesac Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Culdesac Idaho Date 5-16-, 1934

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED May ..., 1934. George Gaymard M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/13 1934

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1934, to May 13, 1934.
I last saw her alive on May 13 1934: death is said to have occurred on the date stated above, at 6:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Has had 4 Strokes | |
| Since 1929 | |
| | |
| Other **contributory causes** of importance: Chronic Myocarditis | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George Gaymard, M. D.

(Address) Culdesac Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89193

**PLACE OF DEATH**

County of Nez Perce

City of Spalding

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

36

2. FULL NAME Julia Seth

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 18, 1926

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 8 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spalding
(State or country) Idaho

FATHER

13. NAME Martin Seth

14. BIRTHPLACE (city or town) Spalding
(State or country) Id ho

MOTHER

15. MAIDEN NAME Elsie Menimick

16. BIRTHPLACE (city or town) Yakima
(State or country) Wash.

17. INFORMENT Martin Seth
(Address) Spalding, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spalding, Idaho Date 5/25/, 1934

19. UNDERTAKER Brower-Mann Co.
(Address) Lewiston, Idaho

20. FILED May, 1934 George Gaignard
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to May 22, 1934

I last saw he alive on May 22, 1934: death is said to have occurred on the date stated above, at 5:20 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Miliary Tuberculosis | 4-12-34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Gaignard M. D.

(Address) Culdesac, Idaho

JUN 13 19[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89194

**PLACE OF DEATH**
County of Nez Perce
City of Culdesac Idaho

Registration District No. 12-8
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E Newman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W A Newman
6. DATE OF BIRTH (month, day, and year): Sept. 22 1850
7. AGE: Years 83 84 | Months 6 | Days 28 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER FATHER
13. NAME: Jeremiah Clark
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Mareo Ray
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Grover Newman Cottonwood Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Clarkston Wn Date. 4/22 1934

19. UNDERTAKER (Address): H R Merchant Clarkston Wash

20. FILED April 1934 George Gaymard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-16-, 1934, to 4-19-, 1934.
I last saw her alive on 4-19-, 1934.; death is said to have occurred on the date stated above, at 4:55 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Labar Pneumonia | 4-16-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) George Gaymard M. D.
(Address) Culdesac Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89195

**PLACE OF DEATH**

County of Nez Perce

City of Lapwai

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Lee Reubens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21, 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 9 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lapwai, Idaho

FATHER

13. NAME Tom Reubens

14. BIRTHPLACE (city or town) (State or country) Lapwai, Idaho

MOTHER

15. MAIDEN NAME Lillie Ellenwood

16. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

17. INFORMENT (Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho Date May 22 1934

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED May ....., 1934 George Gassman M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21-, 1934, to May 21-, 1934
I last saw him alive on May 21, 1934: death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | May 18 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Ralph M. Alley, M. D.
(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No. 2064

DO NOT WRITE IN THIS SPACE
State File No. 89196

Local Registrar's No. 11

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beverly June Jones

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Baby |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, 2 hrs. or min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Joseph D Jones

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME June Williams

16. BIRTHPLACE (city or town) (State or country) Malad Idaho

17. INFORMENT Joseph D Jones (Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date May 29 1934

19. UNDERTAKER J. Ray Benson (Address) Malad Idaho.

20. FILED 5/31, 1934 J. M. Harris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/28 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to 5/28, 1934
I last saw h[illegible] alive on 5/28, 1934; death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature 6½ mo | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Unknown | |
| | |
| | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...
(Signed) O. A. Mather, M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Owyhee

City of Grandview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8919

Registration District No. 215 1

Primary Registration District No. 74 Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Post 90

(a) Residence. No. near Grandview, Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maude Post

6. DATE OF BIRTH (month, day, and year)
June 25, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME John Post

14. BIRTHPLACE (city or town) Chio
(State or country)

MOTHER

15. MAIDEN NAME Florilla Adee

16. BIRTHPLACE (city or town) Wis.
(State or country)

17. INFORMANT Violet Fiala
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6-7, 1934

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 6/11, 193[illegible] Alice C. Erkenbuck
Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193....

I last saw h... alive on ....., 193..; death is said to have occurred on the date stated above, at about 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina pectoris | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) John Erate Coroner MXS
(Address) Silver City, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Owyhee

City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 107

Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE

State File No. 89198

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Mrs. Elida Adel Obert Smith

(a) Residence. No. Homedale, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Scott Smith

6. DATE OF BIRTH (month, day, and year) 4-17-1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 47 | | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMENT (Address) .....

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Caldwell Ida. Date May 16, 1934

19. UNDERTAKER Paul L. Case (Address) Caldwell, Idaho.

20. FILED May 16, 1934 F. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-14 1934

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1932, to May 14, 1934

I last saw her alive on May 14, 1934; death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. A. Marsh, M. D.

(Address) Homedale, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89199

**PLACE OF DEATH**
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dona Lee Weygandt

(a) Residence. No. 7th Ave. and 6th. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day and year): April 22, 1934

7. AGE — Years: ---; Months: ---; Days: 17; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Baby
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Payette, Idaho.

FATHER

13. NAME: Fredric Dee Weygandt
14. BIRTHPLACE (city or town) (State or country): Miama. Okla.

MOTHER

15. MAIDEN NAME: Thalda M. Fincher
16. BIRTHPLACE (city or town) (State or country): Emmett, Idaho.

17. INFORMANT (Address): Mrs. F.D. Weygandt Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Payette Idaho Date: May 9 4

19. UNDERTAKER (Address): Glenn C. Landers Payette Idaho.

20. FILED May 23 1934 J.C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/8 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8 4, 193.., to May 8 4, 193...
I last saw her alive on May 8..., 193.4: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopenumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of.....
What test confirmed diagnosis?: Clin Was there an autopsy?: No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?: No Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**: None
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?: No If so, specify.....

(Signed) W.J. Weese, M. D.
(Address) Ontario, Ore.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89201

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Alice Lant

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ralph Lant

6. DATE OF BIRTH (month, day and year): July 2, 1858

7. AGE: Years 75 | Months 9 | Days 29 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Gladstone Ill.

FATHER

13. NAME: Wm Graham

14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER

15. MAIDEN NAME: .....

16. BIRTHPLACE (city or town) (State or country): Nancy Ky Lewis

17. INFORMANT (Address): St. Lexington Payette Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Meridian Ida. Date: 5/2/ 1934

19. UNDERTAKER (Address): R. W. Robison Meridian Ida.

20. FILED May 4 1934 J. C. Woodward Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to May 1, 1934.

I last saw her alive on May 1, 1934: death is said to have occurred on the date stated above, at 2:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | Dec 26 1934? |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: none Date of: .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. No.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. D. Keene M. D.

(Address) Ontario, Ore.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of PAYETTE.

City of PAYETTE.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89202

Registration District No. 4.

Primary Registration District No. 1008. Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JOHN SAMUEL THURSTON

(a) Residence. No. 1134 FIRST AVENUE SOUTH. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Sarah Thurston.

6. DATE OF BIRTH (month, day, and year)
Dec. 14, 1857.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 4 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Druggist.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Argyle
(State or country) Wisconsin

FATHER

13. NAME Wilson B. Thurston

14. BIRTHPLACE (city or town) Delaware
(State or country) Ohio.

MOTHER

15. MAIDEN NAME Rachel Dyer

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Lew Thurston
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Payette, Idaho Date. 5/11/34

19. UNDERTAKER Glenn C. Saunders
(Address) Payette Idaho

20. FILED 5/23, 1934 H. C. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, 193...., to May 9, 1934, 193....
I last saw him alive on May 8..., 193.4: death is said to have occurred on the date stated above, at 3.00 m. pm
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Arterio Sclerosis | 10 yrs ago |
| ..... | ..... |
| Senile Dementia | 1 mo. ago |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. R. Woodward M. D.
(Address) Payette, Ida.

RECEIVED IN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89203

Registration District No.

Primary Registration District No. Local Registrar's No. 22

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Belle Honsinger 117

(a) Residence. No. Minedoka, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| f. | White | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27 1882

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 52 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hammondsville (State or country) Kentucky

FATHER

13. NAME John C. Shofner

14. BIRTHPLACE (city or town) Hammondsville (State or country) Kentucky

MOTHER

15. MAIDEN NAME Clarinda Morris

16. BIRTHPLACE (city or town) Hammondsville (State or country) Kentucky

17. INFORMANT X Mrs. H.B. Runnion (Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Minedoka, Ida. Date May 13 1934.

19. UNDERTAKER A. W. Davis (Address) Am. Falls, Ida.

20. FILED May 12., 1934. Genevieve Roth Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-9 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23..., 193.4., to May 9....., 193.4.

I last saw h[illegible] alive on May 9..., 193.4.; death is said to have occurred on the date stated above, at 4:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post Operative Pulmonary Emboli. | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Uterine (Hemorrhage) | |

Name of operation Appendectomy Date of 4-25-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. J. Logan, M. D.

(Address) 41 Murfin Am. Falls, Idaho

RECEIVED JUN [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89204

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 21

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Arthur Miller

117

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 22 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1911

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 22 | 9 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME Arthur L. Miller

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Ann Ure Miller

16. BIRTHPLACE (city or town) (State or country) Woodscross, Utah.

17. INFORMANT Mary Allen
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rockland, Ida. Date May 9, 1934

19. UNDERTAKER A. W. Davis.
(Address) Am. Falls, Ida.

20. FILED May 9, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-2-, 1934, to 5-6-, 1934
I last saw h... in alive on 5-6, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendicitis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Peritonitis | |
| | |

Name of operation. Appendectomy Date of 5-2-34

What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 70

Primary Registration District No. 1011

(No. Wallace Hospital)

(If death occurred in a hospital or institution give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89205

Local Registrar's No. 216

7

2. FULL NAME Suzanne Hebert.

(a) Residence. No. Mullan Idaho St. Mullan Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28 1932.

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 1 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mullan (State or country) Idaho.

FATHER

13. NAME William Hebert.

14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER

15. MAIDEN NAME Velma Anderson

16. BIRTHPLACE (city or town) Mullan Ida. (State or country)

17. INFORMANT William Hebert. (Address) Mullan Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place Mullan Idaho Date May 13, 1934

19. UNDERTAKER J. A. Brow (Wood Bros) (Address) Wallace Ida.

20. FILED May 12, 1934. O. E. Keene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6, 193 4, to May 9, 193 4.

I last saw h alive on May 9, 193 4; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | abt. May 1 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Measles

Malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul Willis, M. D.

(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR___ RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8920S

Registration District No. 70

Primary Registration District No. 1014 Local Registrar's No. ~~297~~ 296

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Providence Hospital)

2. FULL NAME Sally Yvonne Hebert.

(a) Residence. No. 1 Mullan Idaho. St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7. 1931

7. AGE: Years 2 | Months 11 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mullan Idaho.

FATHER

13. NAME: William Hebert.

14. BIRTHPLACE (city or town) (State or country): Mont.

MOTHER

15. MAIDEN NAME: Wilma Anderson

16. BIRTHPLACE (city or town) (State or country): Wisc.

17. INFORMANT (Address): William Hebert. Mullan Ida.

18. BURIAL ~~CREMATION~~ OR ~~REMOVAL~~ Place: Mullan Idaho, Date: May 13 1934

19. UNDERTAKER (Address): J. A. Ewer (Ward and Co) Wallace Ida.

20. FILED May 13th, 1934. C. S. Storm Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1934, to May 11th, 1934.

I last saw her alive on May 9, 1934; death is said to have occurred on the date stated above, at 9.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia - Pleuro | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Measles

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) W. G. Sanders, M. D.

(Address) Kellogg Ida

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH:
County Shoshone State IDAHO Registered No. 89206
Township ____ or Village ____ or
City Wallace No. Providence Hospital St., ____ Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ days. How long in U. S., if of foreign birth? ____ yrs ____ mos. ____ days.

2. FULL NAME Sally Yvonne Hebert

Residence: No. ____ St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| F | W | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7, 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 2 | 11 | 4 | ____ hrs. or ____ mins. |

OCCUPATION

8. Trade, profession, or particular kind of work done as **spinner, sawyer, bookkeeper, etc** ____

9. Industry or business in which work was done, as **silk mill, sawmill, bank, etc** ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town and State or country):

FATHER

13. NAME:

14. BIRTHPLACE (city or town and State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town and State or country):

17. INFORMANT (name and address):

18. BURIAL, CREMATION, OR REMOVAL:
Place ____ Date ____, 193

19. UNDERTAKER (name and address):

20. FILED ____, 193 ____ *Registrar.*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, 193, to ____, 193
I last saw h____ alive on May 11, 1934, 193; death is said to have occurred on the date stated above, at 9;45 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia - pleuro | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| measles | |
| | |
| | |

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (**violence**), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**:
____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) W. C. LINDSAY
(Address) KELLOGG, IDAHO

8—209g

U. S. GOVERNMENT PRINTING OFFICE: 1933 c11—3184

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89207

Registration District No. 70
Primary Registration District No. 4011 Local Registrar's No. 304
(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Calvin McDowell

(a) Residence. No. Wallace St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Elenor McDowell

6. DATE OF BIRTH (month, day, and year): Aug 12 - 1886

7. AGE: Years 47 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (month, day, and year): May 21 - 1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mich

MOTHER FATHER
13. NAME: Chas McDowell
14. BIRTHPLACE (city or town) (State or country): N.Y.
15. MAIDEN NAME: Mary L Hawley
16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT (Address): Mrs E McDowell Wallace Ida

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place: Wallace Ida. Date: June 1934

19. UNDERTAKER (Address): J.A. Bever (Wardlaw) Co. Wallace Ida.

20. FILED May 31st, 1934. C. S. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to May 28, 1934
I last saw him alive on May 28, 1934; death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Lobar both lungs | 12da |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardiac | Few days |

Name of operation: ..... Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) W. H. Mayerle M. D.
(Address) Wallace Ida.

RECEIVED JUN [illegible] 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89208

Registration District No. 70

Primary Registration District No. 111 Local Registrar's No. 303

(No. Providence Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adolph Heino.

(a) Residence. No. Mullan Ida. St. Mullan Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Aug 18 - 1902

7. AGE: Years 31 | Months 9 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead mining

10. Date deceased last worked at this occupation (mo. and yr.): May 13-34

11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER

13. NAME: Carl Heino.

14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER

15. MAIDEN NAME: Emily —

16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT (Address): Anna Thornburg Mullan Ida.

18. BURIAL, CREMATION OR ~~REMOVAL~~

Place: Mullan Ida. Date: June 1 1934

19. UNDERTAKER (Address): J. A. Bivens (Woodland Co.) Wallace Ida

20. FILED: May 31 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1934, to 5-25, 1934

I last saw him alive on 5-25, 1934: death is said to have occurred on the date stated above, at 6:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Empyema | 5-15-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: Open resection & fractured Date of: 5/15/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury.., 1934 5/13

Where did injury occur? Mullan Road (Specify city or town, county, and state) Shoshone County

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place

Manner of injury. Auto accident

Nature of injury. Crushing injury to Chest

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) E. V. Gerald M. D.

(Address) Dale Bldg. Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89209

**PLACE OF DEATH**
County of Shoshone
City of Murray

Registration District No. 76
Primary Registration District No. 1011 Local Registrar's No. 302
(No. Residence. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Calvin Nuss

(a) Residence. No. Murray Ida St. Murray Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: About 71; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER
13. NAME: Joseph Nuss
14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER
15. MAIDEN NAME: Anna Jacobs
16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT (Address): Mrs Lora Hughes Murray Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida. Date: May 30 1934

19. UNDERTAKER (Address): J.A. Auer (Ward Bros Co) Wallace Ida.

20. FILED: May 30, 1934 W. S. Stevens Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ..... |
| Arteriosclerosis | ..... |
| Senility | ..... |
| Other **contributory causes** of importance: | |
| Hypostatic Pneumonia | ..... |

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Wright M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89210

Registration District No. 70
Primary Registration District No. 1844
Local Registrar's No. 300

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Wallace Hospital)

2. FULL NAME Harry Mordue Taylor

(a) Residence. No. Mullan Ida. St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~: Ida Edith Taylor
6. DATE OF BIRTH (month, day, and year): April 10 - 1884
7. AGE — Years: 50 — Months: 1 — Days: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Millman.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead Milling.
10. Date deceased last worked at this occupation: Apr. 1932
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER FATHER
13. NAME: James Taylor
14. BIRTHPLACE (city or town) (State or country): N.C.
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mrs Ida E Taylor Mullan Ida.
18. BURIAL, CREMATION OR ~~REMOVAL~~
Place: Mullan Ida. Date: May 27 1932.
19. UNDERTAKER (Address): J. A. Burr (Ward Und Co) Wallace Ida.
20. FILED: May 27th 1932. C. S. Elsom Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 25 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1932 193..., to ...May..., 193.4.
I last saw him alive on ..May 24 193.4.; death is said to have occurred on the date stated above, at 4:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | unknown |
| Chronic Myocarditis | 1932 |
| & endocarditis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Secondary anemia | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) ...Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89211

Registration District No. 70
Primary Registration District No. 111 Local Registrar's No. 299
(No. Providence Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Harry Frank Keirn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 23 - 1933
7. AGE: Years: 1 | Months: 0 | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wallace Idaho

FATHER
13. NAME: Harvey Keirn
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Margaret Wilkinson
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Harvey Keirn Wallace Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Wallace Ida. Date: May 25, 1934
19. UNDERTAKER (Address): J. A. Bower Ward Mort Co. Wallace Ida.
20. FILED May 25, 1934. Coston Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 24 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 5-23-34, 193...
I last saw him alive on 5-25, 193...; death is said to have occurred on the date stated above, at 4:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 5-9-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) E. F. Gerald, M. D.
(Address) Wallace, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89212

Registration District No. 70

Primary Registration District No. 1101

Local Registrar's No. 298

(No. Providence Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1402

2. FULL NAME Samuel James Kilder

(a) Residence. No. Wallace Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 4 - 1899

7. AGE — Years: 34 — Months: 7 — Days: 9 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg Ida
(State or country)

MOTHER FATHER

13. NAME Daniel Kilder

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME Nellie Quinn.

16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMANT Nellie Kilder
(Address) Wallace Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Wallace Ida Date May 18, 1934

19. UNDERTAKER J. A. Brown (ward Chapel)
(Address) Wallace Ida

20. FILED May 17, 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1934, to May 15, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4:35 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage Cerebral | Apr 23, 34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Decompression Date of 5-5-34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.....

(Signed) .... E. F. Hirschfeld, M. D.

(Address) Wallace, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89213

Registration District No. 70
Primary Registration District No. 1 1 4
Local Registrar's No. 297
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Zela Marie Galbraith.

(a) Residence No. Wallace St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1892

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 16-1919
7. AGE: Years 15 | Months 2 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Portland Ore

MOTHER FATHER
13. NAME: Frank W Galbraith.
14. BIRTHPLACE (city or town) (State or country): Ore
15. MAIDEN NAME: Minnie Vandeford
16. BIRTHPLACE (city or town) (State or country): Ida.

17. INFORMANT (Address): Wm Galbraith. Wallace Ida.
18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place: Wallace Ida. Date: May 16 1934
19. UNDERTAKER (Address): J. A. Beer (Ward Mfd Co) Wallace Ida
20. FILED May 15th, 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1934, to 5-13, 1934
I last saw her alive on 5-13, 1934: death is said to have occurred on the date stated above, at 7 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Penetrating wound Left Thorax with | 5-13-34 |
| Rupture of Left Lung | |
| Other **contributory causes** of importance: | |
| Hemo thorax | 5-13-34 |
| pneumothorax | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury.., 1934
Where did injury occur? Mullan Road
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway
Manner of injury Auto accident
Nature of injury Crushing injury to Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. H. Sisk, M. D.
(Address) Wallace, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89214

**PLACE OF DEATH**
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 294
(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred A. Rockwell

(a) Residence. No. Kellogg, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) John Hammer Wallace, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Date May 12, 1934

19. UNDERTAKER B. S. Warfield (Address) Wallace, Ida.

20. FILED May 12th, 1934 C O Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to May 9th, 1934
last saw him alive on May 9th, 1934; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chorea. | |

Other contributory causes of importance:

| | |
|---|---|
| Senility | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. A. Lindsay, M. D.
(Address) Kellogg, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RIVET HERE.

**MARGIN RESERVED FOR BINDING**

**N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**PLACE OF DEATH**
County of Shoshone
City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89215

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 293
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvyn McGee

(a) Residence. No. Burke Ida. St. Burke Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth?- yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Essie McGee
6. DATE OF BIRTH (month, day, and year): July 2 - 1881
7. AGE: Years 52 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.): 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER FATHER
13. NAME: James McGee
14. BIRTHPLACE (city or town) (State or country): Mo.
15. MAIDEN NAME: Nora Rollins
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): Mrs Essie McGee Burke Ida.
18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place: Wallace Ida. Date: May 11, 1934
19. UNDERTAKER (Address): J. J. Brown (Ward Undertaking Co) Wallace Ida.
20. FILED: May 10th, 1934. C. A. Sloan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 8 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934, to May 8, 1934
I last saw him alive on Apl 19, 1934 death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| + Liver | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm. T. Brown, M. D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89216

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 292
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Colin D. McLean

(a) Residence. No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Eva McLean

6. DATE OF BIRTH (month, day, and year) April 8 - 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | 0 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Nova Scotia.

FATHER
13. NAME Hector McLean
14. BIRTHPLACE (city or town) (State or country) Nova Scotia.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Nova Scotia.

17. INFORMANT Duncan McLean
(Address) Wallace Idaho.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Cathedral Dale Date May 8, 1934

19. UNDERTAKER J. G. Burns (Ward & Co.)
(Address) Wallace Ida.

20. FILED May 10th, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1934, to May 5, 1934.
I last saw him alive on May 5, 1934; death is said to have occurred on the date stated above, at 9:45 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar | 5-1-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myo. cardit. is, Chronic. ? | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. G. Burns M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Shoshone

City of ~~Kellogg~~ Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89217

Registration District No. 70

Primary Registration District No. 111 Local Registrar's No. 291

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Doris Florence Patterson

(a) Residence. No. 1186 McKinley ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Everett J. Patterson

6. DATE OF BIRTH (month, day, and year): Dec 12 - 1900

7. AGE — Years: 33 | Months: 4 | Days: 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Leora W. Va.

MOTHER FATHER

13. NAME: Joseph Cook

14. BIRTHPLACE (city or town) (State or country): .....

15. MAIDEN NAME: Mary Hollingsworth

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Everett J. Patterson Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date May 5, 1934

19. UNDERTAKER (Address): Mt. Thornhill Kellogg, Idaho

20. FILED May 8th, 1934 C. Adams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 29th., 1934., to May 4th., 1934.

I last saw her alive on May 3rd 1934.; death is said to have occurred on the date stated above, at 2:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Peritonitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Septic abortion | |
| | |
| | |

Name of operation Drainage Couldnae Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. O'Sundsay, M. D.

(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89218

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 76
Primary Registration District No. 1011 Local Registrar's No. 298
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James McLean

(a) Residence. No. Burke Idaho St. Burke Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 21 1878

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newfoundland

MOTHER FATHER

13. NAME Michael McLean

14. BIRTHPLACE (city or town) (State or country) Newfoundland

MOTHER

15. MAIDEN NAME Mary Cody

16. BIRTHPLACE (city or town) (State or country) Newfoundland

17. INFORMANT Mrs. Tandy
(Address) Burke Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Idaho Date May 5, 1934

19. UNDERTAKER J. A. Brown Undertaking Co.
(Address) Wallace Ida

20. FILED May 4th, 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 1929 to May 2, 1934
I last saw him alive on May 1, 1934 death is said to have occurred on the date stated above, at 6.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| T B Pulmonary | |
| Abscess Lung | |
| Abscess | Several Months |
| Other **contributory causes** of importance: | |
| None | |

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILED JUN 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89223

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Allen Hansen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 30, 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 4 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kellogg
(State or country) Idaho

FATHER

13. NAME Steve Hansen

14. BIRTHPLACE (city or town) Ivgan
(State or country) Utah

MOTHER

15. MAIDEN NAME Miss McFarren

16. BIRTHPLACE (city or town) Little Rock
(State or country) Arkansas

17. INFORMANT Steve Hansen
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida. Date May 24 1934

19. UNDERTAKER M. J. Thornhill
(Address) Kellogg Ida.

20. FILED June 1, 1934 Mrs. Helen M. Bride
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 22 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 22, 1934.

I last saw him alive on May 22, 1934; death is said to have occurred on the date stated above, at 6 A.M. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | one day |
| Bronchopneumonia | 10 days |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pertussis | |
| Measles | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harold Thurman M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89224

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 29

## PLACE OF DEATH

County of Shoshone

City of Kellogg (No. ) 31

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Pucci

(a) Residence (No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Wilemma Pucci

6. DATE OF BIRTH (month, day, and year) May 8, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 53 | — | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mines

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER/FATHER

13. NAME Domenic Pucci

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME None

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Mrs. Wilemma Pucci Kellogg, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Kellogg, Ida. Date May 19, 1934

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Idaho

20. FILED June 1, 1934 Mrs. Helen M. Brode Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1934, to May 15, 1934.

I last saw him alive on May 14, 1934. death is said to have occurred on the date stated above, at 5 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Tuberculosis of Lungs | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Smelter Work.

(Signed) V. R. Mason, M. D.

(Address) Kellogg, Ida.

RECEIVED JUN 12 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89225
State File No.....

Registration District No. 123
Primary Registration District No. 3201
Local Registrar's No. 28

(No. 0 (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME Jerry Lynn Hansen

(a) Residence No. 1 0 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 15, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 1 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

MOTHER FATHER
13. NAME Steve Hansen
14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER
15. MAIDEN NAME Miss McFarren
16. BIRTHPLACE (city or town) (State or country) Little Rock Arkansas

17. INFORMANT (Address) Steve Hansen Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date May 16 1934

19. UNDERTAKER (Address) M. H. Thornhill Kellogg Idaho

20. FILED June 1, 1934. Mrs. Ellen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 13, 1934.
I last saw him alive on May 13, 1934: death is said to have occurred on the date stated above, at 8 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | 5-13-34 |
| Lobar Pneumonia | 5-8-34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) Harold T. Anderson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89226
State File No.

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 26

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benny F. Barber

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Clara Barber

6. DATE OF BIRTH (month, day, and year) Dec 27 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Smelterman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** B H T & Co

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington

MOTHER FATHER

13. NAME James Barber

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Hattie Giles

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs. Hattie Barber Coeur d'alene Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'alene Date May 10, 1934

19. UNDERTAKER (Address) M. J. Gormley Kellogg Idaho

20. FILED June 1., 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from ...May 2..., 1934., to ...May 7..., 1934.
I last saw him alive on ..May 7 1934.: death is said to have occurred on the date stated above, at 9:07 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | 5-6-34 |
| Pneumonia, lobar, right | 5-2-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Harold T. Anderson M. D.
(Address) Kellogg, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 89228

**PLACE OF DEATH**

County of TETON
City of DRIGGS. IDAHO

Registration District No. 17
Primary Registration District No. 2176 Local Registrar's No. 8
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** JAMES. B. JENSEN.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| MALE | WHITE | MARRIED. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of IDA. E. JENSEN.

6. DATE OF BIRTH (month, day and year) JULY. 11th 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 59 | 9 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) WESTON IDAHO.

PARENTS

10. NAME OF FATHER SAREL. JENSEN.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) DK.
12. MAIDEN NAME OF MOTHER BELLA JENSEN.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) DK.

14. Informant MRS JAMES. JENSEN?
(Address) DRIGGS IDAHO.

15. Filed June 8, 1934 Abie M Greene. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH MAY. (Month) 2th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to May 2, 1934
that I last saw him alive on May 1, 1934
and that death occurred, on the date stated above, at 12:05 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angina Pectoris

(duration) yrs. mos. 8 ds.
CONTRIBUTORY (Secondary) Coronary Sclerosis
(duration) yrs. several mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) L. R. Tasker, M. D.
May 4, 1934 (Address) Driggs, Idaho.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| TETONIA IDAHO | 5/4/34. 19 |
| 20. Undertaker LEWIS KISER ASHTON | Address IDAHO. |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89229

**PLACE OF DEATH**
County of Teton
City of Driggs

Registration District No. 77
Primary Registration District No. 9176
Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emmett I Seymour

(a) Residence. No. Driggs St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, and year) Nov 26-1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 71 | 2 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cook Co. Ill.

FATHER
13. NAME Edward Seymour
14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER
15. MAIDEN NAME Elizabeth Runkle
16. BIRTHPLACE (city or town) (State or country) Cook Co. Ill.

17. INFORMENT (Address) Eddie A Seymour

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Clawson Date Feb 9, 1934

19. UNDERTAKER (Address) Thom Keller Rexburg Idaho

20. FILED 6—8—, 1934 Alice M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1933, to Feb. 7, 1934
I last saw h alive on Jan 22, 1934: death is said to have occurred on the date stated above, at 4.00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma | Feb 5, 1934. |
| Other contributory causes of importance: Carcinoma of middle ear and of gluteal region, latter due to metastasis | March, 1933. |

Name of operation ~~Autopsy~~ Date of
What test confirmed diagnosis? Laboratory findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. C. Palmer, M. D.
(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of

City of Victor, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 17

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 89230

Local Registrar's No. 9

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Victor, Idaho
(State or country)

FATHER

13. NAME J. Elmer Larsen

14. BIRTHPLACE (city or town) Shelby, Ida.
(State or country)

MOTHER

15. MAIDEN NAME Brad Jones

16. BIRTHPLACE (city or town) Victor, Ida.
(State or country)

17. INFORMENT J. Elmer Larsen
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Victor, Ida. Date 5/15, 1934

19. UNDERTAKER Home Attendance
(Address)

20. FILED June 8, 1934 Alice M Greene
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1934, to 5/15, 1934

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. R. Peduzzi, M. D.

(Address) Driggs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89231

**PLACE OF DEATH**
County of
City of Victor 2nd.

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 10

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME 16 [illegible]

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. COLOR OR RACE W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than 1 day, 5 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Victor (State or country)

FATHER

13. NAME J. Elmer Larsen

14. BIRTHPLACE (city or town) Shelley, Ida (State or country)

MOTHER

15. MAIDEN NAME Pearl Jones

16. BIRTHPLACE (city or town) Victor, Ida. (State or country)

17. INFORMENT J. Elmer Larsen (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Victor 2nd. Date 5/15, 1934

19. UNDERTAKER Home attendance (Address)

20. FILED June 8, 1934 Alice M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1934, to 5/15, 1934

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. T. C. Teeuwen, M. D.

(Address) Driggs, Idaho.

RECEIVED JUN 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89232

County of Twin Falls

City of Burke

R. F. D.

Registration District No. 39

Primary Registration District No. 7087

Local Registrar's No.

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Cleveland

(a) Residence. No. Burke R.F.D St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12th - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | / | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burke Ida

MOTHER FATHER

13. NAME Robert Cleveland

14. BIRTHPLACE (city or town) (State or country) Kewiere, Wyo

15. MAIDEN NAME Lillian Melba Rogers

16. BIRTHPLACE (city or town) (State or country) Ogden - Utah

17. INFORMANT Robt. Cleveland (Address) Burke, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Burke Ida. Date May 14, 1934

19. UNDERTAKER Evans & Johnson (Address) Burke Evans & Johnson

20. FILED 5-14, 1934 H. W. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1934, to 5-13, 1934

I last saw him alive on 5-13, 1934 death is said to have occurred on the date stated above, at 5.9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dystocia m | |
| Labor | |

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jos. Simmons M. D.

(Address) Burke Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 7087

DO NOT WRITE IN THIS SPACE
State File No. 89233

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Beard

(a) Residence. No. Burke Rant 5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J H Beard

6. DATE OF BIRTH (month, day, and year): Mar 15 1882

7. AGE: Years 52 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mo

FATHER

13. NAME: Henry Rudroff

14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMENT (Address): J H Beard Burke

18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg Date: May 20, 1934

19. UNDERTAKER (Address): A E Drake Twin Falls

20. FILED: June 7, 1934 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 18-May- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1933, to 18-May-, 1934

I last saw him alive on March, 1934: death is said to have occurred on the date stated above, at 12 20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) D W MacMannes, M. D.

(Address) Burke, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89234

County of Twin Falls
City of Burley

Registration District No. 39
Primary Registration District No. 7087
Local Registrar's No.

(No. / (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME Cecilia Gail Downey

(a) Residence. No. 123 - 7th So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): May 19 - 1934
7. AGE — Years: ✓ Months: ✓ Days: 9 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Burley

MOTHER / FATHER
13. NAME: C. A. Downey
14. BIRTHPLACE (city or town) (State or country): Fairlee Calif
15. MAIDEN NAME: Leona Clawson
16. BIRTHPLACE (city or town) (State or country): Jerico Springs Mo

17. INFORMANT (Address): C. A. Downey Burley

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Tyler Date: 5/29, 1934

19. UNDERTAKER (Address): Evans & Clawson Burley Idaho

20. FILED: May 29 1934 J. W. Willoughby

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to May 28, 1934
I last saw her alive on May 28, 1934: death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| | |
| | |
| | |
| | |

Other **contributory causes**, of importance:
Malnutrition

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Clawson M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89235

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 94
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Frederick Schmerahall

(a) Residence. (No. Boyd Bldg. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Agnes Schmerahall

6. DATE OF BIRTH (month, day, and year) June 15-1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 10 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Surgeon
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Penn

FATHER
13. NAME Herman Schmerahall
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Agnes Schmerahall Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date May 4, 1934

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED May 3, 1934 George C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/30/34, 193..., to 5/2/34, 193...
I last saw him alive on 5/2/34, 1934: death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetis Mel. | ? yrs. |
| Other contributory causes of importance: | |
| Diabetic coma | 3 days. |

Name of operation none Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193...
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Duncan A Brandon, M. D.
(Address) Twin Falls Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89236

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 97

(No. Twin Falls Co. Gen'l Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

101 f

2. FULL NAME Julia Josephine Barton

(a) Residence No. Hagerman, Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of R. W. Barton

6. DATE OF BIRTH (month, day, and year) Feb. 12 — 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 54 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Lanferra

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT (Address) Warren Farnsworth Bliss

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 5-9, 1934

19. UNDERTAKER (Address) Evans & Johnson Bliss

20. FILED May 8 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2d, 1934, to May 6th, 1934.

I last saw h-e alive on May 2d 1934: death is said to have occurred on the date stated above, at 3.a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | May 1st |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) H. E. Farnell, M. D.

(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8923?

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 98

(No. 1425 Addison E) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME D. J. McAuley

(a) Residence. No. 1425 Addison E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 13

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME D. J. Mc. Auley
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Thompson
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs Mc Auley Burbank

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date May 12, 1934

19. UNDERTAKER (Address) A. B. Drake Twin Falls

20. FILED May 10, 1934 Geo. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 28th, 1934, to May 8th, 1934
I last saw him alive on May 8, 1934: death is said to have occurred on the date stated above, at 11 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| Cerebral Hemorrhage | |
| Other contributory causes of importance: | |
| Age | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89238

PLACE OF DEATH
County of Twin Falls
City of " "
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 99
No. T. + C. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence N. Randall Lee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Lee

6. DATE OF BIRTH (month, day, and year) May 31 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24 | 11 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yost Utah

FATHER
13. NAME Chas. Randall
14. BIRTHPLACE (city or town) (State or country) Hampton Ut

MOTHER
15. MAIDEN NAME Sylvia Meecham
16. BIRTHPLACE (city or town) (State or country) Park Valley Ut

17. INFORMENT (Address) Vernon Lee Montague

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date May 14 1934

19. UNDERTAKER (Address) Sam Topper Burley Idaho

20. FILED May 17, 1934 Fred C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to May 10, 1934
I last saw h alive on May 10, 1934: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 5/9/34 |

Other contributory causes of importance:

Name of operation Appendectomy Date of 5/8/34
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jos Barnes, M. D.
(Address) Hunnewell

REC

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 105
(No. Gem. Bldg. Apt. )
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 89239
Local Registrar's No. 100

2. FULL NAME Edith Georgette Maultrie

(a) Residence. No. Twin Falls - Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joel Maultrie
6. DATE OF BIRTH (month, day, and year): Nov. 24-1888
7. AGE: Years 45 | Months 5 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): ?
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Sunyard Calif.

FATHER
13. NAME: Riat Owens
14. BIRTHPLACE (city or town) (State or country): California

MOTHER
15. MAIDEN NAME: Jena L. Martensen
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Mark Owens Burley-Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Burley-cemetery Date: 5/14, 1934

19. UNDERTAKER (Address): H.E. Johnson Burley-Ida.

20. FILED: 5/14, 1934 Geo. C. Hally M.D., Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1934, to May 9-, 1934.
I last saw h-r alive on May 9., 1934.: death is said to have occurred on the date stated above, at 7. A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Asthma | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: — Date of:
What test confirmed diagnosis? —. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) H. W. Hill D. C. M. D.
(Address) Twin Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 89240

Local Registrar's No. 101

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Friedman

(a) Residence. No. 605 - 2nd Ave No St.

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Lena -

6. DATE OF BIRTH (month, day, and year) March 6 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 73 | 2 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Friedman

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Helen Klein

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMENT (Address) Mrs Louis Friedman 605 - 2nd No. Twin Falls Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls Cem Date 5/13, 1934

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Ida

20. FILED May 14, 1934 Geo. C. Holley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to May 10th, 1934

I last saw him alive on May 9th, 1934; death is said to have occurred on the date stated above, at 10-15 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General abdominal Carcinomatosis from Carcinoma of rectum | 1930 |

Other contributory causes of importance:

Name of operation Exploratory Date of Aug. 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Coughlin, M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 102

(No. County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 89241

2. FULL NAME Richard C. Stimpson

(a) Residence. No. Addison West 251 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | M |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Cary Burke Stimpson

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Idaho Power Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calandria
(State or country) Iowa

FATHER

13. NAME Chas R. Stimpson

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth S. Smith

16. BIRTHPLACE (city or town)
(State or country) Don't Know

17. INFORMENT Mrs. Carry Burke Stimpson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date May 21, 1934

19. UNDERTAKER L. C. Phillips
(Address) Twin Falls

20. FILED May 20, 1934 Geo. C. Halley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to May 17, 1934

I last saw him alive on May 17, 1934; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | May 4 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles B. Scott, M. D.

(Address) Twin Falls - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 89242

Local Registrar's No. 103

(No. Twin Falls County Gen. Hospital,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Miss Victor L. Des Ruisseaux

(a) Residence. No. 429, 3rd Ave., E. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Normandie
(State or country) St. Louis, Mo.

FATHER

13. NAME Louis Des Ruisseaux

14. BIRTHPLACE (city or town) Post of Arkansas
(State or country) Ark.

MOTHER

15. MAIDEN NAME Elizabeth Pertuis

16. BIRTHPLACE (city or town) Post of Arkansas
(State or country) Ark.

17. INFORMENT (Address) Miss Anastasia Des Ruisseaux

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date 5-21, 1934

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED May 20, 1934 Geo. C. Kelley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-7-, 1934, to May 18, 1934
I last saw her alive on May 18, 1934: death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pericarditis & Effusion | 5-7-34 |
| Acute Pleurisy (Left). | |
| Toxic Shock | |

Other contributory causes of importance:
Chronic Mitral Insufficiency — Unknown

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Beymer, M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89243

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 9 F

(No. 428 Main Ave. North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Elenora Searle Fillmore

(a) Residence. No. 428 Main Ave North Twin Falls

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 30 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payson Utah.

FATHER

13. NAME John Searles

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Jerusha Hill

16. BIRTHPLACE (city or town) (State or country) Petersburg New Hampshire

17. INFORMENT (Address) J E Alread Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date May 6, 1934

19. UNDERTAKER S C Phillips (Address) Twin Falls Ida

20. FILED May 4, 1934 Geo C Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1928, to May 2, 1934

I last saw h alive on May 1st, 1934: death is said to have occurred on the date stated above, at 12:05 A M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio vascular Renal disease | |

Other contributory causes of importance:

Age

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo C Talley, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89244

County of Twin Falls
City of Twin Falls
Registration District No. 27
Primary Registration District No. 1085
Local Registrar's No. 96

(No. 523 E. Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward L. Riley

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1882

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 13 1930

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME A. Riley

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT E. Riley
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date May 6, 1934

19. UNDERTAKER E. Drake
(Address) Twin Falls

20. FILED May 5, 1934 Chas. C. Talley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 193[illegible], to [illegible], 193[illegible]

I last saw him alive on May 5, 1934; death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Comfounded fracture of skull - Fracture of Spinal Column - Hit by automobile. | Instant death. |

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? May 4, 1934

Where did injury occur? 523 E. Main St. Twin Falls
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Accidental

Nature of injury Fractured Skull & Intl.

24. Was disease or injury in any way related to occupation of deceased? [illegible]

If so, specify None

(Signed) Frank A. Dworg Jr. Filer, M. D.

(Address) Coroner of Twin Falls County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 89245

Local Registrar's No. 104

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry L Powell

172

(a) Residence. No. .... Cashmere Washington St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dont Know

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|
| 49 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ....

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER

13. NAME: Dont Know

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Fred C Scaman Cashmere Wash.

18. BURIAL, CREMATION, OR REMOVAL Place: Cashmere Wash Date: May 24 1934

19. UNDERTAKER: S C Phillips
(Address): Twin Falls Idaho

20. FILED 5/24, 1934 Geo C Kelly M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Probably May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ...., 193.., to ...., 193..
I last saw him alive on May 21, 1934: death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| multiple fractures of skull mandible, right scapula and ribs due to a fall in Snake River Canyon probably suicidal | |

Other contributory causes of importance: ....

Name of operation: none Date of ....
What test confirmed diagnosis: post mortem examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Probably suicidal Date of injury 5/16, 1934
Where did injury occur? Snake River Canyon, T. F. County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury Probably sustained in jumping off precipice
Nature of injury Multiple fractures of skull etc.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) Frank A. Dwight as coroner of Twin Falls County M. D.
(Address) Filer Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89246

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 105

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Raines Bailey

(a) Residence. No. RFD #3 Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: A N Bailey

6. DATE OF BIRTH (month, day, and year) Dec 17 1868

7. AGE: Years 65 | Months 5 | Days 8 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME J Samuel Raines
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Mary E Calvert
16. BIRTHPLACE (city or town) (State or country) Mossouri

17. INFORMENT (Address) Rex R Bailey Quincey Illonis

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date May 28, 1934

19. UNDERTAKER S C Phillips
(Address) Twin Falls Idaho

20. FILED May 27, 1934 Geo. C. Talley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/10/34, 193..., to 5/26/34, 193...
I last saw her alive on 5/26/34, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza, respiratory acute | about 1 mo. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Otitis media suppurative | about 2 weeks |
| blood stream infection, streptococci | 2 weeks |

Name of operation none Date of .....
What test confirmed diagnosis? blood culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193...
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Duncan L Haynes, M. D.
(Address) Twin Falls, Idaho

RECEIVED JUN 11 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89247

**PLACE OF DEATH**

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 106
(No. Twin Falls Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mamie Fisman

(a) Residence. No. Rt 1 Twin Falls, Ida St. 211 Alexander St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fisman
6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: Years: Unknown; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Frank Fisher

18. BURIAL, CREMATION OR REMOVAL
Place: Denver, Colo. Date: May 28 1934

19. UNDERTAKER (Address): Ernest Patterson, Twin Falls, Ida.

20. FILED: May 27 1934 Geo. C. Halley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/23, 1934, to 5/23, 1934
I last saw h. alive on 5/23, 1934: death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) C. D. Wagner M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89248

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 107

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10

2. FULL NAME Betty June Smith

(a) Residence. No. Filer Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FeMale | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 6 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER
13. NAME William R Smith
14. BIRTHPLACE (city or town)
(State or country) Illonis

MOTHER
15. MAIDEN NAME Bula Fay Harmon
16. BIRTHPLACE (city or town)
(State or country) Ill

17. INFORMENT Paul Harmon
(Address) 312 4th Ave East T.Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Buhl Idaho Date May 29, 1934

19. UNDERTAKER S C Phillips
(Address) Twin Falls Idaho

20. FILED May 29, 1934 Geo C Talley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1934, to May 27, 1934
I last saw her alive on May 27, 1934: death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diphtheritic Laryngitis. | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Isaac D Rees, M. D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Valley

City of Donnelly Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89252

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Opal Junior Campbell

(a) Residence. No. ..... Donnelly Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | II | I7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Donnelly Idaho

FATHER

13. NAME E.A.Campbell

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Waunata Sherrill

16. BIRTHPLACE (city or town) (State or country) Donnelly Idaho

17. INFORMENT (Address) Andrew Campbell Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Holms Cemetary Date 5/30, 1934

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED June 1, 1934 M. Gardner Ready Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to May 29, 1934

I last saw h[illegible] alive on May 28, 1934: death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions | 5-29-34 |

Other contributory causes of importance:

Malnutrition + Premature birth
Jaundice

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Forrest C. Ward M.D.

(Address) Cascade Idaho

JUN 14 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89253

PLACE OF DEATH
County of Washington
City of Midvale
Registration District No. 88
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Dean 31

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dean

6. DATE OF BIRTH (month, day, and year): July 17-1894

7. AGE: Years: 38; Months; Days; If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home.
10. Date deceased last worked at this occupation (month and year): 12-27-34
11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Tennessee Midvale-Idaho

FATHER
13. NAME: Lorenzo Hamilton Hartley
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER
15. MAIDEN NAME: Elizabeth Linder.
16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMENT (Address): Ellis Hartley. Payette-Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Midvale-Ida. Date: 4-5-34
19. UNDERTAKER: F. J. Rogers
(Address): midvale-Idaho.
20. FILED: 4-5-34 DR. R. I. WHITEMAN Registrar. CAMBRIDGE, IDAHO

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-4-34
22. I HEREBY CERTIFY, That I attended deceased from Oct. 1-1934, to ____, 193__
I last saw her alive on Oct. 1-, 1934; death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1934 |
| Mrs. Dean died 3 days after arrival from Arizona - collapsing before medical aid could be obtained. | |
| Other contributory causes of importance: Exhaustion - | |

Name of operation: None. Date of: None.
What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) R. I. Whiteman M.D.
(Address) Cambridge - Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 14 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89254

PLACE OF DEATH
County of Washington
City of Midvale. Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mc Floyd Cooke

(a) Residence. No. ..... Midvale St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word.): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ophal Cook
6. DATE OF BIRTH (month, day and year): June 3- 1877
7. AGE: Years 56 | Months 10 | Days 9 | If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner & Farmer Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (city or town) (State or country): Mo

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Dont Know
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Dont Know

14. Informant (Address): Mrs Sadie Moore Midvale Idaho
15. Filed 4-16-34 19..... Registrar. .....

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 12 (Day) 1934 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 3-16-34 19..... to 4-12-34
that I last saw him alive on 4-11-34 19..... and that death occurred, on the date stated above, at 6:00 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia
..... (duration) ..... yrs. 12 mos. ..... ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis — Unascertained
Acute Dilatation (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of None
Was there an autopsy? No. What test confirmed diagnosis? Clinical.
(Signed) W. H. Coleman, M. D.
4-16-34 19..... (Address) Emmett Ida.

19. Place of Burial, Cremation, or Removal: Weiser Idaho — Date of Burial: 4-14-1934
20. Undertaker: L. C. Northam — Address: Weiser, Ida.

89255 ✓

**PLACE OF DEATH**

County of Ada

City of ~~Idaho~~ Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89255

Registration District No. 8

Primary Registration District No. 2094 Local Registrar's No. 61

(No. Veterans Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

10/12

2. FULL NAME Winfield C. Tatro

(a) Residence. No. 1218 N. 6th St., St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ella L. Tatro

6. DATE OF BIRTH (month, day, and year) Feb. 7, ~~1854~~ 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| ~~59~~ 60 | 4 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Hardware Man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME Winfield C. Tatro

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Elizabeth Teeters

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Doris M. Crawforth V. A. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Cloverdale Place Boise, Idaho Date 6-17, 1934

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 6-16, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-30-34, 193..., to 6-14-34, 193...

I last saw him alive on June 14, 1934.: death is said to have occurred on the date stated above, at 10 p..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia, bilateral all lobes, severe, early. | |
| Septicemia, acute. | |
| | |
| Other **contributory causes** of importance: | |
| Cellulitis, face, left due to Haemolytic staphlococcus and Vincents Angina. | |

Name of operation Dental extractions No. 15 & 16. Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) R. E. BAKER, M. D.

(Address) V. A. Boise, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 20 1934

89256

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89256

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. ) 204

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry A. Spencer

(a) Residence. No. St. Coeur d Alene, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie G. Spencer

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 6 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Standard Oil Co.

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 14 34

11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Butte Mont.

FATHER

13. NAME John P. Spencer

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Ida Ellison

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT (Address) Mrs. Marie Spencer Coeur d Alene, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Spokane, Wash. Date Apr. 18 1934

19. UNDERTAKER H. R. Crouch (Address) Bonners Ferry Ida.

20. FILED Apr. 16, 1934 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sudden Death | |
| Sclerosis of left Coronary artery | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) R. M. Bowell (Coroner) M. D.

(Address) Bonners Ferry Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89257

**PLACE OF DEATH**

County of Bonner

City of ~~Sandpoint~~ BETWEEN BONNERS FERRY AND PRIEST RIVER

Registration District No. 85

Primary Registration District No. 8185

Local Registrar's No. 6

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. W. Sunderson (Gustave William Sunderson)

(a) Residence. No. ..... St. Bonners Ferry Idaho

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida A. Sunderson

6. DATE OF BIRTH (month, day and year) April 13. 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 45 | 1 | 6 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Abstractor
(b) General nature of industry, business, or establishment in which employed (or employer) Office
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Erhard Minnesota

PARENTS

10. NAME OF FATHER Anton Sunderson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Minnesota

12. MAIDEN NAME OF MOTHER Inga Broten

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oslo Norway

14. Informant (Address) Ida A. Sunderson Bonners Ferry Idaho

15. Filed May 19 1934 Reyle Rost Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH May (Month) 19 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Accidental
Coroners Case
Automobile Wreck

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. W. Sunderson M. D.

5/19, 1934 (Address) Coroners Case Idaho

19. Place of Burial, Cremation, or Removal: Bonners Ferry, Idaho — Date of Burial 19

20. Undertaker H. W. Records — Address Bonners Ferry Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back. WRITE PLAINLY, WITH UNFADING INK.

89258

**PLACE OF DEATH**

County of Gasbonne

City of Soda Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2059

(No. St. Caribou Hosp.)
(If death occurred in a hospital or institution give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89258

Local Registrar's No. 33

31

2. FULL NAME Joseph C Chokie

(a) Residence. No. Rock Springs Wyo St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of — (or) WIFE of —

6. DATE OF BIRTH (month, day and year) April 2 1903

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 31 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Springs Wyo

FATHER

13. NAME John Chokie

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Carolina Barkis

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Casimir Chokie Rock Springs Wyo

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Rock Springs Date June 21 1934

19. UNDERTAKER (Address) E. D. Gilchrist Soda Springs Ida

20. FILED June 21, 1934 H. H. Russell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to June 21, 1934.

I last saw him alive on June 21, 1934. death is said to have occurred on the date stated above, at 8:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis Abscess of Left Lung | 4 |

Other **contributory causes** of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elbert Lackey, M. D.
(Address) Soda Springs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

89259

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89259

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 23
(No. 194)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Everett Schmidt
(a) Residence. No. Rose School Com. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Sarah Schmidt

6. DATE OF BIRTH (month, day and year) Dec 24-1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 74 | 4 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kenkakee Illinois

PARENTS

10. NAME OF FATHER James E Schmidt
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Sarah Harris
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mo

14. Informant (Address) Fred Schmidt Weiser Idaho

15. Filed June 14, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 22 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from ....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATUPE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Died before medical assistance arrived
Opinion of M.D. Sunstroke or over heat. trying to start tractor in cool very hot day.
.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Coroner
(Signed) L. C. Northam M.D.
May 25- 1934 (Address) Weiser Idaho

19. Place of Burial, Cremation, or Removal: Weiser Idaho — Date of Burial: 5-25- 1934

20. Undertaker: L. C. Northam — Address: Weiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

8926

PLACE OF DEATH
County of Idaho
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8926

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 183

(No. St. Alexius
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar Lyle Wood

(a) Residence. No. St. Alexius Hospital St. Emmett Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Irey Wood

6. DATE OF BIRTH (month, day and year): Mar 23 - 1874

7. AGE — Years: 60 — Months: 3 — Days: 3 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lawmech
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: worker
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER FATHER
13. NAME: C M. Wood
14. BIRTHPLACE (city or town) (State or country): Indiana
15. MAIDEN NAME: Emaude Hewett
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Mrs. A. A. Youngblood

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Idaho Date: 6/29 1934

19. UNDERTAKER (Address): C. D. Buckendorf Emmett Idaho

20. FILED 7-2 1934 W. W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1934, to 6-26, 1934.
I last saw him alive on 6-26 1934: death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Unknown |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....
(Signed) O. E. Swindell, M. D.
(Address) Boise Idaho

RECEIVED July 5 1934

89261

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89261

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 63

(No. Veterans' Administration Facility)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME RAUP, Paul J.

(a) Residence. No. Box 1048 St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE OF~~ Mrs. Bertha Raup

6. DATE OF BIRTH (month, day, and year) August 10, 1895

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 38 | 8 10 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Airways Maintenance Man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Frank A. Raup

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Ella Phaff

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) Doris M. Crawforth, Veterans Administration Facility

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date 7-1, 1934

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 6-30, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 29, 1934.

I last saw him alive on June 29, 1934: death is said to have occurred on the date stated above, at 6.05 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, pulmonary, chronic, all lobes, both lungs, severa, caseous and pneumonic lesions. | |
| Myocarditis, chronic, toxic, severe. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Tuberculosis, intestinal, ulcerative type, severe, duodenal. | |
| Ascites, severe. Pleurisy, severe, serous right and fibrous, left. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. E. BAKER, M. D.
(Address) V.A.F., Boise, Idaho

89262

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89262

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 114

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Simmons

(a) Residence No. 382 - Short Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Simmons

6. DATE OF BIRTH (month, day, and year) February 2, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 50 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New York N.Y.
(State or country)

MOTHER FATHER

13. NAME John McKay

14. BIRTHPLACE (city or town) New York
(State or country)

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Mrs. Paul Moulton
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Date June 3, 1934

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls Idaho

20. FILED June ..., 193.4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart attacked | |
| a Natural Death | |
| Cause unknown | |
| Other **contributory causes** of importance; | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M.D.
(Address) .....

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

JUL 5 1934 8 2 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Ahsahka

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89263

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mallie F. McKinley

(a) Residence. No. Ahsahka St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

184

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Dec 14 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 12 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER FATHER

13. NAME George R. McKinley

14. BIRTHPLACE (city or town) Boonville (State or country) Indiana

15. MAIDEN NAME Anna Maude Barger

16. BIRTHPLACE (city or town) Basin (State or country) Missouri

17. INFORMANT (Address) Anna Maude McKinley Ahsahka

18. BURIAL, CREMATION OR REMOVAL

Place Cavendish Ida Date 6-25 ..., 1934

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 6-25 ..., 1934. W. A. Shearer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... dead on arrival ....., 193....

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from ruptured left carotid artery | 6/22/34 |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/22 ..., 1934

Where did injury occur? Near Ahsahka Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry

Manner of injury Pitch fork through throat

Nature of injury Ruptured Carotid

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. J. Hopkins Jr. Prof ....., M. D.

(Address) Orofino, Idaho

89264

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89264
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 50

(No. 611 Cedar Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Belknap Hartman

(a) Residence. No. 611 Cedar Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Esther Hartman

6. DATE OF BIRTH (month, day, and year): February 26, 1886

7. AGE: Years 48 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Roadmaster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Railroad

10. Date deceased last worked at this occupation (mo. and yr.): 6/22/34

11. Total time (years) spent in this occupation: 32

12. BIRTHPLACE (city or town) (State or country): Belknap, Montana

FATHER

13. NAME: Chris E. Hartman

14. BIRTHPLACE (city or town) (State or country): Akron, Ohio

MOTHER

15. MAIDEN NAME: Desdemona Berryman

16. BIRTHPLACE (city or town) (State or country): Helena, Montana.

17. INFORMANT (Address): Mrs. Esther Hartman, Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Thompson Falls, Montana. Date: June 25 1934

19. UNDERTAKER (Address): L. A. Moon, Sandpoint, Idaho.

20. FILED June 24 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 22, 1934. 193

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934, to June 22, 1934.

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism Heart | |
| Disease | |
| Chronic Nephritis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Lee, M. D.

(Address) Sandpoint, Idaho.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUN 23 1934

8926

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Latah

City of Moscow

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 60

Primary Registration District No. 1011

(No. ..... , ..... St.)

File No. 89265

Registered No. 47

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edgar E. Atwood

## PERSONAL AND STATISTICAL PARTICULARS

820 W. A. St.

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: October (Month) 8 (Day) 1867 (Year)

7. AGE: 66 Yrs. 7 Mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business or establishment in which employed (or employer): Shoe Repair Shop.

9. BIRTHPLACE (State or Country): Ypsilanti, Mich.

10. NAME OF FATHER: Olin Atwood

11. BIRTHPLACE OF FATHER (State or Country): N.Y.

12. MAIDEN NAME OF MOTHER: Emma S. Russel

13. BIRTHPLACE OF MOTHER (State or Country): N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs May Atwood

(Address) 820 W. A. St.

15. Filed June 22 1934 J. Harry Eisbouer Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 5 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1934, to June 4 1934 that I last saw h.m alive on June 4 1934, and that death occurred on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) Yrs. 4 mos. ..... ds.

Contributory (Secondary) —

(Duration) yrs. mos. ds.

(Signed) C. Hamilton M. D.

6/6 1934 (Address) Moscow Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow Idaho — DATE OF BURIAL: June 6 1934

20. UNDERTAKER: John J. Pickett — ADDRESS: Troy Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

89266

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89266

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 34

**PLACE OF DEATH**
County of Jefferson
City of Rigby
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Partee Ball. 92

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**MARGIN RESERVED FOR BINDING**

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXXX~~ Chestie Ball.

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5/34

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME James C. Ball.

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Lucenith Marlow.

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMENT (Address) Chestie Ball. Rigby, Idaho. R. #1

18. BURIAL, CREMATION, OR REMOVAL Place Rigby, Ida. Date 6/29/34

19. UNDERTAKER (Address) C. B. Eckersell. Rigby, Idaho.

20. FILED June 28, 1934 C. B. Eckersell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to June 27, 1934
I last saw h~~im~~ alive on June 25, 1934; death is said to have occurred on the date stated above, at 7:30A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | June 27 34 |
| Occlusion. | 7:30 A.M. |

Other contributory causes of importance:
Angina Pectoris

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. R. West, M. D.
(Address) Rigby, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

89267

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89267

**PLACE OF DEATH**
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 30
(No. 138)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sophia J. Stockham.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married |

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Roy Lew Stockham

6. DATE OF BIRTH (month, day and year) August 12, 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 56 | 10 | 3 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Johnas Johnsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant Roy Lew Stockham
(Address) Rigby, Idaho. R. #1

15. Filed June 17, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 13 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1934, to June 13, 1934, that I last saw her alive on June 13, 1934, and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:
Haemorrhage from Peptic Ulcer -
few hours (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Pernicious Anaemia
(duration) ..... yrs. 5½ mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) A. P. Anderson, M. D.
June 16, 1934 (Address) Rigby, Ida,

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: June 17 1934

20. Undertaker A B Eckersell Address Rigby

89268

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89268
State File No.

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 36

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Everett Jamieson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Do not know month or day. 1896
7. AGE: Years 38; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Blacksmith
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montana

MOTHER / FATHER
13. NAME: Abraham Jacob Jemison
14. BIRTHPLACE (city or town) (State or country): New York
15. MAIDEN NAME: Sara Belgier
16. BIRTHPLACE (city or town) (State or country): No. unk.

17. INFORMANT (Address): Joe Jemison, Missoula Mont

18. BURIAL, CREMATION OR REMOVAL
Place: Missoula, Montana Date: June 22, 1934

19. UNDERTAKER (Address): M. C. Thornhill, Kellogg Ida

20. FILED July 10 1934 Mrs. Helen M. Beede Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 19, 1934.
I last saw him alive on June 19, 1934; death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 6-18-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Subacute Appendicitis | months |
| | |
| | |

Name of operation: Appendectomy Date of: 6-19-34
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Harold T. Anderson M. D.
(Address) Kellogg Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 1 1934

89269

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89269
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 54

(No. R.F.D. 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Lincoln Cherry. 97

(a) Residence. No. (Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mathilda Cherry

6. DATE OF BIRTH (month, day, and year): June 13, 1860

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 0 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): May 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blue Mount Ill.

FATHER

13. NAME: Wyatt Cherry

14. BIRTHPLACE (city or town) (State or country): Sangamon Ill.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT (Address): A. E. Cherry Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL: Lakeview Cem.
Place Sandpoint, Ida. Date July 11, 1934

19. UNDERTAKER (Address): L. F. Moon Sandpoint Ida.

20. FILED July 9 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to July 9, 1934.
I last saw him alive on July 7 1934. death is said to have occurred on the date stated above, at 3:35 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac renal | |
| Vascular disease | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arterio sclerosis | |
| | |
| | |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Floyd G. Meade M. D.

(Address) Sandpoint, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

44

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89270
State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 182

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Augustus Cannon

(a) Residence. No..... St. Emmett
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27 1934

7. AGE: Years | Months | Days: 9 hours | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER

13. NAME Wallace Cannon

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Rebekah Jones

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Wallace Cannon
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date 6-29 1934

19. UNDERTAKER Schreiber & McCanna
(Address)

20. FILED 6-29 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27th 1934, to June 27th 1934

I last saw h.i.m alive on June 27th 1934; death is said to have occurred on the date stated above, at 1.00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| (Enteritis foetus) | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Miscarriage | |
| | |
| Caesarean Section | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. H. Bogue, M. D.

(Address) Boise Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89271
State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 179

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie Whittington.

(a) Residence. No. 1519-N-19th-Street. Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June.25.1934.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|
| ~~Still Born.~~ | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho.

FATHER

13. NAME John K. Whittington.

14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Vivian Snyder.

16. BIRTHPLACE (city or town) Hunington, Oregon.
(State or country)

17. INFORMANT John K. Whittington.
(Address) 1519-N-19th Street. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill..... Date June. 25 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6-26, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH 6-25/1934

21. DATE OF DEATH (month, day and year) June. 25 -34

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia neonatorum. | |
| Acute collapse of cord | |
| when membranes ruptured | |
| Twins | |
| | |
| Other **contributory causes** of importance: | |
| Breech presentation. | |
| Rupture of membranes | |
| before contractions began | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. Taylor M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING
PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of
n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
CATION is very important. See instruction on back of certificate.

1434

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89274

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 162

(No. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Adaline Martin.

(a) Residence. No. Star, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. W. Martin.

6. DATE OF BIRTH (month, day, and year)
May. 28. 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 77 | 0 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem
(State or country) Missouri.

MOTHER FATHER

13. NAME Joseph Poindexter.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

15. MAIDEN NAME Mary Carddock.

16. BIRTHPLACE (city or town) unknown.
(State or country)

17. INFORMANT J. W. Martin.
(Address) Star, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Star Idaho Date June 3, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

FILED 6-2, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-31 11:30 a.m 1934, to 5-31 1934
I last saw h[illegible] alive on 5/31, 1934: death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Old age | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. Hospital Boise Ida
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James A. Church, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89275

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 163

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Osick

(a) Residence. No. 111 South 13th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 11- 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

MOTHER FATHER

13. NAME Mike Osick

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mike Osick (Address) Boise, Ida

18. BURIAL, CREMATION OR REMOVAL Place... Boise, Ida Date.. 6-4 1934 St. John's

19. UNDERTAKER Schreiber & McCaus (Address)

20. FILED 6-4, 1934 W. D. Rhodes Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to June 2, 1934

I last saw him alive on June 2, 1934: death is said to have occurred on the date stated above, at 12.50 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia, due to widespread infantile eczema with secondary infection | About May 24 '34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so, specify.....

(Signed) H. E. Redman, M. D.
(Address) Boise, Idaho

Dr. Redman

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89276

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie M. Dimmick

(a) Residence. No. 613 No. 15th. St. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 70 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Broadhead, Wis.

FATHER

13. NAME Ichabod Dimmick

14. BIRTHPLACE (city or town) (State or country) Vt.

MOTHER

15. MAIDEN NAME Katherine Frarry

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT ..... (Address) Guy A. McShane 613 No. 15th.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/6., 1934

19. UNDERTAKER W. McBratney - Boise (Address)

20. FILED 6-5., 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/2 1934, to 6/2 1934

I last saw her alive on 6/1 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Vascular | |
| Degenerative decompensating Heart | |
| Myocarditis | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Palmer M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89277

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 165

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wayne Munroe Adams

(a) Residence. No. 612½ Idaho St. Boise
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): D.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Adams

6. DATE OF BIRTH (month, day, and year): February 22, 1877

7. AGE — Years: 57 | Months: 3 | Days: 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Arkansas

MOTHER FATHER

13. NAME: Jesse Adams

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Hannah Younger

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Ancel Adams

18. BURIAL, CREMATION OR REMOVAL
Place... Morris Hill... Date... 6/7..., 1934
Boise

19. UNDERTAKER (Address): W. McBratney, Boise

20. FILED 6-7..., 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11..., 1934, to June 6..., 1934
I last saw ~~him~~ alive on June 6 1934 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Uremia | |

Other **contributory causes** of importance:

| | |
|---|---|
| Nephritis Chronic Interstitial | |

Name of operation..... Date of.....
What test confirmed diagnosis?... Was case autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Fred A. Tillotson, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89278

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 167

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Ross Holloway.

(a) Residence. No. 1203-N-20th-Street-Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April.12.1929.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | I | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER/FATHER

13. NAME George B. Holloway.

14. BIRTHPLACE (city or town)
(State or country) Indiana.

15. MAIDEN NAME Gladys Ross.

16. BIRTHPLACE (city or town)
(State or country) Nebraska.

17. INFORMANT George B. Holloway.
(Address) 1203-N-20th-St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date June. 8 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 6-11-, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934 to June 6, 1934
I last saw him alive on June 6, 1934: death is said to have occurred on the date stated above, at 10:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro spinal meningitis | June 5 34 |

Other **contributory causes** of importance: Otitis media 7 days duration.

Name of operation None Date of
What [illegible] was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) [illegible]

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89279

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 168

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mamie A. Carter

(a) Residence. No. 1622 Leadville St St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cordyon L. Carter

6. DATE OF BIRTH (month, day, and year) September 11, 1908

7. AGE — Years: 25 — Months: 8 — Days: 28 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Wm. E. Marshall

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Mable Dial

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) C. L. Carter Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill Date. 6-11- 1934

19. UNDERTAKER (Address) W. McBratney Boise

20. FILED 6-11.., 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-7, 1934, to 6-9, 1934

I last saw h.. alive on 6-9, 1934 death is said to have occurred on the date stated above, at 2 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Failure | 6-6-34 |
| Rheumatic Heart Disease | 10 Yrs |
| Auricular Fibrillation | |

Other **contributory causes** of importance:

Name of operation. none Date of.....

What test confirmed diagnosis?.... Was there an autopsy.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Lowell L. Budge M. D.

(Address) Boise Idaho

L Budge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89280

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 169

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

143 (12)

2. FULL NAME Mrs. Lila A. King

(a) Residence. No. Route 3 St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W. King

6. DATE OF BIRTH (month, day, and year) October 9, 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 7 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baker Oregon

FATHER

13. NAME W. W. Reynolds

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Ella Gillette

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) John W. King, Boise

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill Date. 6-11- 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 6-11- 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8- 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-6-, 1934., to 6-8-34., 193.
I last saw h~~im~~alive on 6-8-, 1934.; death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Ectopic | 5/31/34 |
| Ruptured. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Obesity | 1920. |

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ernest E. Laubaugh, M. D.
(Address) Boise, Idaho

Laubaugh

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

506

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89281

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 170

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Julia A. Estes

(a) Residence. No. 1701 No. 12th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas E. Estes

6. DATE OF BIRTH (month, day, and year)
March 2, 1844

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 90 | 3 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME ---- Widener

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT (Address) Lee Estes, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6-13, 1934

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 6-12, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-11-1934

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1934, to June 11, 1934, last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture right Femoral Neck and Shock | June 7 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis & Myocarditis | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Ac. Date of injury, 193.4
Where did injury occur? ~~Home~~ City Boise
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury Trip over Carpet
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) T. M. Bratton, M. D.
(Address).....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89282

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 172

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Wondershek.

(a) Residence. No. Eureka, Utah. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 27, 1858.

7. AGE — Years: 76. Months: 4. Days: 20. If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa.

FATHER

13. NAME: John Strinskey,

14. BIRTHPLACE (city or town) (State or country): Bohemia.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown,

17. INFORMANT (Address): Mrs. James Cullen. Eureka Utah.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cemetery. Date: June. 19, 193[illegible]

19. UNDERTAKER (Address): Summers & Krebs. oise, Idaho

20. FILED 6-18, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-17 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10., 193[illegible], to 6/16....., 1934
I last saw h[illegible] alive on 6/16., 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hyperten[illegible] | |
| Hypostatic Pneumonia | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | |

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical and autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible] M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89283

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 173

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME C. F. Bouffier

(a) Residence. No. 314 to 5½ Boise Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise Bouffier

6. DATE OF BIRTH (month, day, and year) -1849

7. AGE: Years 85 — Months — — Days — — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Glassier

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** retired

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Weissbaden Germany

FATHER

13. NAME Joel Ruow

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Joel Ruow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John Bouffier

18. BURIAL, CREMATION OR REMOVAL Morris Hebl

Place Boise Date 6-21 1934

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 6-20, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-19-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15½, 1930, to June 19½, 1934.

I last saw him alive on June 19½ 1934.: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Jaundice | |
| Card Senility | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypostasis | |
| Pneumonia | |
| Senility | |

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~Was~~ If so, specify .....

(Signed) John Bouffier M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89284
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 174

(No. St. Alphonsus Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Leonard Stewart.

(a) Residence. No. 601 - East Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July - 6 - 1933

7. AGE — Years | Months: 11 | Days: 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Leonard P. Stewart

14. BIRTHPLACE (city or town) Leonard, Texas.
(State or country)

MOTHER

15. MAIDEN NAME Madeline Reagan

16. BIRTHPLACE (city or town) Wallowa, Oregon.
(State or country)

17. INFORMANT Leonard P. Stewart
(Address) 601 - East Jefferson

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date June 19 1934

19. UNDERTAKER Summers & Tietz
(Address) Boise, Idaho

20. FILED 6-20, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934, to June 18, 1934.

I last saw him alive on June 17, 1934; death is said to have occurred on the date stated above, at 6 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | Probably about 5-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Probably infectious | |
| Len Rema | |

Name of operation Transfusion Date of 6/6/34

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Harmon Drennan M.D.

(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89285

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 175

(No. City Contagious Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lester Lloyd West

(a) Residence. No. 3002 West Jefferson St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 25 th 1934

7. AGE: Years 0 | Months 3 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

MOTHER FATHER

13. NAME Grover C. West

14. BIRTHPLACE (city or town) (State or country): Boise Idaho

MOTHER

15. MAIDEN NAME Ollie May Riggs

16. BIRTHPLACE (city or town) (State or country): Oregon

17. INFORMANT (Address): Grover C. West Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/16, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 6-20, 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1934, to 6-16, 1934

I last saw him alive on 6-15, 1934 death is said to have occurred on the date stated above, at 9 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Laryngeal Diphtheria | 6-1/34 |
| a Laryngeal Stenosis | |

Other **contributory causes** of importance:

Name of operation Tracheotomy Date 6/6/34

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bruce B. Bridgford M.D.

(Address) Boise

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Emmett / Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89286

Registration District No. 2

Primary Registration District No. 2004 Local Registrar's No. 176

(No. St. Luke's)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josie Mae Harney

(a) Residence No. Emmett Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): MARRIED

6a. If married, widowed, or divorced (or) WIFE of: Frank Phillip Harney

6. DATE OF BIRTH (month, day, and year): June 2 - 1910

7. AGE: Years 24 | Months — | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oakley Idaho

MOTHER FATHER

13. NAME: C.L. Garner

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Rosie Hope

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Fred Harney Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Emmett Ida Date 6/19 1934

19. UNDERTAKER (Address): E. Buckendahl Emmett Idaho

20. FILED 6-21, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1934, to 6/16, 1934.

I last saw her alive on 6/16, 1934: death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Peritonitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Septicemia Staphylococcus Streptococcus

Name of operation: Salpingectomy Date of: 6/10/34

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W. Stone, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 1934

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8928

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 177

(No. 884)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lousia Ellen Butler.

(a) Residence. No. 1017. Lincoln Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ~~44~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 18. 1870.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | 9 | 1. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beloit Kansas.

FATHER

13. NAME George, D. Knox.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Amanda Knot.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT (Address) Mrs. Roy Hiner. R.D. # 2. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. June 22. 1934

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED June 22, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/19 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 ....., 1933 to June 19 ....., 1934

I last saw h[illegible] alive on 6/19 ....., 1934 ; death is said to have occurred on the date stated above, at 9:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | |
| with Loss of Compensation | |
| Other **contributory causes** of importance: | |
| Nephritis + Odema | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Rodenbaugh, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89288

## PLACE OF DEATH

County of Ada
City of Boise Idaho

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 178

(If death occurred in a hospital or institution, give its name instead of street and number) (Not St Alphonsus Hospital Boise)

2. FULL NAME Donald G Cairns

(a) Residence. (Usual place of abode) Meridian Idaho St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. At Home mos. ds. How long in U. S., if of foreign birth? yrs. life mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | White | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 2 1916

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 17 | 10 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Idaho

FATHER

13. NAME Charles Cairns

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Susie Monlux

16. BIRTHPLACE (city or town) (State or country) North Dakota

17. INFORMANT (Address) Mrs Chas Cairns Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cem-- Date June 24 1934

19. UNDERTAKER (Address) W-S-Mateer Meridian Idaho

20. FILED 6-22 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1934, to June 21, 1934.
I last saw him alive on June 21, 1934: death is said to have occurred on the date stated above, at 2 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental traumatism | |
| by explosion of gasoline | |
| barrel, crushing of | |
| left chest. | June 21. 1934 |
| Other **contributory causes** of importance: Hemmorrhage of both lungs. | same |

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury June 21 1934
Where did injury occur? Meridian, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** At home
Manner of injury Explosion, traumatism
Nature of injury Crushing of chest

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) L. E. Jewell, M. D.
(Address) Meridian, Idaho.

RECEIVED JUL 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89289

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 180

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Iola Page Lindsay

(a) Residence. No. 615 South 15th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Half Breed Indian
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Boyd Lindsay

6. DATE OF BIRTH (month, day, and year): October 30th. 1866

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 7 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): South Carolina

MOTHER

13. NAME: S. Ely

14. BIRTHPLACE (city or town) (State or country): South Carolina

15. MAIDEN NAME: Emma Davis

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT (Address): A. Schreiber Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Boise, Ida. Date: 6-18-1934

19. UNDERTAKER (Address): Schreiber & McCague

20. FILED 6-26 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1933, to June 15, 1934.

I last saw her alive on June 15, 1934; death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | June 15, 1934 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arterial hypertension | unknown |
| Hemiplegia left side of body | Nov 1933 |

Name of operation: None Date of:

What test confirmed diagnosis? Phys. Exam + Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? None Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) N. C. Franba, M. D.

(Address) U.S.V.A. Boise Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89290

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Garrett Tallman.

(a) Residence. No. Route # 4, Boise. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah J. Tallman.

6. DATE OF BIRTH (month, day, and year) February 2, 1858.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 76 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Palmyra, (State or country) New York.

FATHER

13. NAME Henry A. Tallman.

14. BIRTHPLACE (city or town) ..... (State or country) New York.

MOTHER

15. MAIDEN NAME Phoebe Van Orsdale.

16. BIRTHPLACE (city or town) New York, (State or country) New York.

17. INFORMANT (Address) Mrs. E. E. Laubaugh. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Portland, Ore. Date June 12 1934.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 6-11, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10/1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. ....., 1926, to June 10, 1934.
I last saw him alive on June 3, 1934; death is said to have occurred on the date stated above, at 1 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture and Thrombosis of Femoral Artery | 6/10/34 |
| Other **contributory causes** of importance: Paralysis Agitans | 1926 |

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/10/1934
Where did injury occur? Boise, Ada Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Fell out of bed
Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Elmer E. Laubaugh M. D.
(Address) Boise, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89291

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 60

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Freeman.

(a) Residence. No. 1314-N-14th-St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 39 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 23. 1850

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 83 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER FATHER

13. NAME William C. Abby.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Martha A. Lamson.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Alice A. Sullivan 1314. N. 14th St.

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 6/15, 1934

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 6-14, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 14, 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Old age | |
| | |
| | |

Name of operation... None Date of.....

What test confirmed diagnosis?—. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Carraway, M. D.
(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89292

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 62

(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Borjson

(a) Residence. No. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 4th 1843

7. AGE: Years 90 | Months 11 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Not obtainable
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Not Obtainable
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): John E. Borjson Barber Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date June 25-34

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 6-26 1934 W. R. Roder Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933., to June 23, 1934.. I last saw him alive on June 17, 1934.: death is said to have occurred on the date stated above, at 4:10 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ... M. Cannaway M. D.
(Address) ..... T. Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 89293

State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 181

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME EDWARD ALEC. GRIEDER.

(a) Residence. No. 1802 North 7th St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 16th 1918.
7. AGE — Years: 16 Months: 4 Days: 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Clerk
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Drug store
10. Date deceased last worked at this occupation (mo. and yr.): June 21st 34
11. Total time (years) spent in this occupation: 4 yrs.

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

FATHER

13. NAME: Edw. Grieder
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Margaret Stanke
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mother Name Margaret White

18. BURIAL, CREMATION OR REMOVAL: Boise Morris Hill
Place Boise Date 6-27-1934

19. UNDERTAKER (Address): Schreiber & McCausland

20. FILED 6-27, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-27-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-24-, 1934 to 6-27-, 1934

I last saw him alive on 6-27, 1934; death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Antirior Poliomye-litis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John Bouis M. D.
(Address) Boise Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89294

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 64

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maurice L. Dellenbaugh

(a) Residence. No. ..... St. Meridian, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22, 1915

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 19 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME Frank L. Dellenbaugh

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Ella Cato

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cem Date 7-1, 1934

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 6-30, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, ....., 1934, to June 30, ....., 1934
I last saw him alive on June 30, 1934: death is said to have occurred on the date stated above, at 11:30 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Poliomyelitis, cerebral type (Medulla) | |
| Respiratory Paralysis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Findings ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [redacted] M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89295

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 58

(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abraham S. Mishkind

(a) Residence. No. 519 So. 13th St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie S. Mishkind

6. DATE OF BIRTH (month, day, and year): April 4th 1863

7. AGE — Years: 71 | Months: 1 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Merchant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Store
10. Date deceased last worked at this occupation (mo. and yr.): ...
11. Total time (years) spent in this occupation: about 27 years

12. BIRTHPLACE (city or town) (State or country): Minsk Russia

MOTHER FATHER

13. NAME: Ben Mishkind
14. BIRTHPLACE (city or town) (State or country): Minsk Russia

MOTHER

15. MAIDEN NAME: Not obtainable
16. BIRTHPLACE (city or town) (State or country): Minsk Russia

17. INFORMANT (Address): Mrs. A. S. Mishkind Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Salt Lake City Utah 6-4 1934

19. UNDERTAKER (Address): Schrubbe & Hill Boise

20. FILED 6-4, 1934 C. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-4 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to June 4, 1934.

I last saw h— alive on June 4 1934: death is said to have occurred on the date stated above, at 1:10 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Had been advised and | |
| refused surgical aid | |

Name of operation None recently Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury ... None
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) M. Calloway M D
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 11 19 34

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89296

County of ADA
City of Meridian Idaho

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 22
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Arthur D Prestwich

(a) Residence. No. ..... Meridian Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 7 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Idaho

FATHER

13. NAME Arthur Prestwich

14. BIRTHPLACE (city or town) Boise (State or country) Idaho

MOTHER

15. MAIDEN NAME Iva Ione Watkins

16. BIRTHPLACE (city or town) Auston (State or country) Minn

17. INFORMANT Arthur Prestwich (Address) Meridian Idaho

18. BURIAL, ~~CREMATION~~ Place Meridian Cem Date July 7 193 4

19. UNDERTAKER W-S-Mateer (Address) Meridian Idaho

20. FILED 7/7 193 4 W. N. Rees Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jul 6 193 4

22. I HEREBY CERTIFY, That I attended deceased from June 24 193 4 to July 6 193 4

I last saw ~~him~~ alive on July 6 193 4 death is said to have occurred on the date stated above, at 4 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Burns to both legs and right arm | June 24 |
| Other **contributory causes** of importance: Bronchial Pneumonia | July 6 1934 |

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide or homicide~~? ..... Date of injury .., 193. July 6, 34
Where did injury occur? Meridian, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. home
Manner of injury Boiling water
Nature of injury Burns to arm and legs

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. E. Jewell M. D.
(Address) Meridian, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89297
State File No.....

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Aikin

(a) Residence. No. ..... Meridian Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Mrs Sarah A Aikin

6. DATE OF BIRTH (month, day, and year) June 8 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|---|
| | 84 | ----- | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor & Builder

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) New Castle Ohio

MOTHER FATHER

13. NAME Gains Aikin

14. BIRTHPLACE (city or town) (State or country) New Castle Ohio

15. MAIDEN NAME Elizabeth Lama

16. BIRTHPLACE (city or town) (State or country) New Castle Ohio

17. INFORMANT Mrs Sarah A Aikin
(Address) Meridian Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Meridian Date June 17 1934

19. UNDERTAKER W-S-Mateer W S Mateer
(Address) Meridian, Idaho

20. FILED 6/18 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to June 16, 1934
I last saw him alive on June 16 1934: death is said to have occurred on the date stated above, at 4 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis with myocardial degeneration. | Undetermined. Probably 3yrs. ago. |

Other **contributory causes** of importance: none

Name of operation none Date of.....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) L. E. Jewell M. D.
(Address) Meridian, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89298
State File No.....

## PLACE OF DEATH

County of Ada
City of Kuna

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gust Puerner

(a) Residence. No. Saratoga Hotel St. Caldwell Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2005-15

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: —
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: 68 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mechanic
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) R. J. Colson Tampa

18. BURIAL, CREMATION OR REMOVAL
Place..... Date....., 193..

19. UNDERTAKER (Address) C. W. Peckham Caldwell Idaho

20. FILED 7/5, 1934 M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated About 8 P...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown. But Natural. | |
| Died Without Medical | |
| Assistance. | |
| No Indication Of Foul Play. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. W. McClain Coroner, M. D.
(Address) Boise Idaho

JUL 5 1934

**PLACE OF DEATH**

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89299
State File No.

Registration District No. 71

Primary Registration District No. Local Registrar's No. 77

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Riley Hamilton 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married~~, Widowed or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, ~~widowed~~, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~: Minnie B. Leonard Hamilton

6. DATE OF BIRTH (month, day, and year): June 18 1876

7. AGE — Years: 58 | Months: 0 | Days: 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Orchard

10. Date deceased last worked at this occupation (mo. and yr.): 1931

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Sulphur Lick, Kentucky

MOTHER FATHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT (Address): Lloyd Hamilton (son) Council

18. BURIAL, CREMATION OR REMOVAL
Place Council Odd Fellow Date 6/27, 1934

19. UNDERTAKER (Address): Robt. Young Jr. Funeral Home Council

20. FILED July 3, 1934. DR. ALVIN S. THURSTON COUNCIL, IDAHO Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year): June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933, to June 25, 1934.
I last saw him alive on June 25, 1934: death is said to have occurred on the date stated above, at 12:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Mitral Regurgitation | About June 1931 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cardiac Dilitation | 3-4 days |

Name of operation: 0 Date of: 0

What test confirmed diagnosis: Clinical Was there an autopsy?: 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?: 0 Date of injury: 0 1934.
Where did injury occur?: 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: 0
Manner of injury: 0
Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) Alvin S. Thurston, M. D.

(Address) Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89300

**PLACE OF DEATH**
County of Adams
City of Council

Registration District No. 71
Primary Registration District No. .....
Local Registrar's No. 76
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Gilman Ruechhart

(a) Residence. No. ..... Council Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M. | Wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Don't Know

6. DATE OF BIRTH (month, day and year) 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 — | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ..... (State or country) Iowa

PARENTS

10. NAME OF FATHER Lemuel J. Ruechhart
11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Va.
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (city or town) ..... (State or County) Don't Know

14. Informant (Address) Walter Ruechhart Warren Idaho

15. Filed JUN 21 1934, 19.....

DR. ALVIN S. THURSTON
COUNCIL, IDAHO

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 13 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1931, to June 12, 1934
that I last saw him alive on June 12, 1934
and that death occurred, on the date stated above, at 3:15 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)
Hypertension (duration) 3 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? No. Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Alvin S. Thurston, M. D.
June 13, 1934 (Address) Council Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Council Idaho | 6-14-1934 |
| 20. Undertaker L. C. Northam | Address Weiser Ida |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
50301
State File No.

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 133
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arline Cole

(a) Residence. No. Arimo, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
July 1, 1929

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | 11 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey
(State or country) Idaho

MOTHER FATHER

13. NAME R. C. Cole

14. BIRTHPLACE (city or town) Arimo, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Carmen Naef

16. BIRTHPLACE (city or town) Downey
(State or country) Idaho

17. INFORMANT R. C. Cole
(Address) Arimo

18. BURIAL, CREMATION OR REMOVAL
Place Arimo Date June 11, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED June 16, 1934 [signature]
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/11/34, 193..., to 6/12/34, 193...
I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) O. K. Call, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89302

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 134

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vaughn Edward Kynaston

(a) Residence. No. 842 North Harrison Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

887

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Melba Hansen

6. DATE OF BIRTH (month, day, and year): December 2, 1902.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Machinist Helper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: O. S. L. R. R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hatch, Idaho.

FATHER

13. NAME: Wm. Kynaston

14. BIRTHPLACE (city or town) (State or country): Bountiful, Utah.

MOTHER

15. MAIDEN NAME: Margaret Paul

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Mrs. Vaughn Kynaston, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date June 16, 1934

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED June 15, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 12, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Had been attended by Dr J R Young last time he saw him alive on June 9 | |
| Myocarditis | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Arthur W Hall Coroner
(Address) Pocatello, Idaho.

RECEIVED JUL 16 1934

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89303
State File No.

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 135

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

149

2. FULL NAME Marguerite F. Bringhurst

(a) Residence. No. Tyhee, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wife of Bilbert Bringhurst

6. DATE OF BIRTH (month, day, and year): May 30, 1907

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 27 | 0 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Springfield Idaho

FATHER

13. NAME: Henry W. Chandler

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Marguerite Whitney

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Bilbert Bringhurst Tyhee Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Springfield, Idaho Date June 18 1934

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho

20. FILED June 18 1934 O. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934, to June 16, 1934
I last saw h....alive on June 16, 1934; death is said to have occurred on the date stated above, at 2 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of the heart | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Convalescent 11 days maternity | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) O. C. Call, M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89304

**PLACE OF DEATH**

County of Bannock

City of Pocatello.

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 136

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Quince B. Howell

(a) Residence. No. 216 S. Ninth. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Ella Nielssen

6. DATE OF BIRTH (month, day, and year) Jan. 23, 1897.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 37 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Fireman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** O.S.L.R.R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Youngharris Georgia.

FATHER

13. NAME A. L. Howell

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Candus Coffey

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT (Address) Ella Howell 216 S. Ninth, Poca.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date June 20 1934

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho

20. FILED June 19 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 17 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 17, 193 4, to June 17, 193 4
I last saw h alive on June 17 193 4 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus Meningitis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Atlantic Cyst of Brain | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No specify .....
(Signed) [signature]
(Address) Pocatello Idaho

RECEIVED JUL 11 1934

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89305

Registration District No. 28

Primary Registration District No. 216/ Local Registrar's No. 157

(No. 528 North Main.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alta Victora Connell

(a) Residence. No. 528 N. Main Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Gillis Connell

6. DATE OF BIRTH (month, day, and year): June 26, 1907.

7. AGE — Years: 26 | Months: 11 | Days: 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oklahoma

FATHER

13. NAME: R. M. Grayson
14. BIRTHPLACE (city or town) (State or country): Kent

MOTHER

15. MAIDEN NAME: Martha Elizabeth Hoskins
16. BIRTHPLACE (city or town) (State or country): Kent

17. INFORMANT (Address): Gillis Connell 528 N. Main.

18. BURIAL, CREMATION OR REMOVAL
Place: Mountain View Date: June 21, 1934

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho

20. FILED June 19, 1934. D. C. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 18, 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 18, 1934.
I last saw h[illegible] alive on June 14 1934. death is said to have occurred on the date stated above, at 5:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pelvic Tuberculous Peritonitis | 1932 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Faecal Fistula | 1933 |
| | |
| | |

Name of operation: Laparotomy & Lat. Date of: 1933
What test confirmed diagnosis: Was there an autopsy? 1934

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) William J. Howard M. D.
(Address) Pocatello Idaho

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89306

## PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 138

(No. Idaho Power Line North of Pocatello, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence L. Vaughan

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Vaughan

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 35 | 5 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lineman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Idaho Power Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

MOTHER FATHER

13. NAME George S. Vaughan

14. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

MOTHER

15. MAIDEN NAME Alba Reker

16. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

17. INFORMANT Mrs. Florence Vaughan
(Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wasatch Lawn Date June 21, 1934
Salt Lake City, Utah

19. UNDERTAKER H. D. McHan
(Address) Pocatello, Idaho

20. FILED June 20 1934 D. C. May Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 18, 34

22. I HEREBY CERTIFY, That I attended deceased from 6/18, 1934, to 6/18, 1934
I last saw him alive on 6/18, 1934; death is said to have occurred on the date stated above, at 2:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Electric Shock | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation — Date of —
What test confirmed diagnosis? —. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/18 1934
Where did injury occur? In Thos. Dairy 6 miles north of Pocatello (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Topping tree - Branch fell on him
Manner of injury Electric Shock
Nature of injury Electric Shock

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Electric Line worker

(Signed) J. P. Gormley M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89307

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 139

(No. St. Anthony Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jaham Alfred Parsons

(a) Residence. No. Black Foot Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Parsons

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 5 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glenwood, (State or country) Iowa.

FATHER

13. NAME James Parsons.

14. BIRTHPLACE (city or town) Don't Know (State or country)

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMENT Tony Parsons (Address) Black Foot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Riverside Cem Date , 193

19. UNDERTAKER E. T. Jacks (Address) Black Foot, Idaho.

20. FILED 6-22, 1934 S C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to June 21, 1934

I last saw him alive on June 9, 1934; death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of prostate | months |
| Retention of Urine | 15 days |
| Uremia, Obstructive | 10 days |

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Richard P. Howard, M. D.

(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89308

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 140

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew James Newbold

(a) Residence. No. Downey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Carrie Rasmussen

6. DATE OF BIRTH (month, day, and year): March 28, 1890.

7. AGE: Years 44 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: On Farm

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Smithfield, Utah.

FATHER

13. NAME: Samuel Newbold

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Lucie Olney

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Carrie Rasmussen, Downey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Dambridge, Idaho Date: June 24, 1934

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho

20. FILED June 22, 1934 D. C. Roy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to June 21, 1934

I last saw him alive on June 21, 1934; death is said to have occurred on the date stated above, at 8:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spinal Cord Injury | |
| Paralysis | |

Other **contributory causes** of importance: Fracture, dislocation of cervical vertebra, Injury to spinal cord

Name of operation: none Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Yes Date of injury: 6/20, 1934

Where did injury occur? Downey
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury: fell from hay stack

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) H. C. Brown M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89309

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 141

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Haafey

(a) Residence. No. Rapid City, S. D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 59; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: boiler maker at one time

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place: Mountainview. Date: June 1934

19. UNDERTAKER: Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 6-25-, 1934 D C Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1934, to June 23, 1934
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of bladder | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Neuritis - (Rheumatism arthritis)

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. Mary, M. D.
(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH (REGISTERED)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89310
State File No.

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 42

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Joseph Kronek

(a) Residence. No. 225 West Fay St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): May 3, 1934
7. AGE: Years — Months 1 Days 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None.
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Frank Joseph Kronek
14. BIRTHPLACE (city or town) (State or country): Plattsmouth Nebraska

MOTHER
15. MAIDEN NAME: Elsene C. Hall
16. BIRTHPLACE (city or town) (State or country): Cash Co. Utah

17. INFORMANT (Address): Frank J. Kronek Pocatello Ida.
18. BURIAL, CREMATION OR REMOVAL. Place: Pocatello Date: June 29 1934
19. UNDERTAKER (Address): H. L. McKinnon Pocatello Idaho
20. FILED June 29 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24 1934, to June 28, 1934.
I last saw him alive on June 28, 1934.: death is said to have occurred on the date stated above, at 8.9. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | June 24, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Congenital Heart disease | Birth |

Name of operation: None Date of:
What test confirmed diagnosis? M. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. McKinnon, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89311

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 128

(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald F. Menlemon

(a) Residence. No. St. Anthony's Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3-34

7. AGE — Years | Months | Days: 9 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Julius A. Menlemon

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Ella M. Conduit

16. BIRTHPLACE (city or town) (State or country) Albion Idaho

17. INFORMENT (Address) Arthur Conduit Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Arbon Idaho Date ....., 193

19. UNDERTAKER (Address) Byron Brown Pocatello

20. FILED 6-12, 1934 D Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-12 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3 -, 193 4, to Jun 12, 193 4
I last saw h alive on Jun 11, 193 4: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sclerus Neonatorum | |

Other contributory causes of importance:

| | |
|---|---|
| Premature-6 wks | |
| Polycythaemia | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C R Lemon, M. D.
(Address) Pocatello

RECEIVED JUL 15 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89312
State File No.

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 27
Primary Registration District No. 2161 Local Registrar's No. 125

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188c

2. FULL NAME Legilda Vallar

(a) Residence. No. 855 West Clark St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas S. Vallar

6. DATE OF BIRTH (month, day, and year) November 7 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 6 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Udine
(State or country) Italy

FATHER

13. NAME Rovedo Danilo

14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Thomas S. Vallar
(Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Monntain View Date June 7 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello

20. FILED June 7, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 193.4, to 6-3, 193.4

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broken neck | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury 6/3 1934
Where did injury occur?..... 6/3/34
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Automobile accident
Manner of injury.....
Nature of injury..... Broken neck

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.
(Address) .....

MARGIN RESERVED FOR BINDING
...E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ...ormation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Oxford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 89
Primary Registration District No. 2160

DO NOT WRITE IN THIS SPACE
State File No. 89313

Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Azubah D. Hardwick

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: John H. Hardwick de~~ceased~~

6. DATE OF BIRTH (month, day, and year): Nov 5 ~~1858~~ 1858

7. AGE: Years 83 | Months 7 | Days 22 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lehi Utah

FATHER
13. NAME: Samuel Cox
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Lucy Smith
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): W. F. Hardwick Oxford Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Downey Idaho Date: July 20 1934

19. UNDERTAKER: M. W. Hendricks
(Address): Preston Idaho

20. FILED: July 6, 1934
L. W. States
Registrar
Mary E. Bowen

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934, to June 29 1934
I last saw her alive on June 28 1934; death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Femur, at Trochanter - Shock | |
| Acid | |

Other contributory causes of importance:

| | |
|---|---|
| General debility incident to Age - | |

Name of operation: Setting leg Date of: June 27-34
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury: Fall
Nature of injury: Fracture rt Thigh

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) F. W. States, M. D.
(Address) Preston Ida

RECEIVED JUL 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89314

PLACE OF DEATH
County of Bannock. Registration District No. 84
City of Lava Hot Springs Primary Registration District No. 2161
Local Registrar's No. 15
(No. 115)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Connie Higgins.

(a) Residence. No. ..... St. Lava Hot Springs
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Higgins

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 23 | 9 | 21. | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) Self.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lava Hot Springs Ida

PARENTS

10. NAME OF FATHER James L. Higgins.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Carrie Bell.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Weston Idaho.

14. Informant Helen Higgins
(Address)

15. Filed June 30, 1934 Mrs G. G. Fitz Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 15. (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1934, to June 15, 1934
that I last saw h[illegible] alive on June 15, 1934
and that death occurred, on the date stated above, at 2:15 P m.
The CAUSE OF DEATH* was as follows: Intestinal Influenza and acute Interstitial Nephritis.
(duration) 2. yrs. mos. ds.
CONTRIBUTORY (Secondary) None Known
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Inkom Idaho
Did an operation precede death? no. Date of
Was there an autopsy? no.
What test confirmed diagnosis? Examination
(Signed) C. A. Rich, M. D.
6-16-, 1934 (Address) Lava Hot Spgs.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Lava Hot Springs | 6-17 1934 |
| 20. Undertaker | Address |
| None. | |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89315

**PLACE OF DEATH**
County of Bannock
City of Bancroft Ida
Registration District No. 84
Primary Registration District No. 216
Local Registrar's No. 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Albert Grant

(a) Residence. No. Bancroft Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28-18

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME George D. Grant

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Elizabeth DuBois

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Chesterfield Date June 17 1934

19. UNDERTAKER G. A. Funeral Unit (Address) Logan, Utah

20. FILED July 3, 1934 Mrs. G G Fit Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14 1934

22. I HEREBY CERTIFY, That I attended deceased from April - 17 -, 1934, to June 14, 1934
I last saw alive on April 17, 1934: death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of the heart. | |
| Other contributory causes of importance: | |
| Old age. | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) G G Fit, M. D.
(Address) Bancroft Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89316

**PLACE OF DEATH**
County of Bannock
City of Grace ~~Soda Springs~~
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 13
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arla Blain Whitehead

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 10 1920

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 13 | 11 | 29 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bench Ward Idaho

FATHER
13. NAME F. Blain Whitehead
14. BIRTHPLACE (city or town) (State or country) Hinkly Utah

MOTHER
15. MAIDEN NAME Della Allsop
16. BIRTHPLACE (city or town) (State or country) Muuay Utah

17. INFORMENT (Address) Blain Whitehead Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grace Idaho Date Mar 11, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED June 30, 1934 Mrs G. G. Fitz Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-9-34 193

22. I HEREBY CERTIFY, That I attended deceased from 3-1-34, 193, to 3-9-34, 193
I last saw him alive on 3-8-34, 193: death is said to have occurred on the date stated above, at 6:00 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia (streptococcic) | |
| | 3-1-34 |
| Other contributory causes of importance: Empyema | 3-4-34 |

Name of operation Rib resection Date of 3-8-34
What test confirmed diagnosis? pleural fluid Was ~~Autopsy~~ autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Bert Zenger, M. D.
(Address) Grace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89319

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 120
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Eleanor Cherry

(a) Residence. No. 238 South 8th Ave. Poca. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10 12

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Jack Cherry

6. DATE OF BIRTH (month, day, and year): April 6, 1905.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

FATHER

13. NAME: John Worley

14. BIRTHPLACE (city or town) (State or country): Utah.

MOTHER

15. MAIDEN NAME: Eleanor Larsen

16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMANT (Address): Jack Cherry, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: June 4, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED June 2, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 1, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to June 1, 1934.
I last saw her alive on June 1, 1934; death is said to have occurred on the date stated above, at 12 ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bright | |
| Lobar pneumonia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. C. Ray M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89320

County of Bannock
City of POCATELLO, IDAHO

Registration District No. 21
Primary Registration District No. 2161 Local Registrar's No. 121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellis John Duncan

(a) Residence. No. 1139 South Garfield St. POCATELLO IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edmund Duncan

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Evansville
(State or country) Wisconsin

FATHER

13. NAME Swan A. Anderson

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Ida Allen

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Vern Johnson
(Address) POCATELLO IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place Dayton City Date June 3 1934

19. UNDERTAKER Nebeker Mortuary
(Address) POCATELLO IDAHO

20. FILED 6-2, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-1-1934

22. I HEREBY CERTIFY, That I attended deceased from Jun. 1, 1934, to June 1, 1934.
I last saw h[illegible] alive on May 31 1934: death is said to have occurred on the date stated above, at 3.9 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Physicosis | |
| Uremia | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Thomas ..., M. D.
(Address) POCATELLO, IDAHO

RECEIVED JUL 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89321
State File No.

Registration District No. 28

Primary Registration District No. 2761 Local Registrar's No. 122

(No. General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Reid Griffin 188C

(a) Residence. No. Quinn Apartments, Pocatello St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 12, 1928.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 6 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah.

FATHER

13. NAME R. T. Griffin

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Gladys Huchvale

16. BIRTHPLACE (city or town) Bloomington
(State or country) Utah

17. INFORMANT R. T. Griffin
(Address) Quinn Apartments

18. BURIAL, CREMATION OR REMOVAL
Place Logan, Utah. Date June 8 1934

19. UNDERTAKER Nathan Hall,
(Address)

20. FILED June 6, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-3-, 1934, to 6-6, 1934
I last saw him alive on 6-6, 1934: death is said to have occurred on the date stated above, at 3 4, m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatic | |
| Meningitis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Basilar fracture | |
| of skull | |
| | |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury 6-3-34
Where did injury occur? Pocatello
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Street
Manner of injury Struck by truck
Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. J. Rowley M.D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89322

## PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 123

(No. Lynn Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stella Young

139

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Young

6. DATE OF BIRTH (month, day, and year) Oct. 17th, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 49 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas City
(State or country) Kansas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Charles A. Young
(Address) 345 N. 5th

18. BURIAL, CREMATION OR REMOVAL
Place Mt. View Date June 8, 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 6-6, 1934 J. C. Ray
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to June 4, 1934
I last saw her alive on June 4, 1934; death is said to have occurred on the date stated above, at 2:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rash, apnoea, Delirium | |
| pulmonary apnoea, | |

Other **contributory causes** of importance:

tumor, hemangioma
from uterus, fibroid

Name of operation Hysterectomy Date of 5-30-34
What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H. W. Lynn, M. D.
(Address) Pocatello Idaho

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9323

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2761 Local Registrar's No. 124
(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur J. Burton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) July 19, 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 10 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farm

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Charlotte
(State or country) West Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT P. M. Allen
(Address) 451 N. Main

18. BURIAL, CREMATION OR REMOVAL
Place Mt. View Date June 9 1934

19. UNDERTAKER H. L. McMath
(Address) Pocatello Idaho

20. FILED 6-6, 193 4 W. S. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 193 4

22. I HEREBY CERTIFY, That I attended deceased from June 4, 193 4, to June 6, 193 4.
I last saw him alive on June 6, 193 4: death is said to have occurred on the date stated above, at 11 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Suppression of urine | |
| following operation for | |
| perforated ulcer of | |
| duodenum | |

Other **contributory causes** of importance:

Name of operation Closing perforation of ulcer Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) John J. Scarf M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 [redacted]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89324
State File No.

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 126

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mamie Pugmire Peake

(a) Residence. No. 622 West Bonneville St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Henry C. Peake

6. DATE OF BIRTH (month, day, and year) Fehuary 22, 1875.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 3 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Charles, Idaho.

FATHER

13. NAME George Pugmire

14. BIRTHPLACE (city or town) (State or country) St. Charles, Idaho.

MOTHER

15. MAIDEN NAME Maria Young

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry C. Peake
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date June 10, 193.4.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED June 9, 193.4. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8, 193.4.

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 193.4., to 6-8, 193.4.
I last saw h[illegible] alive on 6-7, 193.4.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| Other **contributory causes** of importance: | |
| Hypertension | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] M. D.
(Address) Pocatello, Idaho.

RECEIVED JUL 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89325

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 129

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maxine Alwith Stephens

(a) Residence. No. 258 McKinley Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kenneth M. Stephens

6. DATE OF BIRTH (month, day, and year) April 9th, 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 17 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Utah

FATHER

13. NAME Howell Shaw

14. BIRTHPLACE (city or town) (State or country) Delno Colorado

MOTHER

15. MAIDEN NAME Estella Hansen

16. BIRTHPLACE (city or town) (State or country) Millville Utah

17. INFORMANT (Address) Howell Shaw 258 McKinley Ave

18. BURIAL, CREMATION OR REMOVAL Place Sugar City, Idaho Date June 14 193 4

19. UNDERTAKER (Address) H. L. McHan Pocatello Idaho

20. FILED 6-12 193 4 D. McKay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 11 34

22. I HEREBY CERTIFY, That I attended deceased from June 1, 193 4, to June 11, 193 4

I last saw him alive on June 11, 193 4; death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Lobar pneumonia | June 1 |
| | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Bro. Thomas M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89326

## PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 130

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Anne Stevens

(a) Residence. No. 654 N. 5th Ave. Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec. 5, 1870
7. AGE: Years 63 | Months 6 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: house keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Living with daughter
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Ut.

FATHER
13. NAME: Ned Leggroan
14. BIRTHPLACE (city or town) (State or country): Miss.

MOTHER
15. MAIDEN NAME: Mary S. Reed.
16. BIRTHPLACE (city or town) (State or country): Miss.

17. INFORMANT (Address): Mrs. Mattie Desmond Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL: Place Idaho Falls, Ida. June 17 1934
19. UNDERTAKER (Address): H. L. McCann Pocatello Idaho
20. FILED June 14 1934 D. C. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 12 1934
22. I HEREBY CERTIFY, That I attended deceased from 6-9-, 1934, to 6-10-, 1934.
I last saw her alive on 10-, 1934; death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance: Had stroke previous

Name of operation None Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. No
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None
(Signed) J. T. Morgan M. D.
(Address) Pocatello Idaho

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89327

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 131

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Philipine S. Loveland

(a) Residence. No. 529 N. Garfield St. POCATELLO, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House Keeper

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Constant

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John A Starkhurst

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Pale

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Frank Strange Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Baltimore Md. Date June 14 1934

19. UNDERTAKER (Address) W. L. McHan POCATELLO IDAHO

20. FILED June 14 1934 F. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

POCATELLO, IDAHO

21. DATE OF DEATH (month, day, and year) June 12 1934

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1934 to June 12, 1934
I last saw her alive on June 12 1934; death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | June 1 1934 |
| Other **contributory causes** of importance: | |
| Hypostatic pneumonia | May 29 1934 |

Name of operation Cholecystotomy Date of May 29 1934
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. W. Brothers, M. D.
(Address) POCATELLO, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89328

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 152
(No. L ynn Bros. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Clyde Rupp

(a) Residence. No. 184 Park Ave, Pocatello. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Husband of Lula Butt

6. DATE OF BIRTH (month, day, and year)
Feb. 25, 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 4 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Foreman of Materials

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** O. S. L. R. R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

FATHER

13. NAME George M. Rupp

14. BIRTHPLACE (city or town) (State or country) Toledo Ohio

MOTHER

15. MAIDEN NAME Elizabeth Palmer

16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah.

17. INFORMANT (Address) R. A. Palmer Pocatello Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place. Pocatello Date. June 16 1934

19. UNDERTAKER (Address) Arthur W. Hall Pocatello Idaho.

20. FILED June 16 1934 D. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-12-, 1934 to 6-15-, 1934
I last saw h- alive on 6-15-, 1934: death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured appendix | 6-9-34 |
| Peritonitis | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |

Name of operation appendectomy Date of 5-13-34
What test confirmed diagnosis? opinion Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. F. Lynn, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89329

PLACE OF DEATH
County of Bear Lake.
City of Paris
Registration District No. 53
Primary Registration District No. Local Registrar's No. 13
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Clifton Passey. 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 71 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John P. Passey.
6. DATE OF BIRTH (month, day, and year): July 31, 1852.
7. AGE: Years 81 | Months 10 | Days 13. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Keeper.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): June 1934
11. Total time (years) spent in this occupation: All My Life.

12. BIRTHPLACE (city or town) (State or country): England.

FATHER
13. NAME: John P. Clifton.
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Oliver Passey Paris, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Paris Idaho Date: June 15 1934
19. UNDERTAKER (Address): D. S. Price Paris Idaho
20. FILED June 29, 1934 Beulah Hess Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 13 1934
22. I HEREBY CERTIFY, That I attended deceased from April 24 1934, to June 13, 1934
I last saw her alive on June 13, 1934; death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Cardiac Dilatation. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Age. 81, 10 months

Name of operation None Date of
Tachycardia Pulse Irregular irregularity, No.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Spencer Hopkins, M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 5-3

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
89330
State File No.

Local Registrar's No. 15

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christian W. Wallentine

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Ethura Wallentine

6. DATE OF BIRTH (month, day, and year) Feb 28, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Christian Wallentine

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Elizabeth Caldwell

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) C. A. Wallentine

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date June 22, 1934

19. UNDERTAKER J. W. Williams (Address) Montpelier Idaho

20. FILED June 29 1934 Burdick Hess Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to June 19, 1934

I last saw him alive on June 19, 1934; death is said to have occurred on the date stated above, at 3.55 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stasis of small intestines | June 12 |
| Duration 6 days. | |
| Other contributory causes of importance: Acute Myocarditis | |

Name of operation None Date of

What test confirmed diagnosis? Clinical finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C O Moore, M. D.

(Address) Paris Idaho

Original

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of **Bear Lake**

City of **Fish Haven**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 55

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 89331

2. FULL NAME **Ezra John Howell**

(a) Residence. No. **Fish Haven, Idaho.** St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: **Male**

4. Color or Race: **White**

5. Single, Married, Widowed or Divorced (write the word): **Married**

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **Nellie Barton**

6. DATE OF BIRTH (month, day, and year) **May 7, 1865**

7. AGE: Years **69** Months **0** Days **7** If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** **Farmer**

9. Industry or business in which work was done, as **silk mill, saw mill, bank; etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) **Paris**
(State or country) ~~England~~ **Idaho**

FATHER

13. NAME **Henry Howell**

14. BIRTHPLACE (city or town) .....
(State or country) **England**

MOTHER

15. MAIDEN NAME **Francis Goble**

16. BIRTHPLACE (city or town) .....
(State or country) **England**

17. INFORMANT **McKay Howell**
(Address) **Fish Haven, Idaho**

18. BURIAL, CREMATION OR REMOVAL
Place **Fish Haven, Idaho.** Date **May 17., 1934**

19. UNDERTAKER **H. W. Williams**
(Address) **Montpelier, Idaho**

20. FILED **5-7**, 1934. **Hannah Nielson**
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **May 14** 1934

22. I HEREBY CERTIFY, That I attended deceased from **May 9**, 1934, to **May 14**, 1934

I last saw h~~im~~ alive on **May 14**, 1934; death is said to have occurred on the date stated above, at **3:15P** m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| **Influenza** | |
| **Enteritis, Leucorrhagic** | |
| Other **contributory causes** of importance: | |

Name of operation .....Date of .....

What test confirmed diagnosis? .....Was there an autopsy? **No**

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify .....

(Signed) **Charles O. Moore**, M. D.

(Address) **Paris, Idaho**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89332

PLACE OF DEATH
County of Bear Lake.
City of Paris.

Registration District No. 53
Primary Registration District No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 14

2. FULL NAME Norma June Fuchs

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Baby.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 4, 1934.

7. AGE — Years | Months | Days: 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Paris Idaho

PARENTS

10. NAME OF FATHER Henry Fuchs.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Paris Idaho
12. MAIDEN NAME OF MOTHER Ella Severina Mecham.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Bloomington Idaho

14. Informant Henry Fuchs
(Address) Paris Idaho

15. Filed June 24, 1934 Beulah Hess, Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 14 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to June 14, 1934
that I last saw her alive on June 14, 1934
and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:
Umbilical Hemorrhage. (Neonatal 4 hours duration)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Obstructive Jaundice
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Increasing degree of Jaundice which became very marked.
(Signed) Spencer B. Kuhn M. D.
, 19 (Address) Paris Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Paris Idaho. | Date of Burial: June 15. 1934

20. Undertaker: E. W. Stucki | Address: Paris Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89333

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 1165

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glenn Ingersoll Stephens

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 18-1922

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 12 | — | 19. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER
13. NAME John E. Stephens
14. BIRTHPLACE (city or town) (State or country) Bloomington Illinois

MOTHER
15. MAIDEN NAME Louisa Perkins
16. BIRTHPLACE (city or town) (State or country) Bloomington Illinois

17. INFORMENT (Address) Mrs. John E. Stephens Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Idaho Date April 9, 1934

19. UNDERTAKER (Address) A. M. Bluemel Montpelier Idaho

20. FILED 4-30, 1934 W. A. Reese Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....
April 4, 1934, to April 6, 1934
I last saw him alive on April 6, 1934 death is said to have occurred on the date stated above, at 2:40 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stomach & Bowels | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R. Bluemel, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89334

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susanne F. Schick

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of F. C. Schick

6. DATE OF BIRTH (month, day, and year) Oct 4 - 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | 5 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Daniel Schick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Ruddy

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) F. C. Schick Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Idaho Date June 11, 1934

19. UNDERTAKER Geo. H. Clayton
(Address) Montpelier Idaho

20. FILED 6/30, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 7 - 1934

I HEREBY CERTIFY, That I attended deceased from March 7, 1934, to March 7, 1934

I last saw her alive on March 7, 1934: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congestion Heart Disease | |

Other contributory causes of importance:

| | |
|---|---|
| Angina pectoris | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. H. Clayton, M. D.

(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89335

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 7-15C

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution give its name instead of street and number.)

188C

2. FULL NAME Merlin F Peterson.

(a) Residence. No. Ovid Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 8 1893.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 41 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ovid Idaho.

FATHER

13. NAME John H Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Ella C Ellen.

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) J. M. Beck Ovid Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ovid Idaho Date April 23 193 4

19. UNDERTAKER (Address) J. M. Gillespie Montpelier Idaho

20. FILED 4/30, 193 4 N. N. Kunz Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934, to April 19, 1934

I last saw b~~e~~alive on 4-19, 1934; death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Broken Back & Paralysis | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Accident | |
| Acute | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Horse accident

Nature of injury Fractured back

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Shelley, M. D.

(Address) Montpelier

RECEIVED JUL 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89336

PLACE OF DEATH
County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No. 117 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. Goldey Cook

(a) Residence. No. Dingle St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Lillian Loomer

6. DATE OF BIRTH (month, day, and year): Oct 18 1891

7. AGE: Years 42 | Months 6 | Days 1 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dingle Idaho

FATHER
13. NAME: Geo Henry Cook
14. BIRTHPLACE (city or town) (State or country): Cedar Forks Utah

MOTHER
15. MAIDEN NAME: Elizabeth Hale
16. BIRTHPLACE (city or town) (State or country): Lehi Utah

17. INFORMENT (Address): Mrs J Goldey Cook Dingle Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Dingle Date: Jan 19, 1934

19. UNDERTAKER: F. D. Williams
(Address): Montpelier Idaho

20. FILED: 4/30/, 1934 W. H. Young Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1934, to 4-17, 1934
I last saw him alive on 4-17, 1934 death is said to have occurred on the date stated above, at 5:20 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Arteriosclerosis | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo F Gibbs, M. D.
4-25-34 (Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89337

**PLACE OF DEATH**
County of Bear Lake
City of Ovid

Registration District No. 5-2
Primary Registration District No. 2136
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

127

2. FULL NAME Catherine D Sydacek

(a) Residence. No. Ovid, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Femal | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Frank Dudacek

6. DATE OF BIRTH (month, day, and year) Oct 18- 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 55 | 5 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ovid Idaho

FATHER
13. NAME Christian Olsen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Burgetta Kay Christensen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs Orson Olsen Ovid Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ovid Idaho Date Mar 29, 1934

19. UNDERTAKER F. M. Williams (Address) Montpelier Idaho

20. FILED 4/30/, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 1934.

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1934, to March 26, 1934.
I last saw her alive on March 26, 1934; death is said to have occurred on the date stated above, at 8:50 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritus | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Albumin + casts in urine, arterial hypertension, uremia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Spencer H Rich, M. D.
(Address) Paris Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FILED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89338

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lida Anna S. Russell

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Russell

6. DATE OF BIRTH (month, day, and year) Aug 1-1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 7 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Paul Sorensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Christina Anderson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Otto Russell Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Idaho Date Mar 14, 1934

19. UNDERTAKER J. M. Williams (Address) Montpelier Idaho

20. FILED 3/30, 1934 L. A. Krum Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1934, to March 10, 1934

I last saw her alive on Mar 10, 1934: death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Tubal Sterilization Date of 3-1-34
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lester Anderson, M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89340

**PLACE OF DEATH**
County of Benewah
City of St. Maries
Registration District No. 33
Primary Registration District No. 3049
Local Registrar's No. 32
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Lewis

(a) Residence. No. ____ St. Jacksonville, Ore
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1913

7. AGE: Years: about 21 | Months: 3 | Days: 29 | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Checker
9. Industry or business in which work was done, as mill, saw mill, bank, etc: Inter Rust U.S.F.S.
10. Date deceased last worked at this occupation (month and year) 6-22-34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Ore.

FATHER
13. NAME Oscar Lewis
14. BIRTHPLACE (city or town) (State or country) Sumpville Ore.

MOTHER
15. MAIDEN NAME Daisy Morgan
16. BIRTHPLACE (city or town) (State or country) Josephine County Ore.

17. INFORMENT (Address) Cougar Funeral Parlors Medford Ore.

18. BURIAL, CREMATION, OR REMOVAL
Place Medford, Oreg Date ____, 193

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Ida.

20. FILED 7-7, 1934 Walter Boberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1934, to 6-26, 1934
I last saw him alive on 6-26, 1934; death is said to have occurred on the date stated above, at 1 05 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | 6/22/34 |
| due to volvulus | |
| Other contributory causes of importance: | |
| Sepsis subsequent to gangrene of bowel | 6/24/34 |

Name of operation Resection partial ileum Date of 6/24/34
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Knew of no injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Personal Note
(Signed) Carl Lewis, M. D.
(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89341

**PLACE OF DEATH**
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 91

(No. 14th & Jefferson)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Benny Anderson

(a) Residence. No. 14th & Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Anderson

6. DATE OF BIRTH (month, day, and year) Mar. 8, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 3 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Minnie Anderson 14th & Jefferson-St. Maries

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Date June 26 1934

19. UNDERTAKER STAPISH & SON (Address) ST. MARIES, IDAHO

20. FILED 7-7-1934 Walter Boberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2 1934, to June 24 1934

I last saw him alive on June 24 1934; death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina pectoris | Aug. 1933 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, County, and State) Residence

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Adams, M. D.

(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 3949

DO NOT WRITE IN THIS SPACE

State File No. 89342

Local Registrar's No. 30

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME Henry Walter

(a) Residence. No. St. near Santoro Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora E Walter

6. DATE OF BIRTH (month, day, and year): Jan. 14 - 1857

7. AGE: Years 77 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Moultric Ohio

FATHER

13. NAME: Henry ~~Jakot~~ Walter

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Catherine Smith

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Cora E. Walter -

18. BURIAL, CREMATION, OR REMOVAL Place: Tekoa Wn. Date: June 17, 1934

19. UNDERTAKER: TAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED 7-7, 1934 Walter Roberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1933, to 6-10, 1934

I last saw him alive on 6-9, 1934; death is said to have occurred on the date stated above, at 6:22 ~~A~~ P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrene right leg | 4/1/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arterio-sclerosis | ? |
| | |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify City or town, County and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Robins, M. D.

(Address) St. Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89343

**PLACE OF DEATH**
County of Benewah
City of St. Joe

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 29

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Benson

(a) Residence. No. St. Samuels, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 56 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods
10. Date deceased last worked at this occupation (month and year) 6/9/34
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER
13. NAME "
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMENT John Milling
(Address) St. Joe, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn, St. Maries Date June 12 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 7-7, 1934 Walter Roberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Traumatism | |
| Basal fracture of skull | |
| Crushed chest | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Struck by falling tree | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/9, 1934

Where did injury occur? Near St. Joe, in woods
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry, Near St. Joe, Idaho

Manner of injury Struck by falling tree

Nature of injury Fracture of skull, crushed chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Falling tree hit old snag, broke back.

(Signed) Dr. E. Mitchell Coroner, M.D.

(Address) St Maries Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pleasant Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89344

Registration District No. 46
Primary Registration District No. 2118
Local Registrar's No. 17

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Mary Kennedy

(a) Residence. No. Pleasant Valley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Irish White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mathew Kennedy
6. DATE OF BIRTH (month, day, and year): May 31 1858.
7. AGE: Years 76 - Months 4 - Days - If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Private
10. Date deceased last worked at this occupation (mo. and yr.): 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Queens Co Ireland

MOTHER FATHER
13. NAME: Michael Delaney
14. BIRTHPLACE (city or town) (State or country): Queens County Ireland

MOTHER
15. MAIDEN NAME: Bridget Moran
16. BIRTHPLACE (city or town) (State or country): Queens County Ireland

17. INFORMANT (Address): Mrs. H. E. Tanner Mill City Oregon
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Pleasant Valley Date: 6/16 193.4
19. UNDERTAKER (Address): Jaeger Funeral Home Fairfield Ida
20. FILED June 28 1934. Fred A. Robertson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14th 1934, to June 14th 1934.
I last saw her alive on June 10th 1934: death is said to have occurred on the date stated above, at 11:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arterio-Nephritis | |
| | |

Name of operation: None Date of: None
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) C. C. Stevenson M. D.
(Address) Rocky Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of Plummer R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89345

Registration District No. 46

Primary Registration District No. 2123 Local Registrar's No. 18

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta Estella Bacon

(a) Residence. No. Plummer Idaho St. R.F.D.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Bacon

6. DATE OF BIRTH (month, day, and year) Feb 20-1870

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) May 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Liebert French

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME (?) Whitcomb

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT (Address) John Bacon, husband, Plummer Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Plummer Ida. Date 7-1-, 1934

19. UNDERTAKER (Address) Jaeger Funeral Home, Tarkio, Mo.

20. FILED July 2, 1934. Fred A. Robertson, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14th 1934, to June 28th 1934.

I last saw her alive on June 26th, 1934; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dilatation of Heart | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Senile Nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 192.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) L. J. Harrington M. D.
(Address) Worley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89346

**PLACE OF DEATH**

County of Benewah

City of Near Tekoa, Wn. Registration District No. 31

Primary Registration District No. Local Registrar's No. 7

(No. 4 Miles N.W. Of Tekoa, Wn on U.P. R.R.) R. Tracks
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Paul

(a) Residence. No. Rl Plummer, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred # yrs. # mos. # ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1972

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ##########

6. DATE OF BIRTH (month, day, and year) March 25 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Work

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER

13. NAME Alex Paul

14. BIRTHPLACE (city or town) (State or country) Cusick Washington

MOTHER

15. MAIDEN NAME Mary Augusta

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Alex Paul R 1 Plummer, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Idaho, Date 6/11/34 193

19. UNDERTAKER KIMBALL FUNERAL HOME (Address) TEKOA, WASH.

20. FILED June 9, 1934 John Post Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/8/34 193

22. I HEREBY CERTIFY, That I attended deceased from — , 193..., to ..., 193...

I last saw him alive on ..., 193...: death is said to have occurred on the date stated above, at 10:07 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Run over by Team | 6/8-34 |
| Killed instantly | |

Other contributory causes of importance: Laid down drunk on track

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Run over by Team

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Washington.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED

PLACE OF DEATH

County of Benewah

City of Tensed Idaho

If death occurs away from usual residence, give facts called for under special information. 5 Mile E.

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 31

(No. St.)

2. FULL NAME Robert Edward Kelly

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 89347

Registered No. 8

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 4 (Day) 1856 (Year)

7. AGE: 78 Yrs. 5 Mos. 18 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer): General Farm Work.

9. BIRTHPLACE (State or Country): Indianapolis Ind.

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Martha

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Kelly

(Address) Tensed Idaho

15. Filed June 22 1934

John Rost
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 22 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1933, to June 22 1934, that I last saw him alive on June 8 1934, and that death occurred on the date stated above, at 3 a. M.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(Duration) 1 Yrs. 6 mos. ds.

Contributory (Secondary) Valvular Heart Disease

(Duration) 15 yrs. mos. ds.

(Signed) C B Glazier M. D.

June 22 1934 (Address) Tekoa Wn

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) Residence

At place of death 24 yrs. mos. days In the State yrs. mos. days

Where was disease contracted if not at place of death? at home

Former or usual residence Same as above Tensed Idaho

19. PLACE ~~OF BURIAL OR~~ REMOVAL: Tekoa Wash

DATE OF BURIAL: June 22 1934

20. UNDERTAKER: Kimball Funeral Home

ADDRESS: Tekoa, Wn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89348

County of Bingham
City of Pingree R.F.D. #1
Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosetta Mary Christina Kemp

(a) Residence. No. Pingree Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Caue | Marrie |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of David Kemp

6. DATE OF BIRTH (month, day, and year) June 22 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ephraim San Pete Co. Utah

FATHER

13. NAME Hans Nelson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Peterson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) David Kemp Pingree

18. BURIAL, CREMATION, OR REMOVAL Place Taylorsville Ida. Date June 14 1934

19. UNDERTAKER (Address) E. J. Pope Blackfoot Idaho

20. FILED June 13, 1934 M. Merkley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934, to June 11, 1934

I last saw her alive on June 10, 1934; death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension - Cardio - Vascular Renal Disease | |
| Residual Right Cerebral Accident | |

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? B.P. Heart & Pressure Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) August E. Miller, M. D.

(Address) Blackfoot, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 89550

**PLACE OF DEATH**

**CERTIFICATE OF DEATH**

County of Fort Hall Reservation
City of .....
Registration District No. I20-R
Primary Registration District No. 2I94-R
Local Registrar's No. 108
(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

70

2. **FULL NAME** Chris Ocean

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | Bannock 4/4 | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day and year) I864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 70 | -- | -- | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Edward Edmo
(Address) Fort Hall, Idaho

15. Filed July 4, 1934 Mo Yates Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June I9, I934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 7 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Dilatation of the heart
6-5-34
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)
(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) E. J. Mikleman M. D.
19... (Address) Ft. Hall Ida.

19. Place of Burial, Cremation, or ~~Removal~~ Episcopal Mission — Date of Burial June 2I, I934

20. Undertaker None — Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89351

**PLACE OF DEATH**

County of Fort Hall Reservation
City of Fort Hall, Idaho
Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. **FULL NAME** Rose Bell Wildcat

(a) Residence. No. Fort Hall, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 8 yrs. IO mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Shoshone 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 20, I925

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 8 | IO | 29 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

PARENTS

10. NAME OF FATHER Sparks Wildcat
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Fort Hall, Idaho
12. MAIDEN NAME OF MOTHER Mary Pooengerah
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Fort Hall, Idaho

14. Informant Mary Wildcat
(Address) Fort Hall, Idaho

15. Filed July 4, I934 Mrs Nalen E Patrick Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June IO, I934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to June 8, 1934
that I last saw her alive on June 8, 1934
and that death occurred, on the date stated above, at 8: A m.
The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis
May 28, I934
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. L. Millsaps, M. D.
19 (Address) Ft. Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Bannock Creek, Cem. | June I3, I934 |
| 20. Undertaker | Address |
| Agency Carpenter | Ft. Hall, Idaho |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall, Reservation

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89352

Registration District No. I2I-R

Primary Registration District No. 2I94-R  Local Registrar's No. 106

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Navo

(a) Residence. No. Fort Hall, Idaho St. .....

(Usual place of abode)  (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6I yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Zuni Navo

6. DATE OF BIRTH (month, day, and year) I873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 6I | - - - | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ft. Hall. Idaho.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Jay Inggamus P.O. Ft Hall. Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lincoln Creek Date June 11 1934

19. UNDERTAKER (Address) Agency Carpenter Ft Hall Idaho

20. FILED July 4, 1934 Tom Wales Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jun. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from No M.D. Attending, 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3:P...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| Gun shot wound below heart | 6/8/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/8/1934

Where did injury occur? Fort Hall Res.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home

Manner of injury Suicide

Nature of injury Shot below heart

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. L. Mattsman M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 105

DO NOT WRITE IN THIS SPACE
State File No. 89353

STATE HOSPITAL SOUTH
(No. ) 824
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ELIZABETH FIEDLER

(a) Residence. No. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | WIDOWED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) March 20, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---
(State or country) Germany

FATHER

13. NAME Hans Suark

14. BIRTHPLACE (city or town) ---
(State or country) Germany

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMENT Records of State Hosp. South
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grove St. Cem. Date July 5, 1934

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Ida

20. FILED July 3, 1934 H. McNabb E. Patient
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from April last 15, 1931, to June 30, 1934
I last saw her alive on June 30th, 1934; death is said to have occurred on the date stated above, at 8:48 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CHRONIC MYOCARDITIS | 1926 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| SENILE DEMENTIA | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury, 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---

(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89355

PLACE OF DEATH
County of Gingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No. ) 182
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 103

2. FULL NAME Billie Murphey

(a) Residence. No. Firth St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mch 19 1931

7. AGE: Years 1931 | Months Mch | Days 19 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Firth

PARENTS

10. NAME OF FATHER William Murphey
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Morgan Co. Utah
12. MAIDEN NAME OF MOTHER Lenarett Goodson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Lehi Utah

14. Informant Mother Firth Idaho
(Address) William Murphey

15. Filed June 30 1934 Mrs Wallis E Patrick
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 27 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19 34, to June 19 34
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

Accidently drowned

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) F W Critchlow M. D.
June 30, 1934 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~: Firth Idaho — Date of Burial: June 30 1934

20. Undertaker: None — Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE
State File No. 89356

Local Registrar's No. 102

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME FLORENCE J WILLMORE

(a) Residence. No. ... St. Rexburg, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | DIVORCED |

5a. If married, widowed, or divorced
HUSBAND of ---
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) -----1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date June 27 193 4

19. UNDERTAKER Gibson & Teeter
(Address) Rexburg Idaho

20. FILED June 24, 193 4 Mrs. Nolen Eldredge
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2nd, 1933, to June 23rd, 1934

I last saw h[illegible]live on June 23rd, 1934: death is said to have occurred on the date stated above, at 7:27 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| GENERAL PARALYSIS OF THE INSANE | 1932 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms and Wassermann Was [illegible] autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ..., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas. R. Conley M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89357

County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 101

(No. Beck Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1870

2. FULL NAME Carl August William Wickstrum

(a) Residence. No. 670 Santa Fe ave St. Huntington Park, Cal.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie Wickstrum

6. DATE OF BIRTH (month, day, and year) June 3, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 66 | | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lindsborg, Kansas

FATHER

13. NAME Hans Wickstrum

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Caroline Nelson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Mildred Gende 3605-A. East 60 Pl. H. P. Cal.

18. BURIAL, CREMATION, OR REMOVAL Place Burris and Thomas Date Jun 20 1934

19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho

20. FILED June 19, 1934 Mrs. Dale E. Patrick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11 1934, to June 13, 1934
I last saw him alive on June 13, 1934; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion of Brain | June 11, 1934 |

Other contributory causes of importance: Fractured left leg and Internal injuries All due to being struck by Automobile

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 6-11 1934
Where did injury occur? Blackfoot Rt. Bingham Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Upon public highway
Manner of injury Struck by auto automobile
Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

R. F. D. No. 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 89358

Local Registrar's No. 100

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Vergil C. Wood

(a) Residence. No. Blackfoot. Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Wood.

6. DATE OF BIRTH (month, day, and year): 1-27-34 47

7. AGE — Years: 87 — Months: 4 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 6-11-34

11. Total time (years) spent in this occupation: 87

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER

13. NAME: Daniel Wood

14. BIRTHPLACE (city or town) (State or country): Don't Know

MOTHER

15. MAIDEN NAME: Rhyna Catton

16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMANT (Address): Joseph Wood Soda Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Blackfoot Ida Date: 6/13/, 1934

19. UNDERTAKER (Address): E. T. Peck Blackfoot Ida

20. FILED: June 13, 1934 Wm. O. Allen Registrar. by Alice

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-11-34, 193..., to 6-8-34, 193...

I last saw h.. alive on 5/10/34, 193...: death is said to have occurred on the date stated above, at 10.9. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of | |
| Intest. Metastasis | 4 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |
| | |
| | |

Name of operation: None Date of: 4

What test confirmed diagnosis: Biopsy Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?... 4
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury... 4

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify..... 4

(Signed) Elgin L. Cook M. D.

(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89359

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 99

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma E Thompson

(a) Residence. No. 693 W. Judicial St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Thompson

6. DATE OF BIRTH (month, day, and year): March 17, 1877

7. AGE: Years 67 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER

13. NAME: John Gindrup

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sarah Anderson

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Mrs. Virgil L. Stephens Blackfoot, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Place Salt Lake City Date June 10 1934

19. UNDERTAKER: E. T. Beck (Address) Blackfoot Idaho

20. FILED June 9, 1934 Mrs. Walter Steele Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 8 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1929, to June 8, 1934

I last saw her alive on June 8, 1934; death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | June 1, 1934 |
| Other contributory causes of importance: | |
| Mitral Insufficiency for many years | |

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Beck, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE
State File No. 89360

Local Registrar's No. 98

(No.) STATE HOSPITAL SOUTH
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CLARENCE E INGLESBY 77

(a) Residence. No. ... St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mary B. Inglesby

6. DATE OF BIRTH (month, day, and year) Apr. 28. 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) CANADA

FATHER

13. NAME ---albert Inglesby

14. BIRTHPLACE (city or town) (State or country) ---New Hampshire

MOTHER

15. MAIDEN NAME Catherine Gipson

16. BIRTHPLACE (city or town) (State or country) Ontario Canada

17. INFORMENT (Address) Records of State Hosp.South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Salt Lake City Date June 7th, 1934

19. UNDERTAKER E F Funk
(Address) Blackfoot Ida

20. FILED June 7, 1934 Mrs Nadine E Patrick
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from September 4th, 1933, to June 6th, 1934

I last saw him alive on June 5th, 1934; death is said to have occurred on the date stated above, at 3:25 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILE DEMENTIA | 1930 |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ..., 193...

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify ---

(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of BINGHAM

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89361

Registration District No. 127

Primary Registration District No. 2194

Local Registrar's No. 97

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

78

2. FULL NAME DAVE STUART

(a) Residence. No. ..... St. Fruitland, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of Mary M. Wallace
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 6 - 1862.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 72 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) near Chicago. Illinois.

FATHER

13. NAME Charles Stuart

14. BIRTHPLACE (city or town) (State or country) Montreal Canada

MOTHER

15. MAIDEN NAME Elizabeth Thompson

16. BIRTHPLACE (city or town) (State or country) Wheeling West Virginia.

17. INFORMANT (Address) Grace Willis (Records of State Hosp. South) New Plymouth Ida. Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Lay with Ida Date June 9, 1934.

19. UNDERTAKER (Address) W. M. McEwen Fruitland Idaho

20. FILED June 9 1934 W. M. Wallace Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-6-34

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21st, 1933, to June 6th, 1934

I last saw him alive on June 5th 1934.; death is said to have occurred on the date stated above, at 12.30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| EPILEBSY | at least since Aug 20 1932 |
| Other **contributory causes** of importance: | |
| None | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical symptoms. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? -- Date of injury .., 193.

Where did injury occur? ---
(Specify city or town, county, and state)

Was injury occurred in **industry**, in **home**, or in **public place.** ---

Manner of injury --

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? -- If so, specify --

(Signed) Chas. R. Lowe M. D.
Supt State Hosp South

(Address) Blackfoot, Idaho.

RECEIVED JUL 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Basalt

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89362

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 96

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Pope

(a) Residence. No. Basalt, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of D. L. Pope

6. DATE OF BIRTH (month, day, and year) October 18, 1862.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 7 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grantsville, Utah.

FATHER

13. NAME Charlie McMurry

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Melvina Wilson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Glen Pope
(Address) Pocatello, Idaho.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Basalt, Idaho. Date June 7, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED June 7, 1934. Mrs. Nalen E. Falen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4, 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934., to June 4, 1934.

I last saw her alive on June 4, 1934. death is said to have occurred on the date stated above, at 10.25p m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Old Age | |
| | |
| | |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Roberts, M. D.

(Address) Shelley, Idaho

RECEIVED JUL 11 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89363

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 19

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel L. Schwartz

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ola May Schwartz

6. DATE OF BIRTH (month, day, and year) June 27-1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 62 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** City Employ

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Isador Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lana Benson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Chas A Bennett

18. ~~BURIAL, CREMATION, OR REMOVAL~~
Place Salt Lake City Date June 30 1934
after

19. UNDERTAKER (Address) L. L. Harris Hailey, Ida

20. FILED 7-1, 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193... death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Found dead | |

Other **contributory causes of importance:**

| | |
|---|---|
| Cerebral Embolism | |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W. Burkhead Smyth M. D.
(Address) Hailey Ida
Blaine Co Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89364

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 18

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

Fox 74

2. FULL NAME Thomas H. Brashears

(a) Residence. No. .... St. ....
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year): Feb 25 1863
7. AGE — Years: 71 — Months: 3 — Days: 29 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**:
10. Date deceased last worked at this occupation (mo. and yr.): June 24
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Polk County Ind.

FATHER
13. NAME: Ruben Brashears
14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER
15. MAIDEN NAME: Mary Batton
16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT (Address): Mrs J C Smith Bliss Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Bellevue Date: June 27 1934

19. UNDERTAKER: H H Davis
(Address): Hailey Idaho

20. FILED: 7-1, 1934 R H Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 193.4., to 6-24, 193.4.
I last saw he alive on 6-24, 193.4.; death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 6-23-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Arteriosclerosis | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ....
(Signed) H W Fox M. D.
(Address) Hailey Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Blaine
City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89365

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Hanna Sorenson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Sorenson

6. DATE OF BIRTH (month, day, and year) Dec 20-1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Provo Utah

FATHER

13. NAME Andrew Jorgenson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Dorothy Knutson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs. Frank B. Ueraldi Ketchum - Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ketchum Date 6-16-1934

19. UNDERTAKER ..... (Address) H. Harris Hailey Ida.

20. FILED 7-1-, 1934 P. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1934, to 6-24, 1934
I last saw h-- alive on 6/24 1934 death is said to have occurred on the date stated above, at 10.45 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Far advanced Breast (Medullary) | 1 yr |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Amputation Breast Date of 6-14-34
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) I. W. Fox M. D.
(Address) Hailey Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boise

City of Garden Valley Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

DO NOT WRITE IN THIS SPACE

State File No. 89366

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Richard H Roberts

(a) Residence. No. Puyallup Wash St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Roberts

6. DATE OF BIRTH (month, day, and year):

7. AGE — Years: 44 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Grocery

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: merchant

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Richard Woods

18. BURIAL, CREMATION OR REMOVAL
Place: Puyallup Wn Date: ....., 193..

19. UNDERTAKER: C D Buckingham
(Address): Emmett Idaho

20. FILED ....., 193... J K Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/21 1934

22. I HEREBY CERTIFY, That I attended deceased from Dead when seen June 21, 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3 P. ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. L. Frazen ....., M. D.

(Address) 214 7 Elliott Boise, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boise

City of xx

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No. ..... Local Registrar's No. 12

DO NOT WRITE IN THIS SPACE

State File No. 89367

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Baylor Evans-Lombe

(a) Residence. No. Hotel Boise St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of xx

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 33 | 7 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Medical Doctor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Edna, Kansas

FATHER

13. NAME H. J. Evans-Lombe

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Georgia Baylor

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) C.W. Evans-Lombe Coffeyville, Kansas

18. BURIAL, CREMATION OR REMOVAL
Place Edna, Kansas Date ....., 193..

19. UNDERTAKER (Address) W. McBratney, Boise.

20. FILED 7/7, 1934 Wm. E. Robison Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2nd, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| Automobile | ..... |
| Accident | ..... |
| ..... | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acct Date of injury.., 1934 June 30
Where did injury occur? Lowman road, Boise, Co
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Forest Highway
Manner of injury. Car leaving road
Nature of injury. Undertermined

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) J. E. Shanahan Coroner Boise County M.D.
(Address) Idaho City, Idaho

PLACE OF DEATH
County of Boise
City of XX

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 12
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 89368

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marian Pettinger Corcoran

(a) Residence. No. 148 East Jefferson Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jack Corcoran.

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 34 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phillipsburg Mont

FATHER

13. NAME Fred A Pettinger

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Alice Butterworth

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT (Address) Fred A Pettinger Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Portland Ore Date 7/5, 1934

19. UNDERTAKER (Address) W M McCall Brotney Boise Idaho

20. FILED 7/7, 1934 Wm E S Robson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile accident | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accd Date of injury 6/30 1934

Where did injury occur? Dawson Road Boise Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Forest Highway car running road

Manner of injury

Nature of injury Undetermined.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J C Hamilton M. D.

(Address) Idaho City Idaho

INFORMATION, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89369

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 46

(No. 610 N 4th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Harvey Stevenson Blinn

(a) Residence. No. 610 N 4th Ave, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha Elizabeth Blinn

6. DATE OF BIRTH (month, day, and year): July 13, 1856.

7. AGE: Years 77 | Months 10 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Anderson (State or country) Brazoria Co., Texas.

FATHER

13. NAME: Joseph Edward Blinn

14. BIRTHPLACE (city or town) New York, (State or country) N.Y.

MOTHER

15. MAIDEN NAME: Mary Evelyn Stevenson

16. BIRTHPLACE (city or town) Brazoria Co., (State or country) Texas.

17. INFORMANT: Mrs. Ray Racicot
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Cemetery Sandpoint Ida Date May 31 193 4

19. UNDERTAKER: L.G. Moon
(Address) Sandpoint, Idaho.

20. FILED May 31, 1934. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27 193 4

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1934, to May 27, 1934

I last saw him alive on May 27, 1934; death is said to have occurred on the date stated above, at 8.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Asthma | May 1 |

Other **contributory causes** of importance:

| | |
|---|---|
| Urinary tract infection probable irritant | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) C. P. Staechaune M. D.

(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89371

**PLACE OF DEATH**

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 48

(No. R. F. D. No. 1 - Pack River Dist.)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Darrell Allen Dawson

(a) Residence. No. R. F. D. No. 1 Pack River Dist.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29, 1933.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spirit Lake Idaho

MOTHER FATHER

13. NAME Orvin S. Dawson

14. BIRTHPLACE (city or town) (State or country) Montana.

15. MAIDEN NAME Lucille B. Fry

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMANT (Address) Harry B. Fry R. F. D. 1, Sandpoint, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Morton Chapel Date June 11, 1934

19. UNDERTAKER (Address) L. L. Morton Sandpoint, Idaho.

20. FILED June 11, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 10, 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934., to June 10, 1934.
last saw him alive on June 7., 1934.: death is said to have occurred on the date stated above, at 2. a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | May 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. F. Tyler M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89372

**PLACE OF DEATH**

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 49

(No. Near Cocolalla)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Unidentified.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 35 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc** .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Unknown

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMENT (Address) R. J. Alcorn M.D. Sandpoint

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date June 14, 1934

19. UNDERTAKER Turnbull Co (Address) Sandpoint

20. FILED June 14, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma due to | |
| Fall from | |
| train | |
| Cerebral Hemorrhage | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R. J. Alcorn M. D.
(Address) Near Sandpoint

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89373

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 51
(No. 410 N. Railroad Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lowery H. Lightner

(a) Residence. No. 410 N. Railroad St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annette Lightner

6. DATE OF BIRTH (month, day, and year) March 19, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mining

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Louisville Kentucky

FATHER

13. NAME Lowery H. Lightner

14. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Leah Barrett

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Mary Thomas Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Idaho Date 6/27, 193 4

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED June 26 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1934, to June 25, 1934.
I last saw him alive on June 25, 1934; death is said to have occurred on the date stated above, at 2 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Hemorrhage. | June 23, 1934. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pulmonary Tuberculosis. | 1933 |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Sandpoint, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76
Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 89374

Local Registrar's No. 52

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

1610

2. FULL NAME Arlen Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Selle
(State or country) Idaho

FATHER

13. NAME Lloyd Nelson

14. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

MOTHER

15. MAIDEN NAME Alice Blum

16. BIRTHPLACE (city or town) Elmira
(State or country) Ida

17. INFORMENT (Address) ~~Sis~~ Charles Blum Sandpoint, Idaho (Route 2)

18. BURIAL, CREMATION, OR REMOVAL Place McArthur Date June 29 1934

19. UNDERTAKER Charles Blum
(Address) Sandpoint, Idaho

20. FILED June 29, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1934, to 6-27, 1934
I last saw him alive on 6-27, 1934; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature - 6 1/2 mo | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. P. Staeheli M.D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Selle, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76
Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 89375

Local Registrar's No. 53

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lloyd Nelson Jr.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Selle (State or country) Ida.

FATHER
13. NAME Lloyd Nelson
14. BIRTHPLACE (city or town) Coeur d'Alene (State or country) Ida.

MOTHER
15. MAIDEN NAME Alice Blum
16. BIRTHPLACE (city or town) Almira (State or country) Ida.

17. INFORMENT (Address) Charles Blum Sandpoint, Ida. Route I

18. BURIAL, CREMATION, OR REMOVAL Place Mc Arthur Date June 29, 1934

19. UNDERTAKER (Address) Charles Blum (grandfather) Sandpoint, Ida.

20. FILED June 29, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1934, to 6-27-, 1934
I last saw him alive on 6-27-, 1934: death is said to have occurred on the date stated above, at 1:30 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity - 6½ mo. | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. P. Starchouse, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 17

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89376

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls.
Registration District No. 73
Primary Registration District No. 21-10
Local Registrar's No. 129

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Howell.

(a) Residence. No. 805 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: no | Months: no | Days: 1 | If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls. Idaho

FATHER

13. NAME: Alon P. Howell.
14. BIRTHPLACE (city or town) (State or country): Walnut. Penn.

MOTHER

15. MAIDEN NAME: Leora Patten.
16. BIRTHPLACE (city or town) (State or country): Oklahoma.

17. INFORMENT (Address): A. P. Howell 805 Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL. Place: Idaho Falls Date: 6-27, 1934

19. UNDERTAKER (Address): W. F. McNamee Idaho Falls Ida.

20. FILED July 7, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h alive on June 27, 1934 death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 6 months Immature | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| None | |

Name of operation None Date of .....

What test confirmed diagnosis? Physician Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Leyhe M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonn
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2170

DO NOT WRITE IN THIS SPACE
State File No. 89378

Local Registrar's No. 131

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Ellis

(a) Residence. No. 452 - 6th St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 5, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 0 | 0 | 7 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Idaho Falls, (State or country) Idaho

FATHER

13. NAME George E. Ellis

14. BIRTHPLACE (city or town) Blackfoot (State or country) Idaho

MOTHER

15. MAIDEN NAME Goldy Clifford

16. BIRTHPLACE (city or town) Idaho Falls (State or country) Ida.

17. INFORMENT (Address) Goldy Ellis

18. BURIAL, CREMATION, OR REMOVAL Place Ida Falls Date 7-6, 1934

19. UNDERTAKER (Address) Ida Falls Ida

20. FILED 7/6, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to July 6, 1934
I last saw him alive on July 6, 1934: death is said to have occurred on the date stated above, at 6:00 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth. | |
| Intra uterine 7½ months | |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Canyonville
City of Gray Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89380

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 115

(If death occurred in a hospital or institution, give its name instead of street and number) (No.)

2. FULL NAME Hugh G. Libbett

(a) Residence. No. Gray, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of Mary Libbett (or) WIFE of
6. DATE OF BIRTH (month, day and year): Dec. 8 1872
7. AGE: Years 61 | Months 5 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Rancher & Stockman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Morgan City (Utah)

FATHER
13. NAME: James L. Libbett
14. BIRTHPLACE (city or town) (State or country): Bayne

MOTHER
15. MAIDEN NAME: Almeda Simmons
16. BIRTHPLACE (city or town) (State or country): Calif.

17. INFORMANT (Address): Gray Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Gray Ida Date: June 9, 1934

19. UNDERTAKER (Address): C. D. Hyltunen Soda Springs Ida

20. FILED June 9, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21 1934 to June 7 1934
I last saw him alive on June 1 1934; death is said to have occurred on the date stated above, at 1:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion of Brain | |
| & injury to left side of Chest | |
| Caused by a fall from a horse | |
| Other **contributory causes** of importance: | |
| none | |

Name of operation: None Date of:
What test confirmed diagnosis?: None Was there an autopsy?:

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 5/16/34 1934.
Where did injury occur? Gray, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On his farm
Manner of injury Thrown from a horse
Nature of injury Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Rancher

(Signed) C. D. Hyltunen M.D.
(Address) Soda Springs Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89381

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 116

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Virginia Zelma Storer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 21, 1924

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 10 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

MOTHER FATHER

13. NAME: Lawrence John Storer
14. BIRTHPLACE (city or town) (State or country): Milo, Idaho
15. MAIDEN NAME: Zelma J. Johnson
16. BIRTHPLACE (city or town) (State or country): Shelton, Idaho

17. INFORMANT (Address): Lawrence J. Storer Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: June 12, 1934

19. UNDERTAKER (Address): Jack Gray Wood Idaho Falls.

20. FILED 6/11, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to June 9, 1934.
I last saw her alive on June 8, 1934; death is said to have occurred on the date stated above, at 11-P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Endocarditis | Nov. to 1933 |
| | June 1934 |
| Other **contributory causes** of importance: | |
| Acute Rheumatism | Nov. 1933 |

Name of operation: none Date of:
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89382

**PLACE OF DEATH**
County of Bonn
City of Ida Falls
Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 117
(No. Idaho Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joann T Butler

(a) Residence. No. ..... St. Irwin, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1931

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 2 | 6 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida

FATHER

13. NAME Enoch T Butler

14. BIRTHPLACE (city or town) (State or country) Swan Valley, Idaho

MOTHER

15. MAIDEN NAME Gertrude Janet Adams

16. BIRTHPLACE (city or town) (State or country) Cottonwood, Idaho

17. INFORMENT (Address) Enoch T Butler Irwin, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Irwin, Ida Date 6-13, 1934 Removal

19. UNDERTAKER (Address) A R Buck Idaho Falls, Ida

20. FILED June 17, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to June 10, 1934
I last saw her alive on June 8, 1934: death is said to have occurred on the date stated above, at 4½ P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Measles | June 5 |
| Other contributory causes of importance: Bronchial pneumonia | June 7 |
| Whooping Cough | May 20 |

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) ....., M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89383

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2104 Local Registrar's No. 118
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Leone Kemsley

(a) Residence. No. 369 — 11 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: John Kemsley

6. DATE OF BIRTH (month, day, and year): Nov. 11 1884

7. AGE — Years: 49 — Months: 7 — Days: — — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mont. Cyeh Idaho

MOTHER FATHER

13. NAME: Hans P. Christensen
14. BIRTHPLACE (city or town) (State or country): Denmark
15. MAIDEN NAME: Hannah Jane Nelson
16. BIRTHPLACE (city or town) (State or country): Franklin Idaho
17. INFORMANT (Address): John Kemsley Idaho Falls
18. BURIAL, CREMATION OR REMOVAL — Place: Plano Ida. Date: June 15 1934
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls
20. FILED: 6/13..., 1934 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 11 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6..., 1934., to June 11..., 1934.
I last saw her alive on June 11, 1934; death is said to have occurred on the date stated above, at 6:..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis and Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Not was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Ray Hatch M. D.
(Address) Idaho Falls

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89384

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21V-0
Local Registrar's No. 119

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry A Sommer

(a) Residence. No. 441 - 7th St.
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Sommers

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 10 | 2 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Buck Layer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan (State or country) Utah

FATHER
13. NAME Ben Sommer
14. BIRTHPLACE (city or town) Switzerland (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Money
16. BIRTHPLACE (city or town) Switzerland (State or country)

17. INFORMANT Mrs. Carrie Sommers (Address) 441 - 7th St Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Idaho Date June 15, 1934

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls.

20. FILED June 13, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1933 to June 12, 1934.
I last saw him alive on June 12, 1934; death is said to have occurred on the date stated above, at 9:05 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of prostate | 1932 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:
Pathological Fracture of right humerus from metastases from carcinoma of prostate June 4
Name of operation Prostatic Resection Date of Aug 1933
What test confirmed diagnosis? Clinical Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89385

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 1-10

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

110

2. FULL NAME Mabel Ann Ellis.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married. |

5a. If married, widowed, or divorced (or) WIFE of Fredrick George Ellis.

6. DATE OF BIRTH (month, day and year) Aug. 19, 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 43 | 9 | 22 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Milo, Idaho.

PARENTS

10. NAME OF FATHER Otto Peterson.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden.
12. MAIDEN NAME OF MOTHER Rachel Mary Coles.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant Marie Ross
(Address) Rigby, Idaho. R. #2

15. Filed 6/14, 1934 Wm Finnimore, Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 10, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to June 10, 1934
that I last saw her alive on June 9, 1934
and that death occurred, on the date stated above, at 6:30 P m.
The CAUSE OF DEATH was as follows:

Influenza
Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis
a Goiter.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) J. R. West, M. D.
June 12, 1934 (Address) Rigby. Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho. | 6/14/34 |

20. Undertaker C B Eckersell — Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89386

PLACE OF DEATH

County of Bonneville

City of Idaho Falls. Registration District No. 13

Primary Registration District No. 2 1 2 2 Local Registrar's No. 121

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Virgil Edwards.

(a) Residence. No. Butler Hotel. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 23-1925

7. AGE — Years: 8 — Months: 9 — Days: 20 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah.

FATHER

13. NAME: George Miller

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Loma Edwards

16. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

17. INFORMENT (Address): Mrs Loma Edwards Idaho Falls Idaho.

18. BURIAL, CREMATION, OR REMOVAL — Place: Idaho Falls Date: 6-17, 1934

19. UNDERTAKER (Address): V. F. McHarry Idaho Falls. Ida.

20. FILED: 6/17/34, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-13. 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1934 to 6-13, 1934

I last saw him alive on Did not see him alive, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 1934

Where did injury occur? Idaho Falls, Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Park.

Manner of injury Went down while swimming

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry L. Wilson, M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89387

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 122

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maria Empey

(a) Residence. No. Rt #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred Empey

6. DATE OF BIRTH (month, day, and year) Oct. 3, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 70 | 8 | 12 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Wales

FATHER
13. NAME Philip Lewis
14. BIRTHPLACE (city or town) ..... (State or country) Wales

MOTHER
15. MAIDEN NAME Catherine Evans
16. BIRTHPLACE (city or town) ..... (State or country) England

17. INFORMANT ..... (Address) Alfred Empey Rt 3 Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Date June 18 1934

19. UNDERTAKER Jack A. Elwood (Address) Idaho Falls

20. FILED 6/18, 1934 Olga Funnicelli Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1933 to June 15, 1934

I last saw her alive on June 13, 1934 death is said to have occurred on the date stated above, at 3:50 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | Indef. |
| Chronic myocarditis | " |
| Arterio-Sclerosis | " |
| | |

Other **contributory causes** of importance: Gangrene and ulcers of foot — May 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) L. O. Mellar M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89388

**PLACE OF DEATH**

County of Bonniville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 240

Local Registrar's No. 130

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME James Ross Seavers

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19, 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 0 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cleaner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** & Presser

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Charles Seavers

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Melinda Langford

16. BIRTHPLACE (city or town) (State or country) Nevada.

17. INFORMANT (Address) Mrs. Charles Seavers. Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date July 6, 1934

19. UNDERTAKER (Address) Arthur W. Hall. Pocatello, Idaho.

20. FILED July 6, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1934, to July 3, 1934
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 8:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile | |
| accident | |
| Died upon entering | |
| hospital | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury July 3, 1934
Where did injury occur? Bingham Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Auto wreck on highway
Manner of injury. Car overturned on highway
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89389

County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 214.0 Local Registrar's No. 123
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Madeline Baeler 126

(a) Residence. No. Driggs, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept. 23, 1927
7. AGE: Years 6 | Months 8 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brigham City Utah

FATHER
13. NAME: Martin W. Baeler
14. BIRTHPLACE (city or town) (State or country): Cedar City Utah

MOTHER
15. MAIDEN NAME: Clarissa Bannon
16. BIRTHPLACE (city or town) (State or country): Manti Utah

17. INFORMANT (Address): Mrs. M. W. Baeler Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Driggs, Idaho Date: June 18 193 4

19. UNDERTAKER: Jack Gardner (Address): Idaho Falls, Idaho

20. FILED: 6/16, 193 4 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 16 193 4

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934., to June 16., 1934.
I last saw her alive on June 16 1934.: death is said to have occurred on the date stated above, at 7:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute General Plastic & suppurative Peritonitis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: Laparotomy & drainage Date of 6, 15, 34
What test confirmed diagnosis? (Was there an autopsy?)

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

RECEIVED JUL 11 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH — CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89390

County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 214-a Local Registrar's No. 127
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Catherine Bingham

(a) Residence. No. ... St. Shelley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles R. Bingham

6. DATE OF BIRTH (month, day, and year): May 7, 1867

7. AGE — Years: 67 — Months: 1 — Days: 11 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mt. Pleasant, Utah

MOTHER FATHER

13. NAME: Rasmus Mickelsen
14. BIRTHPLACE (city or town) (State or country): Denmark
15. MAIDEN NAME: Mary Catherine Peterson
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Charles R. Bingham, Shelley, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Shelley Idaho Date: June 20 1934

19. UNDERTAKER (Address): Jack G. Wood, Idaho Falls, Idaho

20. FILED 6/19/34 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-16-34, to 6-18-34
I last saw her alive on 6-18-34 death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pilegmonous Edema of Thorax & Glottis | 6-15-34 |

Other **contributory causes** of importance:
Chronic Endocarditis 2 yrs. Standing

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edwin Culley, M. D.
(Address) 670 486 Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89391

**PLACE OF DEATH**

County of Bonneville
City of Ida. Falls
Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 12
(No. Ida. Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Engeborg Shively

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 9 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. O. Shively

6. DATE OF BIRTH (month, day, and year) July 8, 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 27 | 11 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 3-1-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Hulda Adolphson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT W. O. Shively
(Address) Ida. Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ida Falls Date 6-24, 1934

19. UNDERTAKER O. L. Bucy
(Address) Ida Falls Ida.

20. FILED 6/23, 1934 C. W. Kinnaird Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to June 22, 1934
I last saw her alive on June 22, 1934; death is said to have occurred on the date stated above, at 1:50 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever. | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. P. Sederquist, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89392

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 127

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Hugh Hope

(a) Residence. No. Salem St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug. 6 1928

7. AGE — Years: 5 — Months: 10 — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Logan Utah

FATHER

13. NAME: Lee Hope

14. BIRTHPLACE (city or town) (State or country): Rexburg Idaho

MOTHER

15. MAIDEN NAME: Emma Fisher

16. BIRTHPLACE (city or town) (State or country): Hubbard Idaho

17. INFORMANT (Address): Lee Hope Rexburg R D 2

18. BURIAL, CREMATION OR REMOVAL
Place. Rexburg Date 6-7-, 193[illegible]

19. UNDERTAKER (Address): Wm. J. Fuller Rexburg, Idaho

20. FILED 6/26, 193[illegible] [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 23/1934 193

22. I HEREBY CERTIFY, That I attended deceased from June 4, 193 4 to June 23, 193 4
I last saw h[illegible] alive on June 22 1934: death is said to have occurred on the date stated above, at 3:25 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Left lobar Pneumonia with empyaemia following Measles | May 8 |

Other **contributory causes** of importance:

Name of operation. Thoracotomy Date of 6.14.34

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Carr Hatch M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89393

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 132

(No. Idaho Falls L.D.S.Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katie Ellen Johnson.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE of William L. Johnson.

6. DATE OF BIRTH (month, day, and year) May 11, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 1 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME John Wickham.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Sarah Andrews.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Wm F Johnson Ririe, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rigby, Idaho. Date 7/6, 193[illegible]

19. UNDERTAKER (Address) E. E. Eckersell Rigby, Idaho.

20. FILED July 9, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 3, 1934
I last saw her alive on July 3, 1934: death is said to have occurred on the date stated above, at 4:15 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock (accidental) following Imposter fracture R. Femur | |
| Other contributory causes of importance: Chronic Myocarditis | |

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 3, 1934
Where did injury occur? Rigby, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fell in home
Nature of injury Imposter fracture R femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W.C.A. Yes

(Signed) [illegible], M. D.
(Address) Rigby, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89394

County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2154 Local Registrar's No.
(No Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Velma Irene Church

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Harry Church

6. DATE OF BIRTH (month, day and year): Sept. 16 - 1916

7. AGE: Years 18 | Months 1 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Haslem Iowa

MOTHER FATHER
13. NAME: H. R. Goudy
14. BIRTHPLACE (city or town) (State or country): Lake City Iowa
15. MAIDEN NAME: Gladys Foltz
16. BIRTHPLACE (city or town) (State or country): Yale Iowa

17. INFORMANT (Address): H. Pittsburg Bonners Ferry Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Date 6-12 1934
19. UNDERTAKER (Address): H. R. Church Bonners Ferry Ida
20. FILED 6/10 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to June 9, 1934
I last saw her alive on June 9 1934; death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendicitis | June 1 1934 |
| Gangrenous Type | |
| Peritonitis | |
| | |
| | |

Other **contributory causes** of importance:
Pregnancy - 4 mo
Miscarriage

Name of operation: Appendectomy Date of: June 4
What test confirmed diagnosis: Operation Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify
(Signed) E. M. Dowrel M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89395

Registration District No. 29

Primary Registration District No. 2154 Local Registrar's No. [illegible]

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Wallace Comagey

(a) Residence. No. ..... St. Naples Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 10-1928

7. AGE — Years: 5 | Months: 11 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Raymond Wash.

MOTHER FATHER

13. NAME: Fred Comagey

14. BIRTHPLACE (city or town) (State or country): Wisc.

MOTHER

15. MAIDEN NAME: Ruth Tomblin

16. BIRTHPLACE (city or town) (State or country): Bayou Wisc.

17. INFORMANT (Address): Fred Comagey Naples, Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Bonners Ferry Date: June 9 1934

19. UNDERTAKER (Address): E. P. Church Bonners Ferry Ida

20. FILED 6/8, 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to June 7, 1934. I last saw him alive on June 7, 1934. death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental death | June 5 |
| Auto struck by Train | |
| Compound Comminuted | deferred |
| Skull fracture | |
| Other **contributory causes** of importance: | |
| Broncho pneumonia | June 6. |

Name of operation: Caved fracture Date of: June 5

What test confirmed diagnosis: Operation Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? June 5 1934

Where did injury occur? Naples Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** Railway Crossing

Manner of injury: Car struck by Train

Nature of injury: Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. M. Bourell M. D.

(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Naples

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89396

Registration District No. 29

Primary Registration District No. 2154 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Elanor Comagey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Comagey

6. DATE OF BIRTH (month, day, and year): Feb 24-1898

7. AGE: Years: 36 | Months: 3 | Days: 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bangor Wisc.

MOTHER FATHER

13. NAME: G. W. Tinblin

14. BIRTHPLACE (city or town) (State or country): Armstrong Co Penn.

15. MAIDEN NAME: Ida McKee

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Fred Comagey Naples, Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Bonners Ferry Date: June 9, 1934

19. UNDERTAKER (Address): A. W. Clough Bonners Ferry Idaho

20. FILED 6/6, 1934 E E Ivy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12:20 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental death | |
| Car struck by Railway Train | |
| Cerebral concussion and suffocation | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, 193 4

Where did injury occur? Naples Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Railway Crossing

Manner of injury Contact by train

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) A. M. Bonner Coroner M. D.

(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 2 0 1934

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RECEIVED

**PLACE OF DEATH**

County of Boundary

City Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89399

Registration District No. 29

Primary Registration District No. 2154 Local Registrar's No.

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Charles August Palm

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, and year): Aug. 23 1855

7. AGE — Years: 78 | Months: 8 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

MOTHER/FATHER

12. BIRTHPLACE (city or town) (State or country): Sweden

13. NAME: Charles Palm

14. BIRTHPLACE (city or town) (State or country): Sweden

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Henry A. Palm Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date May ..., 193..

19. UNDERTAKER (Address): H. P. Crowell Bonners Ferry Ida

20. FILED 5/18/, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 17, 1934.

I last saw him alive on May 17, 1934; death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocardial degeneration | 3 mos. |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Rue Powell M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City Moyie Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89400

Registration District No. 29

Primary Registration District No. 2154 Local Registrar's No.

RECEIVED JUN 20 1934

No.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Skelton

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. (If married, widowed, or divorced) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 16-1918

7. AGE: Years 15 Months 9 Days 27 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cabee Creek Montana

MOTHER

13. NAME: Fred Skelton

14. BIRTHPLACE (city or town) (State or country): Long Island Kansas

FATHER

15. MAIDEN NAME: Nellie Thomas

16. BIRTHPLACE (city or town) (State or country): Alamo Montana

17. INFORMANT (Address): Fred Skelton Moyie Springs

18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date May 15 1934

19. UNDERTAKER (Address): W. P. Crockett Bonners Ferry

20. FILED 5/14/, 1934 E. E. Tuttle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Death | |
| by drowning | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury.., 193..

Where did injury occur near Moyie Springs Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**,

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify

(Signed) Geo. Colwell M.D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89401

Registration District No. 79

RECEIVED JUN 21 1934

Primary Registration District No. 2134 Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Danna C. Landon

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Clark.

6. DATE OF BIRTH (month, day, and year) May 17 - 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 11 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumber Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1926

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) Stowe Vermont

FATHER

13. NAME Danna Landon

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Dan Landon, Jr.
(Address) Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date May 14 1934

19. UNDERTAKER E. L. Crooks
(Address) Bonners Ferry

20. FILED 5/15 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934, to May 11, 1934.

I last saw him alive on May 11 1934. death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocardial | |
| Degeneration | 1933 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Bronchitis | 1930 |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) Bonners Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City or Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89402

RECEIVED JUN 2 1934

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Dunning

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced (or) WIFE of HUSBAND of Mary A. Dunning

6. DATE OF BIRTH (month, day, and year) Dec. 6 - 1865

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 5 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Windsor New York

MOTHER/FATHER

13. NAME Daniel Dunning

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Mary Barlow

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Mrs. Mildred McPherson Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Bonners Ferry Date May 9 1934

19. UNDERTAKER (Address) A. P. Church Bonners Ferry Ida

20. FILED 5/7/1934 E. E. Hoag Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1934, to May 6, 1934

I last saw him alive on May 6 1934 death is said to have occurred on the date stated above, at 9:45 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Apr. 30. 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in a **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ....., M. D.

(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89403

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace Wells

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lonie Wells.

6. DATE OF BIRTH (month, day, and year) Sept. 17-1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 59 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Teamster

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bryan Ohio

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Matilda Benn

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Lonie Wells Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL Place Bonners Ferry Date May 5 1934

19. UNDERTAKER (Address) A. P. Crooks Bonners Ferry, Ida

20. FILED 5/4/, 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 3, 1934.

I last saw him alive on May 3, 1934.; death is said to have occurred on the date stated above, at 12:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Influenza | Apr 30 - |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pneumonia | May 3 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. M. Bowell M. D.

(Address) Bonners Ferry Idaho

RECEIVED JUN 20 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89404

## PLACE OF DEATH

County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alf Moxness

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME J. W. Moxness

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Lena Roskaft

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Peter Moxness
(Address) Everett, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Apr. 3, 1934

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED 4/3/, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 193 3., to April 1, 193 4.
I last saw h[illegible] alive on April 1, 193 4.; death is said to have occurred on the date stated above, at 1: P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| Empago | |

Other **contributory causes** of importance:

Name of operation Sulphating & Ray Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner
(Signed) Jim Bowell M. D.
(Address) Bonners Ferry Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 20 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89405

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gunder Hansen

(a) Residence. No. St. Naples, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anne Hansen

6. DATE OF BIRTH (month, day, and year) Dec. 3, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 4 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Edsvold
(State or country) Norway

FATHER

13. NAME Hans Hansen

14. BIRTHPLACE (city or town) Edsvold
(State or country) Norway

MOTHER

15. MAIDEN NAME Machea Peterson

16. BIRTHPLACE (city or town) Edsvold
(State or country) Norway

17. INFORMANT Mrs. Anne Hansen
(Address) Naples, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry. Date Apr. 4, 1934

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED 4/3/, 1934. E. E. Ing
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Apr. 2, 1934.
I last saw him alive on Apr. 1, 1934. death is said to have occurred on the date stated above, at 5 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia - nephritis | 1933 |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic nephritis | 1930 |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. E. Ing, M. D.
(Address) Bonners Ferry, Ida.

RECEIVED JUN 2 0 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89406

Registration District No. 79

Primary Registration District No. 2157 Local Registrar's No.

(No Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1876

2. FULL NAME Allen Hubert Hawe

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): December 12, 1921
7. AGE — Years: 12 Months: 3 Days: 27 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bonners Ferry Idaho

MOTHER FATHER
13. NAME: Mrs. Clark Hawe
14. BIRTHPLACE (city or town) (State or country): Augusta Wisc.

MOTHER
15. MAIDEN NAME: Mae Collins
16. BIRTHPLACE (city or town) (State or country): Garret Ill.

17. INFORMANT (Address): Clark Hawe Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Bonners Ferry Cemetery Date: Apr 1, 1934
Paradise Valley Cemetery

19. UNDERTAKER (Address): H. B. Crowder Bonners Ferry, Ida

20. FILED 4/4/1934 E. H. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Death: | |
| Skull Fracture | |
| Struck by automobile while | |
| crossing Highway | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis: Hospital Examination Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr 8, 1934
Where did injury occur? Boundary Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Public Highway
Manner of injury: Struck by auto
Nature of injury: Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas Bowers, M. D.
(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89407

**PLACE OF DEATH**

County of Boundary

City of Naples

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No. 167

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Schauer

(a) Residence. No. ..... St. Naples, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 11 - 1910.

7. AGE — Years: 24 | Months: 3 | Days: 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: Charles Schauer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Selma Siemeke

16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Charles Schauer Naples Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Bonners Ferry Date: Apr. 16 1934

19. UNDERTAKER: W. P. Staples

(Address): Bonners Ferry, Ida

20. FILED 4/15/1934

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by Hanging | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Suicide Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury..... Suicide by hanging

Nature of injury..... Strangulation

24. Was disease or injury in any way related to occupation of deceased?..... No If so, specify.....

(Signed) ..... C. M. Bowell, M. D.

(Address) Bonners Ferry Idaho

RECEIVED JUN 20 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89408

## PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2154 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Franklin Winters

(a) Residence. No. St. Copeland
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6. DATE OF BIRTH (month, day, and year) May 1, 1862.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 66 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME John C. Winters

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Hannah L. Culver

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Bonners Ferry Date Apr. 21, 1934

19. UNDERTAKER H. P. Orcutt
(Address) Bonners Ferry Ida.

20. FILED 4/20, 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1934, to Apr. 20, 1934.
I last saw him alive on Apr. 19, 1934; death is said to have occurred on the date stated above, at 12:10 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 4/10/34 |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Bonners Ferry, Ida.

RECEIVED JUN 20 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89409

PLACE OF DEATH

County of Boundary
City of Bonners Ferry

Registration District No. 79

RECEIVED JUN 20 1934

Primary Registration District No. 2156 Local Registrar's No.

(If outside city limits, give township) Bonners Ferry Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Spinharney

(a) Residence. No. St. Moyie Springs, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Spinharney

6. DATE OF BIRTH (month, day, and year) June 3, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 66 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant Retail

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Blazins Spinharney

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Agnes Spinharney Moyie Springs, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Bonners Ferry Date Apr. 24, 193..

19. UNDERTAKER (Address) A. B. Crouch Bonners Ferry, Ida.

20. FILED 4/30/ 193 4 E. E. Long Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 21 193 4

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27 193 4, to Apr. 21, 193 4

I last saw him alive on Apr. 21 193 4; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis | Feb. 1934 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. E. Long, M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 20 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89411

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 3157 Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosalie Alexander

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Kanaka Alexander

6. DATE OF BIRTH (month, day, and year): 1846

7. AGE: Years: 88 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bonners Ferry Idaho

MOTHER/FATHER

13. NAME: 16. Katonwa Cashme

14. BIRTHPLACE (city or town) (State or country): U.S.A.

15. MAIDEN NAME: Ann M. Difficulty

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Mrs. Phena Anderson, Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Indian Village Date: Mar. 30, 1934

19. UNDERTAKER (Address): Simon Francis, Bonners Ferry, Ida

20. FILED 3/31, 193.4 E. B. Fry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocardial degeneration | 2 |
| Sudden death | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. B. Fry, M. D.

(Address) Bonners Ferry, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89412

County of Boundary

City of Bonners Ferry

Indian Mission

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shall Chiquin

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Indian | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho

FATHER

13. NAME Eugene Chiquin

14. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho

MOTHER

15. MAIDEN NAME Alice Mal Coose

16. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho

17. INFORMANT Moses Chiquin
(Address) Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL Indian Cemetery
Place Bonners Ferry Ida Date Mar 29 1934

19. UNDERTAKER Indians
(Address)

20. FILED 3/28, 1934 E E Fay
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 29 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1921, to March, 1934.
I last saw him alive on March 1, 1934: death is said to have occurred on the date stated above, at 2:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1920 |

Other **contributory causes** of importance:

Name of operation ..... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. M. Bonnell, M. D.

(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89413

Registration District No. 29

Primary Registration District No. 2/57 Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Earl Lannigan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 2 hrs. 10 min. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonners Ferry
(State or country)

FATHER

13. NAME Ralph Lannigan

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Myrtle Jackson

16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Ralph Lannigan
(Address) Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Bonners Ferry Date Feb 15, 1934

19. UNDERTAKER H. P. Arnold
(Address) Bonners Ferry.

20. FILED 2/18, 1934 S. E. Ivy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on Feb 17 1934; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) S. E. Ivy, M. D.

(Address) Bonners Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 79

DO NOT WRITE IN THIS SPACE
State File No. 89414

RECEIVED JUN 20 1934

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

151

2. FULL NAME Joseph Coon

(a) Residence. No. St. Elmira, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Hospital Record

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date....., 193..

19. UNDERTAKER (Address) H. R. Crouch, Bonners Ferry, Idaho.

20. FILED 2/8/, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 193.., to Feb. 8, 193.4.
I last saw him alive on Feb. 8, 1934, death is said to have occurred on the date stated above, at 11:45 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrene of foot (Senile) | Jan. 1934 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocardial degeneration | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) [signature], M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Boundary
City of Naples

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89415

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

RECEIVED JUN 20 [illegible]

2. FULL NAME Mrs. Carrie Hill

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

1012

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis P. Hill

6. DATE OF BIRTH (month, day, and year) May 17, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER

13. NAME J. Ennerson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Harold Hill
(Address) Naples, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Feb. 8, 1934

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED 3/7/, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1934, to Feb. 6, 1934
I last saw h[illegible] alive on Feb. 5 1934 death is said to have occurred on the date stated above, at 11:25 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | Feb. 1-1934 |

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature] M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89416

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

RECEIVED JUN 20 1934

(If death occurred in a hospital or institution, give its name instead of street and number)

204

2. FULL NAME William Henry Heideman

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 28, 1852.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elgin
(State or country) Ill.

MOTHER FATHER

13. NAME Charles Heideman

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT William Heideman
(Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Feb. 9, 1934

19. UNDERTAKER H.R. Crouch,
(Address) Bonners Ferry, Ida.

20. FILED 2/7/ 1934 E. E. Long
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | |
| (Found dead in bed) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. M. Bowell, M. D.
(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89417

Registration District No. 29

Primary Registration District No. 2154

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Somers Fozier. 14

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9 - 1901

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 32 | 9 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somers (State or country) Mont.

FATHER

13. NAME Walter G. Fozier.

14. BIRTHPLACE (city or town) Maine (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hackett

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Dave Fozier (Address) Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL Place Bonners Ferry Date Jan 17 1934

19. UNDERTAKER W. P. Smith (Address) Bonners Ferry

20. FILED 6/17, 1934 E. E. Long Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| Crushing Injury of | |
| Skull | |
| Jumped beneath tram | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. P. H. Powell M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89418

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

GENERAL HOSPITAL

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Jane Tozier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W. G. Tozier

6. DATE OF BIRTH (month, day, and year): May 15 - 1867

7. AGE: Years 66 | Months 9 | Days 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Quebec Canada

FATHER

13. NAME: Abraham Hackett
14. BIRTHPLACE (city or town) (State or country): Quebec Canada

MOTHER

15. MAIDEN NAME: Margaret Duffy
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Dave Tozier Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Date: Jan. 13 1934

19. UNDERTAKER (Address): H. P. Corbaley Bonners Ferry Ida.

20. FILED 1/11, 1934 E. E. Fry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1933, to Jan. 10, 1934.

I last saw he alive on Jan. 1 1934 death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina pectoris (Sudden death) | 1/10/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | 1930 |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. E. Fry M. D.

(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89419

PLACE OF DEATH

County of Boundary

City Bonners Ferry

Registration District No. 79

Primary Registration District No. 2157 Local Registrar's No. 1

RECEIVED JUN 20 1934

(If death occurred in a hospital or institution, give its name instead of street and number) No. Bonners Ferry Hospital

2. FULL NAME Lafayette Dooley

(a) Residence. No. (Usual place of abode) St. Sylvanite, Mont.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1859
7. AGE — Years: 73 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oregon

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): E. R. Grosch, Troy, Mont.
18. BURIAL, CREMATION OR REMOVAL: Place Grove City Date Jan 14, 1934
19. UNDERTAKER (Address): E. R. Grosch Bonners Ferry Ida
20. FILED 1/10, 1934 E. R. Grosch Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1933, to Jan. 9, 1934.
I last saw him alive on Jan. 8 1934 death is said to have occurred on the date stated above, at 9 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cysto-Nephritis | July 1933 |

Other **contributory causes** of importance:

| | |
|---|---|
| Cystitis | July 1932 |
| Hypertrophy of prostate | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. R. Grosch, M. D.
(Address) Bonners Ferry, Ida

RECEIVED JUL 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89420

PLACE OF DEATH

County of Cassia Registration District No. 59

City of Darlington Primary Registration District No. 2129 Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Charles Goodman 13

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. 4 mos. 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 20, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 5 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Darlington Idaho

10. NAME OF FATHER Charles Goodman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Darlington, Idaho

12. MAIDEN NAME OF MOTHER Alice May Boyce

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Salt Lake City Utah

Informant (Address) Chas G. Goodman

June 16 1934. Mary G. Dietrich Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 15 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1934, to June 13, 1934
that I last saw him alive on June 13, 1934
and that death occurred, on the date stated above, at A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND ~~NATURE OF INJURY, and~~ (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Physical exam

(Signed) A. H. Ebert M. D.
June 16, 1934 (Address) Arco Ida.

19. Place of Burial, ~~Cremation~~ or Removal: Packard Idaho — Date of Burial: June 16 1934

20. Undertaker None — Address

...ally supplied. And should be stated EXACTLY. ...n plain terms, so that it may be properly classified. ...ATION is very important. See instructions on back.

...MENTS

9 # 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89421

PLACE OF DEATH

County of Butte Registration District No. 59

City of Moore Primary Registration District No. 2129 Local Registrar's No. 13

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamine A. Pearson

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed, or divorced~~
HUSBAND of (or) ~~WIFE of~~ Eliza Curtis Pearson

6. DATE OF BIRTH (month, day and year) Jan. 24th 1848

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 86 | 4 | 24 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Council Bluffs Iowa
(State or country) Pottawattamie Co.

PARENTS

10. NAME OF FATHER Jesse Pearson

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) North Carolina

12. MAIDEN NAME OF MOTHER Mary A. Brownell

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) U S

14. Informant J. T. Pearson
(Address) Moore - Idaho

15. Filed June 21, 1934 Mary G. Dietrich
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 18 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27 1934 to June 18 1934, that I last saw him alive on May 28 1934, and that death occurred, on the date stated above, at 12:45 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) General Passive Congestion

(duration) ..... yrs. 3 mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam

(Signed) L. P. Eggers, M. D.
June 21, 1934 (Address) .....

| Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Moore Idaho | June 20 1934 |
| Undertaker | Address |
| Rudolph L. Elenz | Moore Ida |

Y. PHYSICIAN should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly coded. Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 59
Primary Registration District No. 2129
(No. ..... St.)

File No. 89422
Registered No. 11

1. PLACE OF DEATH
County of Butte
City of Lava
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Oliver L. Harmon
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: July (Month) 2 (Day) 1845 (Year)

7. AGE: 88 Yrs. 8 Mos. 30 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner. Carpenter
(b) General nature of industry, business or establishment in which employed (or employer): Mining

9. BIRTHPLACE (State or Country): Rockford, Ill.

10. NAME OF FATHER: Harmon

11. BIRTHPLACE OF FATHER (State or Country): U. S.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ada Meddaugh
(Address) Lava, Ida.

15. Filed June 4 1934 Mary G. Dietrich Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 1 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28 1934, to June 1 1934, that I last saw him alive on June 1 1934, and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 Yrs. ..... mos. ..... ds.

Contributory (Secondary) Arterio sclerosis

(Duration) 3 Yrs. ..... mos. ..... ds.

(Signed) A. M. Eckert M. D.

June 3 1934 (Address) Arco Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 5 days. In the State 44 yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Arco, Idaho | DATE OF BURIAL: June 4 1934

20. UNDERTAKER: L. Farmer | ADDRESS: Arco, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89423

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 76

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodosia Bennett 31

(a) Residence. No. 2 miles north Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jesse M. Bennett

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Alabama
(State or country)

FATHER

13. NAME Watson

14. BIRTHPLACE (city or town) Alabama
(State or country)

MOTHER

15. MAIDEN NAME Mayson

16. BIRTHPLACE (city or town) Alabama
(State or country)

17. INFORMANT Frank Bennett
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 6-20, 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED July 2, 1934 Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/18 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-12-, 1934, to 6-18-, 1934

I last saw h.w alive on 6-18-, 1934; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Several yrs. ago. |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89424

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 74

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Roscoe Leslie

(a) Residence. No. Caldwell Blvd St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1-13-73

7. AGE: Years: 59 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: Phillip Leslie

14. BIRTHPLACE (city or town) (State or country): Ind

MOTHER

15. MAIDEN NAME: Murphy

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs. M. Halliday Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Nampa Ida Date. 6-13-, 1934

19. UNDERTAKER (Address): I. K. Robinson Nampa Ida

20. FILED July 2, 1934. Lydia D. Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/10 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1934, to June 10, 1934.
I last saw him alive on June 10 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic nephritis | |
| | |

Name of operation ← Date of ←

What test confirmed diagnosis? ← Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ← If so, specify .....

(Signed) ← Samuel A. Swayne M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

**PLACE OF DEATH**

County of Canyon

City of Nampa

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89425

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 77

(No. 881 - Fourth + Oneyhee)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Emma Clark ~ 189

(a) Residence. No. 3 Miles west Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Lee C. Clark

6. DATE OF BIRTH (month, day, and year) Dec 29 - 1883

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ...,... min. |
|---|---|---|---|
| 50 | 5 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER

13. NAME Otis Baggerly

14. BIRTHPLACE (city or town) (State or country) Borden Indiana

15. MAIDEN NAME Emma Bell Porter

16. BIRTHPLACE (city or town) (State or country) Borden Indiana

17. INFORMANT Lee C. Clark (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Place Nampa Ida Date 6/21, 1934

19. UNDERTAKER F. K. Peterson (Address) Nampa Ida

20. FILED July 3, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/17 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 17, 1934.

I last saw h~~er~~ alive on June 17 1934: death is said to have occurred on the date stated above, at 12:30 P.M

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of heart | two hrs. |
| previous to death. | |
| June 3rd. simple fracture of both bones right leg. Had been continuously confined to bed since then. Leg condition satisfactory. | |

Other **contributory causes** of importance:

Uremic convulsions pregnancy 20 yrs ago. Urine O.K. at time of injury. Heavy trace alb., a few casts at time of death (catheterized an hour before death.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Not Course

Manner of injury Kicked by cow

Nature of injury Broken bones right leg

24. Was ~~the~~ injury in any way related to occupation of deceased? Yes If so, specify Farming

(Signed) Lee C. Clark, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89426

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 73

(No. 619-16 ave S)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laquita Joy Day

(a) Residence. No. 619-16-ave S St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5. 34

7. AGE — Years: — Months: — Days: 5 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa (State or country) Ida

FATHER

13. NAME Hubert Day

14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER

15. MAIDEN NAME Pascoe

16. BIRTHPLACE (city or town) Utah (State or country)

17. INFORMANT Herbert Day (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Place Kohlbourn Date 6-14 193..

19. UNDERTAKER F. K. Rogers Son (Address) Nampa Ida.

20. FILED July 2., 1934. Lyda Rodgers Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| Coma (Acidosis) | |
| of gestation - 6½ mos | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) H. E. Proctor, M. D.

(Address) Nampa Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89427

**PLACE OF DEATH**

County of Canyon

City of Nampa,

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Billie Mitchell

(a) Residence. No. Nampa, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1-34

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME W.R. Mitchell

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Beulah Welker

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMANT .. W.R. Mitchell
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell, Ida. Date 6-4- 193 4

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED June 8, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 2, 1934.
I last saw him alive on June 2 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| 6½ months | |
| Cause of by of rupture of | |
| Other **contributory causes** of importance: | |
| Bronchopneumonia | |
| Cause unknown | |

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C.E. Rickman M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89428

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Rogers

(a) Residence. No. Nampa Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-19-34

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Lucile Rogers

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) D. O. Robinson Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 6-26, 1934

19. UNDERTAKER D. K. Robinson
(Address)

20. FILED July 6, 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-20-, 1934, to 6-25-, 1934.
I last saw him alive on 6-24-, 1934; death is said to have occurred on the date stated above, at 1:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cyrillary Bronchitis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) D. O. Robinson, M. D.

(Address) Nampa Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89429

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Fredrick Sapp

(a) Residence. No. 807 -11 Ave So. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 12, 1864

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Teamster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

13. NAME: Lyman Sapp

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Owen

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Clarence Sapp
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place... Nampa, Ida. Date. June 5 1934.

19. UNDERTAKER: F.K. Robinson
(Address) Nampa, Ida.

20. FILED July 2. 1934 Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1934, to June 1, 1934.
last saw h.. alive on June 1, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W.C. Hall, M. D.
(Address) Nampa

RECEIVED
SEP-6 1956
Division of Vital Statistics

# DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of James F. Sapp

now lying buried in Kohlerlawn cemetery, in the City or Town of Nampa

County of Canyon State of Idaho, who died on the ____ day of _____, 1934 Aged ____ years ____ months

____ days, the cause of death being Heart Disease and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Dr. T.C. Horton, Sr. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by hearse
private or railway conveyance

to Cloverdale Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Nampa it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

this 10th day of September, A.D. 1956.

Permit issued to:
Lewis Edmunds Mortuary
Nampa, Idaho

W. W. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local board of health of the City, Town or County of Canyon State of Idaho, this 6 day of Sept 19 56

Joseph B. Marcum MD
Health Officer

Form DPH-48019

FORM V. S. No. 5-25 M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 89430

Local Registrar's No.

Registration District No. 7

Primary Registration District No. 1006

1. PLACE OF DEATH

County of Canyon

City of Nampa

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lillian Augusta Nelson

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: June (Month) 19 (Day) 1934 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many one hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF Father Myron Nelson

11. BIRTHPLACE OF FATHER (State or Country) Iowa Idaho.

12. MAIDEN NAME OF MOTHER Edith Hartgrink

13. BIRTHPLACE OF MOTHER (State or Country) Union Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Myron Nelson

(Address) 1210 6 St So Nampa

15. Filed July 6 1934 Lyda Rodgers Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 19 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19 1934 to June 19 1934 that I last saw h..... alive on June 19 1934 and that death occurred on the date stated above, at ..... A.M.

The CAUSE OF DEATH* was as follows:

Premature birth because of toxemia of pregnancy and puerperal

(Duration) ..... yrs. 5 mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. R. Proctor M. D.

6-23-1934 (Address) Nampa

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence Nampa Idaho

19. PLACE OF BURIAL OR REMOVAL Myron E. Nelson | DATE OF BURIAL June 20 1934

20. UNDERTAKER Nampa | ADDRESS (Father) 1210 - 6th St South Nampa Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89431

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 79

(No. Samariton Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joshua Willard Shenkel

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13, 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 47 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Prop. of

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** repair shop

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME H. Shenkel

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Daniels

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs. Forest Hill
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 7/3, 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED July 6, 1934. Lyda A. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/1/34 193

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to July 1, 1934.

I last saw him alive on July 1, 1934; death is said to have occurred on the date stated above, at 4:A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Carcinoma of Stomach | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Exploratory Date of 6-28-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Nampa, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89432

**PLACE OF DEATH**

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 76
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89 F

2. FULL NAME Franklin Matthews Schwasinger

(a) Residence. No. Lone Tree District St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 17 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Belle Schwasinger

6. DATE OF BIRTH (month, day and year) April 13th 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 2 | 2. | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Preemption Illinois

PARENTS

10. NAME OF FATHER Matthew
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Heidelberg Germany
12. MAIDEN NAME OF MOTHER Anna Wolfely
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Mrs. Belle Schwasinger
(Address) Nampa, Idaho

15. Filed July 2, 1934 Lyda Rodgers Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 15 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1934 to June 15, 1934
that I last saw him alive on June 14, 1934
and that death occurred, on the date stated above, at 8 A. m.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Edema of lungs
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Samuel Swayne, M. D.
6-16-1934 (Address) Samuel Swayne Nampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rohlerlawn-Nampa | 6-18 1934 |

20. Undertaker Wm. D. Tally Address Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89433
State File No.....

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 72

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Arretola

(a) Residence. ~~No.~~ Jordan Valley Oregon St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Pedro Arretola

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 49 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Uberuago

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Aguanago

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Pedro Arretola (Address) Jordan Valley, Ore

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 6/12, 193..

19. UNDERTAKER ... F. K. Robinson (Address) Nampa Ida

20. FILED July 2, 193 4 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10 193 4

22. I HEREBY CERTIFY, That I attended deceased from June 1 0, 193 4, to June 10, 193 4

I last saw her alive on June 10 193 4: death is said to have occurred on the date stated above, at 10 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstruction bowels | |
| Adhesion | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Influenza | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis Clinical there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Howard A. Elkington M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89434

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 78

(No. Canyon County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Prechard

(a) Residence. No. Nampa Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 12 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ... Pupil

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ...

10. Date deceased last worked at this occupation (mo. and yr.) ... Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Pennsylvania

FATHER

13. NAME ...

14. BIRTHPLACE (city or town) ... (State or country)

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) ... (State or country)

17. INFORMANT ... (Address)

18. BURIAL, CREMATION OR REMOVAL Place Nampa Ida. Date 7-3 ... 193..

19. UNDERTAKER ... (Address) E. L. Pence Nampa Ida.

20. FILED July 3, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/30 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934, to June 30, 1934.

I last saw him alive on June 30, 1934; death is said to have occurred on the date stated above, at 12 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ... No ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, (specify) ...

(Signed) W. C. Parker M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89435

**PLACE OF DEATH**

County of Canyon
City of Parma R#2 Registration District No. 3
Primary Registration District No. 2007 Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Keith Morris

(a) Residence. No. Parma R#2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of No

6. DATE OF BIRTH (month, day, and year) June 3 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|
| | | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) No

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) (State or country) Caldwell, Idaho

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Mrs W B Morris Caldwell Ida Rt.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date June 17, 1934

19. UNDERTAKER (Address) Gordon Morris Family Caldwell R#1

20. FILED 6/20, 1934 Ethel Jurries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 16, 1934
I last saw him alive on June 14, 1934; death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patency of foramen ovale | June 3-16. |
| Other contributory causes of importance: | |
| Premature 4½ lbs | (8 months) |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Whittenberger D.O. M. D.
(Address) Caldwell, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89436

Registration District No.

Primary Registration District No. 2005

Local Registrar's No. 66

(No. 187 C)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Tom Johnston

(a) Residence. No. St. Middleton 2da.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 17 - 187 6

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 3 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedar Co. Missouri

FATHER

13. NAME Lycurgus Johnston

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Rosie Swearingen

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) J. T. Johnston Notus, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Ida. Date 7-6 193 4 Canyon Hill

19. UNDERTAKER Wm. D. Talley (Address) Nampa, Ida.

20. FILED 7/5, 193 4 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 193 4

22. I HEREBY CERTIFY, That I attended deceased from ~, 193 4, to ~, 193 4

I last saw him alive on ~, 193 4; death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Head Injuries | |
| Auto Accident on | |
| Middleton Road near | |
| Frankland School | |
| 10 miles North of Nampa Idaho. | |

Other contributory causes of importance:

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/4, 193 4

Where did injury occur? 10 miles No. Nampa Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Road.

Manner of injury Head Bruises.

Nature of injury Thrown thro. top of car.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. D. Talley Coroner M. D.

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89437

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 59

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mary Matchan Duerock 74 h

(a) Residence. No. 151½ Blaine St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 29, 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Trim

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Jim Sneed 151½ Blaine – Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Ida Date 6-24, 1934

19. UNDERTAKER Paul L. Kaye (Address) Caldwell Idaho

20. FILED 6-25, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934, to June 22, 1934

Last saw h alive on June 22, 1934 death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | June 22 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [signature] M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12 19[illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89438

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 60

(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Virginia Craven

(a) Residence. No. Beach St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph H Craven

6. DATE OF BIRTH (month, day, and year): Feb 4 1838

7. AGE: Years 94 | Months 4 | Days 20 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: /
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fountain Co Indiana

FATHER
13. NAME: A B. Kendle
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Kizziah McFarland
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMENT (Address): Rilla Beck Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Cedar Point Kansas Date: ....., 193..

19. UNDERTAKER (Address): E. V. Pentzer Caldwell Ida

20. FILED 6-25, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 193.2 to June 24, 1934
I last saw h alive on June 24, 1934; death is said to have occurred on the date stated above, at 3-1/2 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [signature], M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89439

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 57
2057

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William allen Larrance

(a) Residence. No. Huston St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Hulda Lawrence

6. DATE OF BIRTH (month, day, and year) Jan 8-1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73. | 5 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Threshing.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Henry County (State or country) Ind.

FATHER
13. NAME Jesse Lawrance
14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER
15. MAIDEN NAME Mary allen
16. BIRTHPLACE (city or town) (State or country) Ont.

17. INFORMENT L. J. Larrance (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenleaf Date 6-20, 1937

19. UNDERTAKER J. N. Eskam (Address) Caldwell Ida

20. FILED 6/21, 1937 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1937

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...

I last saw h... alive on —, 193...: death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardeles - most likely | |
| Was found dead | |
| Other contributory causes of importance: | |
| agr | |

Name of operation ... Date of ...
What test confirmed diagnosis? History & Sudden death. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89440

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 58

(No. ) 131
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Anna Stafford

(a) Residence. No. Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. D. Stafford

6. DATE OF BIRTH (month, day, and year): April 20-1842

7. AGE — Years: 92 — Months: 1 — Days: 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): La Clare, Scott Co. Iowa

FATHER
13. NAME: Whitney Parkhurst
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Carolina Dorman
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMENT (Address): Dudley M. Stafford

18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Hill Date: June 21, 1934

19. UNDERTAKER: C. V. Peckham
(Address) Caldwell Ida

20. FILED 6/25, 1934 W. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 19 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to June 19, 1934
I last saw h— alive on June 19, 1934: death is said to have occurred on the date stated above, at 1:40 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 6/16 34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic Nephritis & Chronic Endocarditis | Many years many years |

Name of operation none Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) M. D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Huston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89441

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 61

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugo Hockberger

(a) Residence. No. Huston (R#1) St. 12

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Hockberger

6. DATE OF BIRTH (month, day, and year) Jan 23 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51. | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Fruit Grower

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME Wm Hockberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Anna Hockberger Huston

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date June 27, 1934

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho.

20. FILED 6/27, 1934 M Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1934, to June 24, 1934

I last saw him alive on June 24, 1934: death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Exhaustion fr removal | |
| b Gall stone Pathology | |
| c Gall Bladder. | |

Other contributory causes of importance:

Name of operation Removal Gall Bladder Date of 6/20/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Coe M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89442

PLACE OF DEATH
County of Canyon
City of Middleton
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 62

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Rebecaah Anna Ott.

(a) Residence. No. Middleton St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of F. L. Ott

6. DATE OF BIRTH (month, day, and year) June 1st 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | — | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME J. K. Hudsell
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Nancy Ann Willis
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) F. J. Ott Middleton

18. BURIAL, CREMATION, OR REMOVAL Place Star Date 6-27, 1934

19. UNDERTAKER C. T. Peckham (Address) Caldwell

20. FILED 6/28, 1934 M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to June 24, 1934
I last saw her alive on June 11, 1934; death is said to have occurred on the date stated above, at 5:20 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | |

Other contributory causes of importance: Chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Frazett Belknap M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89443

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1003
Local Registrar's No. 63

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Pearson Jones

(a) Residence. No. 301 Dearborn St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 27 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 5 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermillion Co. Ill.

FATHER

13. NAME Geo Washington Jones

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME Mrs Margaret E. Hannah

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) Maude Cox Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date June, 1934

19. UNDERTAKER C. L. Gephart
(Address) Caldwell Idaho

20. FILED 7/5, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... died before my arrival, 193..., to June 26, 193.4
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4:25 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sudden unexpected death. | |
| Diagnosis not made | |

Other contributory causes of importance: Cardiac Insufficiency — Many Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [signature] M. D.
(Address) Caldwell Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
State File No. 89444

Local Registrar's No. 64

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Neal McLin.

(a) Residence. No. 1224 - 8 - 9th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 6 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME S. E. McLin.

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Harriett Neal Beaty

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) S. E. McLin 1224 8th 9th

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem Date 6-27, 1934

19. UNDERTAKER (Address) C. F. Eskelson Caldwell Ida

20. FILED 6/29, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1934, to June 26, 1934

I last saw h alive on June 26, 1934; death is said to have occurred on the date stated above, at 5-15 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Poliomyelitis. Involving muscles of chest & | June 25 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Lacer M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89445

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 65

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roberta Ann Dawson

(a) Residence. No. 1704 Blaine St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1594

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) April 14-1934
7. AGE: Years —; Months 2-; Days 14; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

FATHER
13. NAME Robt Dawson
14. BIRTHPLACE (city or town) Butler (State or country) Mo.

MOTHER
15. MAIDEN NAME Margaret Crook
16. BIRTHPLACE (city or town) Des Moines (State or country) Iowa

17. INFORMENT (Address) Robt Dawson City
18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date June 30, 1934
19. UNDERTAKER C. W. Peckham (Address) Caldwell Ida
20. FILED 7/3, 193 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1934
22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934, to June 28, 1934
I last saw her alive on June 28, 1934: death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital malformation of heart | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. M. Coe M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89446

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 68

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Kowalk. 131

(a) Residence, No. 809 Elgin St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 23 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 0 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Venice (State or country) Ohio

FATHER

13. NAME Wm Kowalk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Gertrude Kowalk (Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem Date 7-3, 1934

19. UNDERTAKER G. C. Peckham (Address) Caldwell Idaho

20. FILED 7/5, 1934 W. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 1, 1934
I last saw h[illegible] alive on July 1, 1934; death is said to have occurred on the date stated above, at 7:45 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 2 days |
| Other contributory causes of importance: Chronic Nephritis & Endocarditis | many years |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. H. Coon M.D.
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89447

Registration District No. 82

Primary Registration District No. 7159 Local Registrar's No. 34

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vera Hubbard Bowen

(a) Residence. No. Logo. Idho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Guy Bowen

6. DATE OF BIRTH (month, day, and year) 5/5/1898

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 1 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Logo. Idaho

MOTHER FATHER

13. NAME Willard Hubbard

14. BIRTHPLACE (city or town) (State or country) Utah

15. MAIDEN NAME Emma Bettengill

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Ellis Ray M.D. Soda Springs Ida

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place Logo, Idaho Date 6/26/ 1934

19. UNDERTAKER (Address) Fleetwood Preston, Ida

20. FILED June 23, 1934 Dr. Russell Tignor Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/23/34, 193..., to 6/23/34, 193...

I last saw h.. alive on 6/23/34, 193...: death is said to have occurred on the date stated above, at 12:15 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia Right | 6/22/34 |
| Lungs & Meninges Edema | 4 P.M. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cerebral Hemorrhage | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Ellis Ray M. D.

(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

EIVED JUN 2 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89448

County of Caribou
City of Soda Springs

Registration District No. 92
Primary Registration District No. 2159 Local Registrar's No. 32
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Pearl Emma Brown

(a) Residence. No. Montpelier, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Eugene L. Brown

6. DATE OF BIRTH (month, day, and year) Sept 5, 1913

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 21 | 8 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) May 16, 1934

11. Total time (years) employed in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Montpelier, Idaho

MOTHER FATHER

13. NAME Otto ~~Peteriet~~ Peteriet

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Stephenhagen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Eugene L. Brown Montpelier, Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place West Jordan, Utah May 27 34

19. UNDERTAKER F. M. Williams
(Address) Montpelier, Idaho

20. FILED June 9, 1934 Dr Russell Taylor
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 23, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from May 17 4 to May 23 4, 193..., 193...

I last saw her alive on May 22 193 4: death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Acute ophoro-salpingitis | 4mo ago |
| Sub acute appendicitis | Same |
| Other **contributory causes** of importance: | |
| Acute myocardial failure | May 20. 1934 |

Name of operation Bilateral Salpingectomy Left ovarectomy Appendectomy Date May 17-34

What ~~test~~ confirmed diagnosis? Pathological Exam Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury: ., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Evan M. Kaufman M. D.
(Address) Soda Springs, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 2159

DO NOT WRITE IN THIS SPACE

State File No. 89449

Local Registrar's No. 31

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Roy Calder

(a) Residence. No. Montpelier - Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov - 21 - 1898

7. AGE: Years 35 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farm Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Garden City Utah

FATHER

13. NAME: George Calder

14. BIRTHPLACE (city or town) (State or country): Randolph Utah

MOTHER

15. MAIDEN NAME: Christian Heldt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): George Calder Garden City Utah

18. BURIAL, CREMATION OR REMOVAL. Place: Garden City Utah Date: June 4, 1934

19. UNDERTAKER (Address): Hart & Williams Montpelier Idaho

20. FILED 6-15, 1934 Dr Russell Ingert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/25/34, 193..., to 5/30/34, 193...

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 4:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma, caused by | |
| an Abscess of R. Kidney | |
| & Damage of the | |
| Left Kidney | |

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis? - Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ellis K. Lee, M. D.

(Address) Soda Springs Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89450

Registration District No. 12

Primary Registration District No. 2159 Local Registrar's No. 30

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob C. Musser

(a) Residence. No. (Usual place of abode) Bueley Ida St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Widower |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Anna Leah Heisner

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 70 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Summerville Penn.

FATHER

13. NAME John Musser

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Engle

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Mrs. H. C. Musser Bueley

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Bueley Date 4-31, 1934

19. UNDERTAKER Jas Tapper
(Address) Bueley

20. FILED 6-15, 1934 Dr Russell Tizzard
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-27-1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to April 27th, 1934

I last saw h.s alive on 4/27/1934, 193...: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance:

0

Name of operation Rectum & Bowels Date of 4/24/34

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Ellis Karl Fry, M. D.

(Address) Soda Springs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding

City of Soda Springs Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89451

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 29

(No. ) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Malyssa Fletcher Collins

(a) Residence. No. Soda Springs St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed or divorced (or) WIFE of: ~~HUSBAND of~~ Fred W. Collins Deceased

6. DATE OF BIRTH (month, day, and year): Oct. 2 1860

7. AGE: Years 73 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Arkansas

FATHER

13. NAME: Hugh Fletcher

14. BIRTHPLACE (city or town) (State or country): ~~Indiana~~ Tenn.

MOTHER

15. MAIDEN NAME: Miss Chitwood

16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT (Address): Lulie Poulson Soda Springs Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place Pocatello Ida Date June 10 1934

19. UNDERTAKER (Address): E. L. Whitmarsh Soda Springs Ida

20. FILED June 7, 1934 D. Rubsamen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1934 to June 6, 1934

I last saw h[illegible] alive on June 6, 1934: death is said to have occurred on the date stated above, at 4:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cereberal Hemorrhage | 5/29/34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

None

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Ellis Kackley M. D.

(Address) Soda Springs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Ida Ponds Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89452

Registration District No. 8 r

Primary Registration District No. 2159 Local Registrar's No. 28

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Golay

(a) Residence. No. Conda Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed or divorced, HUSBAND of ~~or WIFE of~~ Nelly Golay

6. DATE OF BIRTH (month, day and year) March 21 - 1871

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 63 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME Henry Golay

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Delilah Banks

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Elmer Golay Conda Springs Ida

18. BURIAL, CREMATION OR REMOVAL Place Conda Springs Date June 7 1934

19. UNDERTAKER (Address) E. D. Fetherston Conda Springs Ida

20. FILED June 6, 1934 D. Russell Lynch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934, to June 5 1934

I last saw him alive on June 5, 1934; death is said to have occurred on the date stated above, at 11 20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of Caecum | |
| by Kick of a horse | |

Other **contributory causes** of importance:

| | |
|---|---|
| nil | |

Name of operation Laparotomy Date of 6-5-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Industry

Kick of horse

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ellis Keeley M. D.

(Address) Conda Springs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89453

Registration District No. 87

Primary Registration District No. 7159 Local Registrar's No. 27

(No. Caribou Hospital)

(If death occurred in hospital or institution, give its name instead of street and number)

117

2. FULL NAME Josie Birdie Turner

(a) Residence No. Grace Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 30 - 1920

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 13 | 6 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School Girl

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grace Ida

MOTHER FATHER

13. NAME Richard Turner

14. BIRTHPLACE (city or town) (State or country) Lago Ida

15. MAIDEN NAME Phoebe Bennett

16. BIRTHPLACE (city or town) (State or country) Mapleton Idaho

17. INFORMANT R. Turner (Address) Grace Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place Grace Ida Date June 6 1934

19. UNDERTAKER E. T. Whitman (Address) Soda Springs Ida

20. FILED June 5, 1934 Dr. Russell Ingram Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1934, to June 4, 1934

I last saw h[illegible] alive on June 4, 1934: death is said to have occurred on the date stated above, at 7 - a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peptic Ulcer | |
| Pulmonary Embolism | |
| Appendicitis | |
| Other **contributory causes** of importance: | |
| none | |

Name of operation Appendectomy Date of 6-2-34

What test confirmed diagnosis? Other Was there an autopsy?

23. If death was due to ext'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ellis K. Gay, M. D.

(Address) Soda Springs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

PLACE OF DEATH

County of Caribou

City or Soda Springs / Ida

# CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 87

Primary Registration District No. 2-159 Local Registrar's No. 26

(No. .....)

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Charles W. Barnes

(a) Residence. No. Soda Springs Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alice Barnes

6. DATE OF BIRTH (month, day, and year): Sept. 11-1854

7. AGE: Years 79 Months 8 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 1912

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Pa Ohio

FATHER

13. NAME: John Barnes

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mrs Burgess

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Alice Barnes Soda Springs Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Soda Springs Date May 26 1934

19. UNDERTAKER E. S. Hammond

(Address) Soda Springs Ida

20. FILED May 25, 1934 Dr. Russell Ingersoll Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to May 24, 1934

I last saw him alive on May 24, 1934: death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Prostate Gland | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. K. Cook M. D.

(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89456

Registration District No. 8
Primary Registration District No. 7159 Local Registrar's No. 3324
(No. Soda Springs General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Aline Eames

(a) Residence. No. Alma Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Louis Alonzo Eames

6. DATE OF BIRTH (month, day, and year) Sept. 8- 1889

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 94 | 9 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakley Idaho
(State or country)

MOTHER'S FATHER
13. NAME Ormus Tuttle
14. BIRTHPLACE (city or town) Ogden
(State or country) Utah

MOTHER
15. MAIDEN NAME Tuttle
16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Louis Alonzo Eames
(Address) Alma Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place. Alma Ida. Date 5/19, 1934

19. UNDERTAKER Johnson Mortuary
(Address) Afton & McCulloch

20. FILED 5/15, 1934 Dr. Russell Tignt
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/12/34, 193..., to 5/16/34, 193...
I last saw h... alive on 5/16/34, 193...: death is said to have occurred on the date stated above, at 4a...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Senility | |
| Hypostatic pneumonia | |

Other **contributory causes** of importance:
None

Name of operation None Date of 5/15/34
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) Augt. Rael M.D.
(Address) Soda Springs Idaho

RECEIVED JUL 2 1934

**PLACE OF DEATH**

County of Caribou

City of Soda Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89457

Registration District No. 87

Primary Registration District No. 2159 Local Registrar's No. 23

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William A. Georgeff

(a) Residence. No. Soda Springs St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6-14-1889

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 44 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Telegraph Operator

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: R.R.

10. Date deceased last worked at this occupation (mo. and yr.) June 34

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Anderson Okla

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Soda Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place Glendale Cem Date 5-7-1934

19. UNDERTAKER (Address) E. D. Atherton Soda Springs Ida

20. FILED 5-7-, 1934 Dr. Russell Tingey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6-, 1934 to May 6., 1934

I last saw him alive on May 6-, 1934 death is said to have occurred on the date stated above, at 3:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broken neck | |
| Crushed Maxillary | 5-6-34 |
| Injuries obtained in Accident while piloting aeroplane | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? accdt Date of injury 5/6 1934

Where did injury occur? Soda Springs, Caribou Co. Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Near S.S. Airport

Manner of injury Aeroplane Accident

Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Russell Tingey, M. D.

(Address) E. D. Atherton Coroner
Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 2 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89458

Registration District No. 82

Primary Registration District No. 2-159 Local Registrar's No. 22

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Lyman Moore

(a) Residence. No. Black Foot, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of: Minnie Fred Moore

6. DATE OF BIRTH (month, day, and year): July 29 - 1900

7. AGE: Years 33 | Months 9 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Garden City Utah

MOTHER FATHER

13. NAME: Philip Moore

14. BIRTHPLACE (city or town) (State or country): Garden City Utah

15. MAIDEN NAME: Myrtle Lutz

16. BIRTHPLACE (city or town) (State or country): Wyoming

17. INFORMANT (Address): Gene Lyman Black Foot Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Black Foot Ida Date May 6, 1934

19. UNDERTAKER (Address): E. J. Beck by E. B. Hatten Blackfoot, Ida

20. FILED May 3., 1934 W. Russell Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1934

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1934 to May 3, 1934

I last saw him alive on May 3., 1934; death is said to have occurred on the date stated above, at 6.40 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus | |
| Blood poison — septicemia | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Wm. M. Rackley M. D.

(Address) Soda Springs Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89461

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 37

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Landon

(a) Residence. No. East Main St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9 1934

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER

13. NAME Lon Landon

14. BIRTHPLACE (city or town) (State or country) Round timber Texas

MOTHER

15. MAIDEN NAME Velma Boggus

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT (Address) Lon Landon Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 6/11, 1934

19. UNDERTAKER (Address) Johnson Mortuary Jerry McCulloch

20. FILED 6/11, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/9 193

22. I HEREBY CERTIFY, That I attended deceased from June 9, 193, to June 9, 193.

I last saw him alive on June 9, 193: death is said to have occurred on the date stated above, at 9:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | June 9 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh L. Davis M. D.

(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89462

Registration District No.
Primary Registration District No. Local Registrar's No. 33
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marcile Williams

(a) Residence. No. Burley Idaho R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilford Woodruff Williams

6. DATE OF BIRTH (month, day, and year) Feb. 10-1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 17 | 3 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 6-4-34
11. Total time (years) spent in this occupation 6 mo.

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER
13. NAME Ira Hugh Day
14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER
15. MAIDEN NAME Della Fagen
16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMANT Mrs. W. W. Williams
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 6-12-1934

19. UNDERTAKER Johnson Mortuary
(Address) Glenn McCulloch

20. FILED 6-9-, 1934
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-5-34, 193..., to 6-9-34, 193...
That I last saw ... alive on 6-8, 193...; death is said to have occurred on the date stated above, at 5:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) G. W. Cope, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89463

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard M. Montoya

(a) Residence. No. 903 N. Burton Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: Mexican

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:

6. DATE OF BIRTH (month, day, and year): June-13-1934

7. AGE — Years: | Months: | Days: 2 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Burley Idaho

MOTHER/FATHER

13. NAME: Manuel Montoya

14. BIRTHPLACE (city or town) (State or country): Alamosa Texas

15. MAIDEN NAME: Hertha Briggs

16. BIRTHPLACE (city or town) (State or country): Burley Ida.

17. INFORMANT (Address): Manuel Montoya 903 N. Burton

18. BURIAL, CREMATION OR REMOVAL
Place: Burley, Ida. Date: 6/16, 1934

19. UNDERTAKER (Address): Johnson Mortuary Kerns McCulloch

20. FILED 6/26, 1934 Laura Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/16 1934

22. I HEREBY CERTIFY, That I attended deceased from C
....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Atelectasis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89464

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 35

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cloe Inez Martindale

(a) Residence. No. Oakley Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sol. K. Martindale

6. DATE OF BIRTH (month, day, and year): April 7-1882

7. AGE — Years: 52 Months: 2 Days: 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 6/24/34

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Grantsville Utah

MOTHER FATHER

13. NAME: Charles K. McMurray

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Cloe Hudson

16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMANT (Address): Sol K. Martindale Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Oakley Ida. Date: 6/26, 1934

19. UNDERTAKER (Address): Johnson Mortuary Vern B. McCulloch

20. FILED 6/23, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 193 4, to 6-23, 193 4.

I last saw h....alive on 6-22, 193 4 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | 6-20-34 |
| Bilateral | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Leland Tingey, M. D.

(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

E.

**PLACE OF DEATH**
County of Cassia
City of Rupert Route 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89465

Registration District No. 117
Primary Registration District No. 3196 Local Registrar's No. 36
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amy Franklin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 1 1920

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 13 | 8 | 2. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Child.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

MOTHER FATHER
13. NAME L H Franklin
14. BIRTHPLACE (city or town) (State or country) North Carolina
15. MAIDEN NAME Rosette Hunt
16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT (Address) Ova Coleman

18. BURIAL, CREMATION OR REMOVAL Burial
Place Rupert Cem Date May 6 1934

19. UNDERTAKER (Address) W. A. Goodsman Rupert Idaho

20. FILED 7-3 ..., 1934 Laura Yuell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1934 193

22. I HEREBY CERTIFY, That I attended deceased from April 14 ..., 1934.., to May 3 ..., 1934..
I last saw her alive on May 3., 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute myocarditis | |
| with Mitral Murmur | 4-10-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Rheumatism | Mar. 10-34 |
| | |
| | |

Name of operation ..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....
(Signed) ..... M. D.
(Address) .... Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

# PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89466

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 38

(No. 1 East Second Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Silas Archibald Hoyle

(a) Residence. No. Hazel Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Johnson Hoyle

6. DATE OF BIRTH (month, day, and year)
Nov. 3 - 1887

7. AGE: Years 46 | Months 7 | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 6/4

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

MOTHER FATHER

13. NAME John H. Hoyle

14. BIRTHPLACE (city or town) (State or country) X

15. MAIDEN NAME Emily Orvilla Holt

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMANT (Address) Mrs. Hannah Hoyle Hazel Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spanish Fork Utah Date 6/12, 1934

19. UNDERTAKER (Address) Johnson Mortuary Vern McCulloch

20. FILED 6/13, 1934 Laura Green Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934, to June 9, 1934.
I last saw him alive on June 9, 1934.: death is said to have occurred on the date stated above, at 11:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Liver | |
| Ruptured Lung | June 9. |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 6/9 1934
Where did injury occur? Canon Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industrial
Manner of injury Loose Rope - In
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Burns M. D.
(Address) Burley Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia.

City of Springdale
Near Burley.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 89467

Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Birdie Green Davis.

(a) Residence. No. Springdale Near Burley. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. Lional Davis.

6. DATE OF BIRTH (month, day, and year) 9-15-1895;

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Menan
(State or country) Idaho.

FATHER

13. NAME Oscar W. Green.

14. BIRTHPLACE (city or town) Cottonwood
(State or country) Utah.

MOTHER

15. MAIDEN NAME Christeen J. Poolman.

16. BIRTHPLACE (city or town) Ogden.
(State or country) Utah.

17. INFORMENT J. Lional Davis.
(Address) Burley Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Menan Near Rigby Date 6-13, 1934

19. UNDERTAKER .....
(Address) .....

20. FILED June 10, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 193

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 193 4, to June 9, 193 4

I last saw her alive on June, 193 4; death is said to have occurred on the date stated above, at 1030a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. H. Espe, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89468

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald D. Okelberry

(a) Residence. No. Starkey Ferry District St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 23-1932

7. AGE — Years: 1 | Months: 10 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oakley Ida

MOTHER/FATHER

13. NAME James A Okelberry

14. BIRTHPLACE (city or town) (State or country) Oakley Ida

15. MAIDEN NAME Emily May Smith

16. BIRTHPLACE (city or town) (State or country) Oakley Ida

17. INFORMANT (Address) James A Okelberry Starrs Ferry

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 6/7, 1934

19. UNDERTAKER (Address) Johnson Mortuary Burley Ida

20. FILED 6/5/, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1934, to 6-5, 1934

I last saw h... alive on 6-4, 1934; death is said to have occurred on the date stated above, at 5a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | |
| Bilat | |
| From Pleurisy | 5-25-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) ... Leland Frazier ..... M. D.

(Address) ..... Burley, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Cassia

City of Burley.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89469

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 4a

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ira E. Poulton.

(a) Residence. No. 327-South Oakley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3.SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Poulton.

6. DATE OF BIRTH (month, day, and year) Aug 23rd 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Agriculturest

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) CoalVille (State or country) Utah.

FATHER

13. NAME Thomas Poulton.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Hyde.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Emma V. Poulton. Burley.

18. BURIAL, CREMATION, OR REMOVAL Place Parker Idaho. Date 6-19, 1934

19. UNDERTAKER (Address)

20. FILED 6/16, 1934 Laura Green Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-14-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-10-, 1934, to 6-14-, 1934
I last saw him alive on 6-12, 1934; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart block | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G. L. Locke, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89470

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen L. Gardner JUL 5 1934 162

(a) Residence. No. Grangemont Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-25-34

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grangemont Ida

MOTHER FATHER

13. NAME David Gardner

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Muriel Danner

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) David Gardner Grangemont

18. BURIAL, CREMATION OR REMOVAL
Place Grangemont Date 6-5 ..., 1934

19. UNDERTAKER (Address) David Gardner Grangemont Ida

20. FILED 6/5 1934 M. A. Chase Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-26-34, 193..., to 6-4, 1934.

I last saw her alive on 5-26, 1934; death is said to have occurred on the date stated above, at 10:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. B. Pappenhagen M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89471

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 54

**PLACE OF DEATH**

County of Clearwater

City of Weippe

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glen C. Carey

JUL 5 1934

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12 1928

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash

FATHER

13. NAME Clem Carey

14. BIRTHPLACE (city or town) (State or country) Wash

MOTHER

15. MAIDEN NAME Lula Brown

16. BIRTHPLACE (city or town) (State or country) Orofino Ida

17. INFORMENT (Address) Clem Carey Weippe

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date June 5, 1934

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED June 5, 1934 W A Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193... Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accident Drwon by walling in well. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) W A Shaw, Loc Reg 90, 2187 M. D.

(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Headquarters, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2157

DO NOT WRITE IN THIS SPACE
State File No. 89472

Local Registrar's No. 56

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

JUL 5 1934 92

2. FULL NAME Archie Millard Woody

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora E. Waugh

6. DATE OF BIRTH (month, day, and year) March 6, 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Firman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civilian Conservation Corps

10. Date deceased last worked at this occupation (month and year) May 31, 1934

11. Total time (years) spent in this occupation 10 days

12. BIRTHPLACE (city or town) Burnsville, N.C.
(State or country) Yancey County

FATHER

13. NAME David P. Woody

14. BIRTHPLACE (city or town) Burnsville,
(State or country) N.C.

MOTHER

15. MAIDEN NAME Martha Forbes

16. BIRTHPLACE (city or town) Unknown
(State or country) Virginia

17. INFORMENT John L. Woody
(Address) Kendrick, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Bonners Ferry Date 6/3, 1934

19. UNDERTAKER Vassar-Shaughnessy Parlors
(Address) Lewiston Idaho

20. FILED 6-5-, 1934 V. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to May 31, 1934

I last saw him alive on May 22, 1934; death is said to have occurred on the date stated above, at 7:30a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | May 31, 1934. |
| Myocarditis Chronic | Unknown |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| arterio-sclerosis general | Unknown |
| Arthritis Hypertrophic | Unknown |
| general, mild | |

Name of operation None Date of
What test confirmed diagnosis? Physical examination Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. CORNAVER, M. D.
(Address) Captain, Medical Corps,
District Surgeon.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89473

Registration District No. 90

Primary Registration District No. 2167 Local Registrar's No. 57

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 5 1934

2. FULL NAME Robert Crawford

(a) Residence. No. ..... St. Kamiah, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Member of CCC

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) United States

MOTHER FATHER

13. NAME William W. Crawford

14. BIRTHPLACE (city or town) ..... (State or country) Illinois

15. MAIDEN NAME Katherine Crawford

16. BIRTHPLACE (city or town) ..... (State or country) Illinois

17. INFORMANT (Address) Records, State Hospital North Orofino, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 6-11-, 1934

19. UNDERTAKER Barton Funeral Home
(Address)

20. FILED 6-10-, 1934. W. A. Shearer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ....June 1st., 1934., to .....June 8., 1934.
I last saw him alive on June 8., 1934. death is said to have occurred on the date stated above, at 2:20 PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion of psychosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Psychosis with other somatic diseases | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John Bruce McKelway, M. D.
(Address) Orofino, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89474

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 56

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John P. Powell

JUL 5 1934

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ? (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMENT (Address) Orofino Hospital Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 6-21, 1934

19. UNDERTAKER W. A. Shearer (Address) Orofino Ida

20. FILED 6-20, 1934 W. A. Shearer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1929, to June 19, 1934.
I last saw h[illegible] alive on June 18, 1934.: death is said to have occurred on the date stated above, at 1.30 A M
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tumor of the Spine | 1929 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Hoffmann, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89475

Registration District No. 90

Primary Registration District No. 2157 Local Registrar's No. 59

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph B. Praver JUL 5 1934 77

(a) Residence. No. St. Moscow, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie Praver

6. DATE OF BIRTH (month, day, and year): August 23, 1886

7. AGE — Years: 46 — Months: 9 — Days: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Teamster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER

13. NAME: Sam Praver

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Mary —

16. BIRTHPLACE (city or town) (State or country): Unascertained

17. INFORMANT (Address): Records: State Hospital North. Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place: Wallace Date: ....., 193..

19. UNDERTAKER (Address): L. A. Chat Moscow Ida

20. FILED 6-20., 1934. L. A. Chat Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 193H., to June 20, 193H.

I last saw him alive on June 20 193H.; death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance, were as follows:

| | Date of onset |
|---|---|
| Manic-depressive psychosis (manic type) | about June 1, 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John Lourie Mahaffay M. D.

(Address) Orofino - Idaho -

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 89476

**PLACE OF DEATH**
County of Custer
City of Challis

Registration District No. 8
Primary Registration District No. 2186 Local Registrar's No. 171
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Margaret May King

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. King.

6. DATE OF BIRTH (month, day and year) May 10 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | | 10. | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) St Joe Mo.
(State or country)

PARENTS

10. NAME OF FATHER Thomas K. Wright

11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)

12. MAIDEN NAME OF MOTHER Jane Kelly.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant (Address) John W. King Challis, Ida.

15. Filed May 28, 1934 Elva McKenney Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 27, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 27, 1934
that I last saw her alive on May 27, 1934
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Fract of femur and cervical vertebra some yrs ago, Bedridden, yrs. mos. ds.
CONTRIBUTORY (Secondary) bladder and bedsores
(Duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. J. Hastings, M. D.
June 20, 1934 (Address) Challis, Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Challis Ida | May 29 1934 |
| 20. Undertaker | Address |
| Mrs Garnier | Ida Falls |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 2 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Custer
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89477

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 184

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laurence Vincent Savaria

(a) Residence. No. 49 St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Caucasian | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Fry-Savaria

6. DATE OF BIRTH (month, day, and year) Apr. 25-1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Forest Service

10. Date deceased last worked at this occupation (month and year) May 5, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eau Claire Wisconsin U.S.A.

FATHER

13. NAME Albert Savaria

14. BIRTHPLACE (city or town) (State or country) Paris, France

MOTHER

15. MAIDEN NAME Monique Savage

16. BIRTHPLACE (city or town) (State or country) Montreal Canada

17. INFORMENT (Address) Mrs. Lillian Savaria

18. BURIAL, CREMATION, OR REMOVAL Place Mackay Cem. Date May 27, 1934

19. UNDERTAKER (Address)

20. FILED Jun 2 1, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 26, 1934

I last saw him alive on May 26, 1934; death is said to have occurred on the date stated above, at 12.10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rocky Mountain Spotted Fever or Tick Fever | May 12/34 |
| Other contributory causes of importance: Gangrene Soft Palate & adjacent Tissues (General Toxemia) | May 23/34 |

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Tick Bite Date of injury May 12, 1934

Where did injury occur? Pass Creek-Custer County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Forest Service - in Brush

Manner of injury Tick Bite

Nature of injury Infection

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Diseased Tick Bite

(Signed) M. D.

(Address) Mackay Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 89478

2

**PLACE OF DEATH**
County of Custer
City of Mackay

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 185
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

**2. FULL NAME** Sam Reed

(a) Residence. No. ..... Mackay Ida St.
(Usual place of abode.)
Length of residence in city or town where death occured 10 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.
(If nonresident give city or town and State.)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wh | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day and year) Unknown 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Quartz Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) .....
(State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown.

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Unknown.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Unknown.

14. Informant (Address) Charlotte Donnelly, Mackay Idaho

15. Filed June 21, 1934 Rose Nowacki Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH 6 (Month) 16 (Day) 34 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/16/34, 19..., to 6/16/34, 19...
that I last saw him alive on 6/16/34, 19...
and that death occurred, on the date stated above, at 6 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 5 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms

6/18/34, 19... (Signed) A. P. Richards, M. D.
(Address) Mackay Idaho

19. Place of Burial, Cremation, or Removal Mackay Ida
Undertaker D. Darnell

Date of Burial June 19 1934
Address Ches Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

2

**PLACE OF DEATH**
County of Custer
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76
Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE
State File No. 89479
Local Registrar's No. 183

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Lula Lou Brown

(a) Residence. No. Mackay St. Lola (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 30 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Harold Brown

6. DATE OF BIRTH (month, day, and year) Sept. 28 - 189[illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 8 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morgan
(State or country) Utah

FATHER
13. NAME Thomas Edward
14. BIRTHPLACE (city or town) Morgan
(State or country) Utah

MOTHER
15. MAIDEN NAME Emeline Story
16. BIRTHPLACE (city or town) Fort Atkinson
(State or country) Wis.

17. INFORMENT Elmer McAffee
(Address) Mackay Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Mackay Cem. Date May 21, 1934

19. UNDERTAKER [illegible]
(Address) Mackay Ida.

20. FILED June 21, 1934 Rose Maxwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/20 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/17/34, 193..., to 5/20/34, 193...
I last saw her alive on 5/19/34, 193...: death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Ribs (left | 5/17/34 |
| Punctured Lung (left (accidental - automobile upset) | |
| Other contributory causes of importance: | |
| Hemorrhage Pulmonary (Shock) | 5/18/34 |

Name of operation ... Date of ...
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? 5/17/34 Date of injury 5/17, 1934
Where did injury occur? Highway - Mackay Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Overturned automobile
Nature of injury Fract ribs - injured lung

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) F. P. Richards, M. D.
(Address) Mackay Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89480

**PLACE OF DEATH**

County of Elmore

City of 8 miles East of Glenns Ferry.

Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No. 182

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Duncan Wesley Slade

(a) Residence. No. Glenns Ferry Ida St. Glenns Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-20-1906

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Hall

10. Date deceased last worked at this occupation (month and year) 6-22-1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miss.

FATHER

13. NAME Ely Slade

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Mattie Lawrence

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMENT (Address) Jess Slade Glenns Ferry Ida

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Canton Miss. Date 6/27/34

19. UNDERTAKER (Address) S. S. Barton Mt. Home Ida.

20. FILED 6-24, 1934 Mrs. Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull. | |

Other contributory causes of importance:

| | |
|---|---|
| Auto Accident. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/22, 1934

Where did injury occur? 8 Miles East of Glenns Ferry
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. F. Green Coroner, M. D.

(Address) Mt. Home, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89481

**PLACE OF DEATH**

County of Elmore

City of Idaho City (If outside limits of city or village, give township) Frontdale Swamp Valley

Five Miles north east of Prostdale Station

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tom L Benson

(a) Residence. No. St. Idaho City (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Benson

6. DATE OF BIRTH (month, day, and year) May 7th 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner & Powder Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Road Work

10. Date deceased last worked at this occupation (month and year) 6/15/1934

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Amarilla, Texas

FATHER

13. NAME Frederick Benson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Myrtle Lane

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Catherine Benson Idaho City, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Boise Ida. Date 6/18, 1934

19. UNDERTAKER (Address) F. E. Barker Mt. Home Idaho

20. FILED June 18, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/15- 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental - | |
| Powder Explosion | |

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/15, 1934

Where did injury occur? 5 mi N E Frontdale Station (Specify city or town, county, and State) Elmore County

Specify whether injury occurred in industry, in home, or in public place. Industry U S Forest Service

Manner of injury Dynamite Explosion

Nature of injury Dismembered

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thos. F. Green Coroner, M. D.

(Address) Mt. Home, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Fairview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 89482

Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby David Egbert

(a) Residence. No. Preston R F D 3 St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) June 27, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | 1 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairview Idaho

FATHER

13. NAME David W. Egbert

14. BIRTHPLACE (city or town) (State or country) Fairview Idaho

MOTHER

15. MAIDEN NAME Luella Bodily

16. BIRTHPLACE (city or town) (State or country) Fairview Idaho

17. INFORMENT (Address) David W. Egbert R F D # 3 Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Date June 28 1934

19. UNDERTAKER None
(Address)

20. FILED Jul 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to June 27, 1934

I last saw him alive on June 27, 1934: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 6-27-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? P. X. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Oswood Ry Cutler, M. D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89483

**PLACE OF DEATH**

County of Franklin

City of Clifton

Registration District No. 27

Primary Registration District No. 219

Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elva Ireta Howell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 10 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clifton Idaho

FATHER

13. NAME Orrin Howell

14. BIRTHPLACE (city or town) (State or country) Clifton

MOTHER

15. MAIDEN NAME Chloe L. McNiel

16. BIRTHPLACE (city or town) (State or country) Sunset Arizona

17. INFORMENT (Address) Chloe L. Howell Clifton

18. BURIAL, CREMATION, OR REMOVAL Place Clifton Idaho Date June 8, 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED July 8, 1934 G. W. State Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-31, 1934, to 6-5, 1934

I last saw h[illegible] alive on 6-5, 1934: death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | 4-29-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? R X Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. B. Cutler, M.D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUL 1934

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 89484

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Chatterton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wilford Chatterton

6. DATE OF BIRTH (month, day, and year) Aug 6 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 10 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan Utah
(State or country)

FATHER

13. NAME C. W. Cord

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Emma Booth

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Emma Parkinson
(Address) Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Idaho Date June 10 193 4

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED July 5, 193 4 G. W. Stutz
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to June 6, 1934

I last saw her alive on June 6, 1934; death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocardial Degeneration | 1926 |
| Chronic Nephritis | 1926 |
| Acute Carditis | May 1934 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Orson L. Davies, M. D.

(Address) Preston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 9 1934

PLACE OF DEATH

County of Franklin

City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 22

Primary Registration District No. 2119

Local Registrar's No. 30

DO NOT WRITE IN THIS SPACE

State File No. 89485

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adeline Lorinda Lowe

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John A. Lowe

6. DATE OF BIRTH (month, day, and year) Aug 1 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Gilbert Belnap

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Adeline Knight

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

17. INFORMENT (Address) John A. Lowe Franklin Id

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Date June 12 1934

19. UNDERTAKER M. W. Kendricks (Address) Preston Idaho

20. FILED July 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to June 9, 1934

I last saw her alive on June 9, 1934; death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pleuro-Pneumonia | June 2-34 |

Other contributory causes of importance:

General debility only - 2 yrs

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. W. States, M. D.

(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Franklin

City Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 219

DO NOT WRITE IN THIS SPACE

State File No. 89486

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Spencer Larsen Rose

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 28 1917

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 16 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Weston Idaho

FATHER

13. NAME Thomas Rose

14. BIRTHPLACE (city or town) (State or country) Weston Idaho

MOTHER

15. MAIDEN NAME Irene Larsen

16. BIRTHPLACE (city or town) (State or country) Cove Utah

17. INFORMENT (Address) Thomas Rose father Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weston Idaho Date June 15 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED July 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to June 12, 1934

I last saw him alive on June 11, 1934; death is said to have occurred on the date stated above, at 6:00 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | June 9, 1934 |
| Left Lower Lobe | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Davis, M. D.

(Address) Smithfield Utah

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89487

**PLACE OF DEATH**
County of Franklin
City of Preston
Registration District No. 22
Primary Registration District No. 2119
Local Registrar's No. 32
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles LeRoy Fryar

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ined Fryar

6. DATE OF BIRTH (month, day, and year) May 3 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | I | I2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Traffic Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Soda Springs
(State or country) Idaho

FATHER

13. NAME Charles Watson Fryar

14. BIRTHPLACE (city or town) Mississippi
(State or country)

MOTHER

15. MAIDEN NAME Selma Anderson

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMENT (Address) Ined Fryar wife
Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Soda Springs Date June I8 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED June 6 1934 G. W. States
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June I5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on June I5 4, 193...: death is said to have occurred on the date stated above, at I0/30 m. P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hit by passing Auto, | |
| Then run over by another auto | |
| befor help could remove | |
| the body, | |
| Fracturing Skull and crushing Lungs | |

*Other contributory causes of importance:*

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Hanks, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89488

County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 219
Local Registrar's No. 33

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Noel Ray Fifield

(a) Residence. No. Weston Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 19 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weston Idaho

FATHER

13. NAME Ray Fifield

14. BIRTHPLACE (city or town) (State or country) Weston Idaho

MOTHER

15. MAIDEN NAME Audry Grace Brower

16. BIRTHPLACE (city or town) (State or country) Lewiston Utah

17. INFORMENT (Address) Ray Fifield Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weston Idaho Date June 22 193 4

19. UNDERTAKER M. V. Hendricks (Address) Preston Idaho

20. FILED July 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934, to June 22, 1934

I last saw him alive on June 22, 1934: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 6-14-34 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? P M Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. R. Cuellar, M. D.

(Address) Preston, Idaho

RECEIVED JUL 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89489

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 22
Primary Registration District No. 2119
Local Registrar's No. 34

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margarett Jane Lewis Fletcher

(a) Residence. No. North First West St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Fletcher

6. DATE OF BIRTH (month, day, and year) Mar. 9. 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) South Wales

FATHER

13. NAME David F. Lewis

14. BIRTHPLACE (city or town) (State or country) South Wales

MOTHER

15. MAIDEN NAME Anna Thomas

16. BIRTHPLACE (city or town) (State or country) South Wales

17. INFORMENT (Address) Adam Fletcher Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date July 1, 1934

19. UNDERTAKER (Address) L. L. Jolley Preston Idaho

20. FILED July 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1934, to 6-27, 1934

I last saw her alive on 6-27, 1934; death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 6-21-34 |
| Pernicious Anemia | 1931 |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) A. R. Cutler, M. D.

(Address) Preston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 89490

Local Registrar's No. 36

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Gamble

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Alice Gamble

6. DATE OF BIRTH (month, day, and year) Mar 29 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Edward Gamble

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Rosco

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mary Alice Gamble Franklin

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Date June 30 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED July 8, 1934 G. W. Stokes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1932 to June 27, 1934

I last saw h alive on June 1, 1934: death is said to have occurred on the date stated above, at 2-30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocardial Degeneration | 1930 |
| Chronic Nephritis | 1930 |

Other contributory causes of importance:

| | |
|---|---|
| Hypertrophied Prostatitis | 1925 |
| Hypertension | |

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Brown L. Gamble, M. D.

(Address) Preston Ida.

RECEIVED JUL 12 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89492

Registration District No. 99

Primary Registration District No. 3177 Local Registrar's No. 137

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Anne Robb

(a) Residence. No. St. Anthony Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ John Robb

6. DATE OF BIRTH (month, day, and year): July 30 - 1856

7. AGE — Years: 77 | Months: 9 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Myndtor Pedville Cdy Wales

MOTHER FATHER

13. NAME: David Edwards

14. BIRTHPLACE (city or town) (State or country): Wales

15. MAIDEN NAME: Sarah Morgan

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): Mrs. F. W. Specht Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Milford Date: June 9, 1934

19. UNDERTAKER (Address): F. M. Hansen St. Anthony Idaho

20. FILED June 26, 1934 Sarah Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-6-1934

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to June 6th, 1934.

I last saw her alive on June 6, 1934.: death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Acute Bright's | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. M. Kelly M. D.

(Address) St. Anthony, Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Fremont

City of Egin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89493

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 136

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Henry William Mason

(a) Residence. No. ..... Egin Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Hoby R Mason

6. DATE OF BIRTH (month, day, and year) April 14 1917

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 17 | 2 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Hoby William Mason

14. BIRTHPLACE (city or town) (State or country) Morgan Utah

MOTHER

15. MAIDEN NAME Marian McCulock

16. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

17. INFORMANT (Address) Hoby William Mason Stanleyburg Route 3

18. BURIAL, CREMATION OR REMOVAL
Place. Rexburg Idaho Date June 26 1934

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED June 26, 1934. Schrok Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1934, to 6/24, 1934.
I last saw him alive on 6/20, 1934: death is said to have occurred on the date stated above, at 1.9 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Widal positive Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) V. Allison M. D.

(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89494

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie Hull Maxey

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | wht | married |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 23 - 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 44 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ontario, Canada

MOTHER/FATHER

13. NAME Jane Caldwell

14. BIRTHPLACE (city or town) ..... (State or country) Canada

15. MAIDEN NAME Margaret Morrow

16. BIRTHPLACE (city or town) ..... (State or country) Canada

17. INFORMANT (Address) L. V. Maxey Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) C. D. Buckner Emmett Ida

20. FILED 5/31, 193 4 J. H. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 193 0, to May 29, 193 4.

I last saw h.. alive on April ..., 193 4; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |

Name of operation ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. C. Wolfe M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89495

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Campbell

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Isola Campbell

6. DATE OF BIRTH (month, day, and year) July 3 - 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dead City Nebraska

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Neb

MOTHER

15. MAIDEN NAME Stevens

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Rep Campbell

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 6/5, 1934

19. UNDERTAKER O D Buckman
(Address) Emmett Idaho

20. FILED 6/5, 1934 J K Reynolds
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3 P....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Only saw this fellow after death. This was a Sudden death. Evidently Thrombosis of Coronary artery. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J K Reynolds M. D.
(Address) Emmett Ida

FORM V. S. No. 5-A-25M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 89496

Local Registrar's No.

Registration District No. 32

Primary Registration District No. 2018

(No. ..... St.)

1. PLACE OF DEATH

County of Gooding

City of Wendell

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Duncan

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: May 16 1934 (Month) (Day) (Year)

7. AGE: Yrs. ..... Mos. ..... ds. .....

IF LESS than 1 day how many 5 hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Wendell, Idaho

10. NAME OF Father: David George Duncan

11. BIRTHPLACE OF FATHER (State or Country): Montana

12. MAIDEN NAME OF MOTHER: Helen Yates

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Duncan

(Address) Wendell Idaho

15. Filed May 16 1934 E. P. S. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 16 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1934, to May 16 1934, that I last saw he/she alive on May 16 1934, and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Stillbirth premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Drennan M.D.

19 ..... (Address) Wendell, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wend Cem Idaho — DATE OF BURIAL: May 16 1934

20. UNDERTAKER — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-12

RECEIVED JUL 1 1934

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 89497

Local Registrar's No.

1. PLACE OF DEATH
County of Gooding
City of Wendell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 2015
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Ottinger

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| male | White | Single |

6. DATE OF BIRTH: Apr (Month) 12 (Day) 1934 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds. 9
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wendell Idaho

10. NAME OF Father: M. L. Ottinger

11. BIRTHPLACE OF FATHER (State or Country): Salt Lake Co.

12. MAIDEN NAME OF MOTHER: Ruby Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Bear River Co.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M L Ottinger
(Address) .....

15. Filed Apr 21 1934 E. L. Simonton Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 21 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 13 1934 to Apr 21 1934
that I last saw h living alive on Apr 20 1934
and that death occurred on the date stated above, at 8 A.M.
The CAUSE OF DEATH* was as follows:
Birth injury -
.....
.....
(Duration) ..... yrs. ..... mos. 9 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. L. Simonton M. D.
19 ..... (Address) .....

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City — DATE OF BURIAL: 4-21 1934

20. UNDERTAKER: L. A. L. Harrison — ADDRESS: Wendell Ida

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89499

Registration District No. 39

Primary Registration District No. 7087 Local Registrar's No.

(No. St Valentine Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Charles Henry Kreigh

(a) Residence No. 2nd door So. Burke, Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael B. Kreigh

6. DATE OF BIRTH (month, day, and year): May 29 - 1869

7. AGE — Years: 65 — Months: — — Days: 24 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1929

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: E. F. Kreigh

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Louise Wagner

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Vernon Kreigh Burke - Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Burke Date: 6/23 1934

19. UNDERTAKER (Address): Evans & Johnson Burke Ida.

20. FILED June 26 1934 J. H. Murphy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to June 20, 1934.
I last saw him alive on June 20, 1934 death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | June 17 34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Nephritis | |
| Prostatis - 3 yrs | |
| | |

Name of operation: Prostatectomy Date of: June 15-34

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Evans, M. D.

(Address) Burke Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89500

Registration District No. 27
Primary Registration District No. ____ Local Registrar's No. 83

(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Antonio Tellechea

(a) Residence. No. ____ Hagerman St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Apr 17 98

7. AGE: Years 56 | Months 2 | Days 1 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Irun Spain

FATHER

13. NAME: Ramon Tellechea

14. BIRTHPLACE (city or town) (State or country): Irun Spain

MOTHER

15. MAIDEN NAME: Vicenta Beobide

16. BIRTHPLACE (city or town) (State or country): Lesaca

17. INFORMENT (Address): Luciano Urraguerica

18. BURIAL, CREMATION, OR REMOVAL Place: Gooding Date 6-19, 1934

19. UNDERTAKER (Address): A. E. Thompson Goodlett

20. FILED 6-30, 1934 J. A. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18- 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1934, to 6-18, 1934

I last saw h~~e alive~~ on 6-18-, 1934; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemmorhage | 5-20 |

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) Jas. A. Cromwell M. D.

(Address) Gooding Ida.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89501

PLACE OF DEATH
County of Jerome
City of Wendell

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Burgener

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 3 | 0 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

FATHER

13. NAME E. B. Burgener

14. BIRTHPLACE (city or town) Kan Kansas
(State or country)

MOTHER

15. MAIDEN NAME Katherine Ehrmantraut

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMENT E. B. Burgener
(Address)

18. BURIAL, CREMATION, ~~OR REMOVAL~~
Place Jerome Date June 18, 1934

19. UNDERTAKER D & L Funeral
(Address) Jerome, Idaho

20. FILED 6/18, 1934 Chas. F. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934, to June 16, 1934
I last saw him alive on June 16, 1934: death is said to have occurred on the date stated above, at 2:45 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Severe burns Chest abdomen & thighs. | June 13, 1934 |
| Other contributory causes of importance: | |

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 13 1934
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Turned Boiling Coffee on self
Nature of injury Scald

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Reuben C. Matson, M.D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89502

Registration District No. 24

Primary Registration District No. ..... Local Registrar's No. 281

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson Dudley

(a) Residence. No. Gooding St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margetta Dudley

6. DATE OF BIRTH (month, day, and year): Dec 31 1860

7. AGE — Years: 73 — Months: 6 — Days: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer (Retired)

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Sandusky Ohio

FATHER

13. NAME: Robert Dudley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Betsy Ann Harper

16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMANT (Address): Mrs Sue Handy Gooding

18. BURIAL, CREMATION OR REMOVAL: Gooding

Place Hagerman Date 6 [illegible] 1934

19. UNDERTAKER (Address): E. E. Thompson

20. FILED 6-30, 1934 J. L. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to June 7, 1934.

I last saw him alive on June 5, 1934. death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| myocardial failure | last year. |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury No .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Cromwell, M. D.

(Address) .....

PERMANENT RECORD. Every item should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN

I. B.—WRITE PLAINLY, WITH UNFADING INK. A full information should be carefully supplied. A

**PLACE OF DEATH**
County of Goodding
City of Goodding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89503

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 382

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Andrew Johnson

(a) Residence. No. ..... Goodding St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
~~Husband~~ of
(or) ~~Wife~~ of Husband of Anna Johnson

6. DATE OF BIRTH (month, day, and year) July 6 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 64 | 11 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (?)
(State or country) .....

FATHER

13. NAME (?)

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME (?)

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Rev. Carver
(Address) .....

18. BURIAL, CREMATION OR REMOVAL
Place Wendell Idaho Date 6-16 ..., 193 4

19. UNDERTAKER Ackerman
(Address) .....

20. FILED 6-30 ..., 193 4 J. A. Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-14 193 4

22. I HEREBY CERTIFY, That I attended deceased from 6-8 ..., 193 4, to 6-14 ..., 193 4
I last saw him alive on 6-11 ..., 193 4; death is said to have occurred on the date stated above, at 3.15 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration (Arteriosclerosis) Disease | (?) |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. A. Cromwell, M. D.
(Address) Goodding

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding

City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89504

Registration District No. 21

Primary Registration District No. 21 Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME D. D. Wade

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Annie F Wade

6. DATE OF BIRTH (month, day and year): March 7-1855

7. AGE — Years: 79 | Months: 3 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pleasant View Utah

MOTHER FATHER

13. NAME: Edward Wade

14. BIRTHPLACE (city or town) (State or country): Illinois

15. MAIDEN NAME: Mary Ellen Page

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Lida Young Hagerman Ida

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place North Ogden Utah Date 6-25 1934

19. UNDERTAKER (Address): Evans & Johnson Buhl Idaho

20. FILED June 24 1934 R. H. Jones MD
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15th ..., 193 4, to June 23d .., 1934.

I last saw him alive on June 20th 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Cardio vascular Renal disease Ulcer of Stomach

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Saint, M. D.

(Address) Twin Falls Ida

RECEIVED MAY 7 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Idaho

City of Pollock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89505

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey James Potter

(a) Residence. No. New Pollock Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mail

4. Color or Race: White

5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E Potter

6. DATE OF BIRTH (month, day, and year) Aug 6 1873

7. AGE: Years 61; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Post Master

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) May 2

11. Total time (years) spent in this occupation 2 y

12. BIRTHPLACE (city or town) Alta
(State or country) Iowa

FATHER

13. NAME James Potter

14. BIRTHPLACE (city or town)
(State or country) N. Y.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT (Address) Mrs M E Potter

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Riggins Date May 4, 1934 Pollock Idaho

19. UNDERTAKER (Address) E A Hancock Grangeville

20. FILED May 7, 1934 B Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20 1934, to ....., 193....
I last saw him alive on 3-20., 193.4 death is said to have occurred on the date stated above, at ..6P..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 5/4/34. |
| Myocarditis, Chronic | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Louis M. Haun M. D.
(Address) Lt. (j.g.) M.C. U.S.N. Grangeville Riggins

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE

State File No. 89506

Local Registrar's No. 93

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence E. Withrow

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Norman T. Withrow

6. DATE OF BIRTH (month, day, and year) 3/21/1863

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Coos Bay
(State or country) Ore.

MOTHER FATHER

13. NAME William N. Yates

14. BIRTHPLACE (city or town) .....
(State or country) Tennessee

15. MAIDEN NAME Sarah E. Stewart

16. BIRTHPLACE (city or town) .....
(State or country) Missouri

17. INFORMANT Norman Withrow
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date June 23 1934

19. UNDERTAKER C. A. Hancock
(Address) Grangeville Ida

20. FILED 7-1, 1934 C. B. Chipman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw her alive on 6-20, 193.4.: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Interstitial Nephritis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) C. B. Chipman, M. D.

(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE
State File No. 89507
92.
Local Registrar's No. 42

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Peck Adams 44

(a) Residence. No. .... St. Grangeville
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Kate

6. DATE OF BIRTH (month, day, and year): 4/20/1881

7. AGE — Years: 53 | Months: 1 | Days: 25 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wall Street Colorado

FATHER
13. NAME: Thadeus Adams
14. BIRTHPLACE (city or town) (State or country): Unknown Missouri

MOTHER
15. MAIDEN NAME: Nancy Williamson
16. BIRTHPLACE (city or town) (State or country): Unknown Miss.

17. INFORMANT (Address): Kate Adams Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place.... Date...., 193..

19. UNDERTAKER (Address): C. G. Hancock

20. FILED 7-1, 1934 R. E. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/15/1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 15, 1934.
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 10:00 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | May 1-33 |
| Gastric Carcinoma | May 1-34 |

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) J. P. Weiss M. D.
(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89508

**PLACE OF DEATH**

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 91

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME Leonard W. Barnes

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Divorced Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 29 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 2 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant-

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) Oct 13 1933

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) P. V. Schfield
(State or country) Maine

MOTHER FATHER

13. NAME Barnes

14. BIRTHPLACE (city or town) Lunenburg
(State or country) Main

15. MAIDEN NAME Diana J Whilling

16. BIRTHPLACE (city or town) Lunenburg
(State or country) Main

17. INFORMANT Adda Alford
(Address) Grangeville Idaho

18. BURIAL, CREMATION OR REMOVAL
Place .... Date ....., 193..

19. UNDERTAKER ....
(Address)

20. FILED June 1.., 1934. ....H. C. Chipman....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932.., to ....., 193.4.

I last saw h/m alive on June 15, 1934.: death is said to have occurred on the date stated above, at 8.20 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arterio Sclerosis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) H. C. Chipman, M. D.

(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE

State File No. 89509

Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME David Henry Lasenberry

(a) Residence. No. ..... St. Grangeville
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Winnifred Lasenberry

6. DATE OF BIRTH (month, day, and year) 3/5/187[illegible]

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Vernon New York
(State or country)

FATHER

13. NAME David Lasenberry

14. BIRTHPLACE (city or town) ..... Penn
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Winnifred Lasenberry
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date June 27 1934

19. UNDERTAKER C. A. Hancock
(Address)

20. FILED 7-1, 1934 B. C. Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1934, to 6-25, 1934.

I last saw him alive on 6-25, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation Heart | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Hancock M. D.

(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Southfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89519
State File No.....

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Emma M Smith

(a) Residence. No. Southfork Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ralph Smith

6. DATE OF BIRTH (month, day, and year) Sept 3 1869

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 8 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chicago (State or country) Illinois

MOTHER FATHER

13. NAME Goldheiger

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Ralph Smith (Address)

18. BURIAL, CREMATION OR REMOVAL
Place... Grangeville Date Apr. 24, 1934

19. UNDERTAKER B. Glenn Chapman (Address) Grangeville Ida.

20. FILED 7-1, 1934. B Chapman (BN) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to April 22, 1934

I last saw her alive on April 22 1934.: death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | Jan 19-31 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) B. Chapman M. D.

(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE

State File No. 89511

Local Registrar's No. 56

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Edwards

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 7, 1863

7. AGE — Years: 70 | Months: 6 | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): May 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Albion Illinois

FATHER

13. NAME: Jason Bunby

14. BIRTHPLACE (city or town) (State or country): Albion Ill

MOTHER

15. MAIDEN NAME: Emerson

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): A. O. Edwards Grangeville, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place: Grangeville Date: June 10, 1934

19. UNDERTAKER (Address): C. A. Hancock Grangeville Idaho

20. FILED 7-1, 1934. B. Chipman C.E.N. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to June 7, 1934

I last saw her alive on June 7, 1934: death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | June 1 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Acute Bronchitis | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chipman ..... M. D.

(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE
State File No. 89512

Local Registrar's No. 87

RECEIVED JUN 20 1934

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. Miller

1882

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/9/1877

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho

FATHER

13. NAME Henry C. Miller

14. BIRTHPLACE (city or town) Clinton
(State or country) Iowa

MOTHER

15. MAIDEN NAME Caroline J. Schmedeke

16. BIRTHPLACE (city or town) Eugene
(State or country) Ore

17. INFORMANT Grangeville
(Address) Albert Miller

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date June 10 1934

19. UNDERTAKER C. A. Hancock
(Address) Grangeville Idaho

20. FILED 6-16-, 1934 B. Chapman (D.S.H.)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8/1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934, to June 8, 1934.
I last saw him alive on June 8, 1934.; death is said to have occurred on the date stated above, at 3.35 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of skull (Basal) | June 2-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pneumonia | June 7-34 |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? X. Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury June 2 1934
Where did injury occur? Grangeville Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. Public place, Main St.
Manner of injury Hit by Automobile
Nature of injury Basal fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. D. Blaurock M. D.
(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89513

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 367

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar Leet Stewart

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 12 - 1877

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goshen (State or country) Oregon

FATHER

13. NAME Charles B Stewart

14. BIRTHPLACE (city or town) Illinois (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hurt

16. BIRTHPLACE (city or town) Oregon (State or country)

17. INFORMANT R. F. Stewart (Address) Kooskia - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clearwater Date May 10 1934

19. UNDERTAKER Geo. Freeman (Address) Kooskia - Idaho

20. FILED May 10, 1934 J M Verbeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932, to May 8, 1934.
I last saw h[illegible] alive on May 8, 1934: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Diabetes Mellitus | |
| Chronic Nephritis Arteriosclerosis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. M. Verbeck, M. D.

(Address) Kooskia - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89514
State File No.

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 368

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Susan Elizabeth Schofield

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Schofield

6. DATE OF BIRTH (month, day, and year): March 21-1827

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Decatur Nebraska

FATHER

13. NAME: Andrew Jackson Beck

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Susan Elizabeth Jordan

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Margaret Wills Kooskia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Kooskia Date: May 17, 1934

19. UNDERTAKER (Address): Geo. Treanary Kooskia Idaho

20. FILED: May 16 1934 J. M. Verbeke Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to May 15, 1934.
I last saw he alive on May 15 1934: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis Mellitus | |
| | |
| | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify:
(Signed) J. M. Verbeke M. D.
(Address) Kooskia Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89515

**PLACE OF DEATH**
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 26

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Elizabeth Daniels.

119

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of Stephen N. Daniels.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 5, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 76 | 7 | 1 | .... hrs. or .... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Mathew Caldwell

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Mrazilla Guyman

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant W. W. Daniels.
(Address) Menan, Idaho.

15. Filed May 7, 1934 C. B. Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 6 (Day) 1934 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1934 to May 6, 1934
that I last saw her alive on May 6, 1934
and that death occurred, on the date stated above, at .... m.
The CAUSE OF DEATH* was as follows:

Cystic Duct Carcinoma - Malignancy

DK
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Senility
(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? No Date of ....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Earl Ford, M. D.
19 .... (Address) Rexburg, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Annis, Idaho. | 5/10/34 19 |

20. Undertaker C. B. Eckersell — Address Rigby

S Anderson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Jefferson

City of Lorenzo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89516

Registration District No. 98

Primary Registration District No. 9176 Local Registrar's No. 28

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Stuker

(a) Residence. No. [illegible] St. 131

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Ruegsegger Stuker

6. DATE OF BIRTH (month, day, and year): Dec. 3.-1851

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 82 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: life time

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Eriz Switzerland

MOTHER/FATHER

13. NAME: John Stuker

14. BIRTHPLACE (city or town) (State or country): Switzerland

15. MAIDEN NAME: Susanna Tschanz

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Eliza Bithell Swan Valley Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Pine Butte Date: June 14 1934

19. UNDERTAKER (Address): Edwin Keller Rexburg Ida

20. FILED June 12, 1934. [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934 to June 11th, 1934.

I last saw h. alive on June 10, 1934 death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Retention, Senility | |
| | |
| | |

Name of operation: None Date of: None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Anderson, M. D.

(Address) Rigby, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89517

PLACE OF DEATH
County of Jefferson
City of Clark

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 29

(No. ) 182
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elwin LeRoy Bills.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 29, 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 1 | 2 | 13 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Clark, Idaho.

PARENTS

10. NAME OF FATHER Royal Clyde Bills.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rudy, Idaho.

12. MAIDEN NAME OF MOTHER Verla Ann Smith.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wilford, Idaho.

14. Informant Burdie M. Keller
(Address) Rigby, Idaho. R. #3

15. Filed June 12, 1934 A B Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:
Accidental Drowning;

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. R. West, M. D.
6/12/34 1934 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho. | 6/13/34 19 |

20. Undertaker C W Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE

State File No. 89518

Local Registrar's No. 31

**PLACE OF DEATH**

County of Jefferson

City of Menan

Registration District No.

Primary Registration District No. 2176

(No. 100a )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Eames

(a) Residence. No. Menan St.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Ann E Eames 16 1857

6. DATE OF BIRTH (month, day and year) Sept. 16, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 76 | 9 | 2 | hrs. or min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Herrfordshire England

PARENTS

10. NAME OF FATHER John Eames

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Hannah Jenkins

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Adrian Eames

(Address) Menan, Idaho.

15. Filed June 20, 1934 A B Eakerall Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 18, (Day) 1934 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to June 18, 1934

that I last saw him alive on June 18, 1934

and that death occurred, on the date stated above, at 4:02 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Earl Ames M. D.

6/19, 1934 (Address) Rexburg Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Annis, Idaho. | 6/21/34 19 |

20. Undertaker A B Eakerall Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89519

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 32

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Emanuel Henry Winckler.

(a) Residence. No. .... St. ....
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 3, 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 5 | 1 | 17 | ....hrs. or ....min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) Harrold S.D.

PARENTS

10. NAME OF FATHER Edward Winckler.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) South Dakota.

12. MAIDEN NAME OF MOTHER Lydia Hahn.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) South Dakota.

14. Informant Edward Winckler
(Address) Rigby, Idaho. R. #3

15. Filed June 21, 1934 C. B. Eckersell Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 20 (Day) 19 34 (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ XXXXXXXXXXX
....., 19...., to ....., 19....
that ~~I last saw him alive on~~ XXXXXXXXXXXXXXXXXXXXX, 19....
and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:
Accidental Drowning.

....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....
....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? No
What test confirmed diagnosis? ....

(Signed) C. B. Eckersell Coroner ~~M. D.~~
June 21, 1934 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Ida. | 6/23 1934 |

20. Undertaker C. B. Eckersell — Address Rigby

RECEIVED JUL 1 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89520

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 33

131

**PLACE OF DEATH**
County of Jefferson
City of Camas
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Evelynn Dudley.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of J. Clyde Dudley.

6. DATE OF BIRTH (month, day and year) April 8, 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 30 | 2 | 15 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Sandy, Utah.
(State or country)

PARENTS

10. NAME OF FATHER Stephen Hardcastle.

11. BIRTHPLACE OF FATHER (city or town) Utah.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Swenson

13. BIRTHPLACE OF MOTHER (city or town) Utah.
(State or Country)

14. Informant S. L. Hardcastle
(Address) Camas, Idaho.

15. Filed June 25, 1934 C. A. Beckwith
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 23 1934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from June 18th, 1934, to June 22nd, 1934
that I last saw her alive on 6/22 6:30P 1934
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Uremic Tarcmonia

DK

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Pathertion-Diagnosis-Mayo Institute

(Signed) Carl D. Jones, M. D.
6/24, 1934 (Address) Roberts, Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Annis, Idaho. | 6/25/34 19 |

| 20. Undertaker | Address |
|---|---|
| C. A. Beckwith. | Rigby |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 89521
Local Registrar's No. 35

(No. 88 E)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Smith.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of George H. Smith.

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1845

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 88 | 9 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Abraham Park.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT A. A. Smith
(Address) Rigby, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Rigby, Idaho. Date 7/8 1934

19. UNDERTAKER A. B. Eckersell.
(Address) Rigby, Idaho.

20. FILED 7/8, 1934 A. B. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 5, 1934
I last saw her alive on July 5, 1934; death is said to have occurred on the date stated above, at 10:45 PM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Arteriosclerosis | |

Other contributory causes of importance:

| | |
|---|---|
| Senility | |

Name of operation None Date of
What test confirmed diagnosis? Me Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. R. Nott, M. D.
(Address) Rigby, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jerome
City of Hagelton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89522

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. Hazelton Ida)
(If death occurred in a hospital or institution, give its **name instead** of street and number.)

2. FULL NAME Cynthia Ann Thompson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. **How long in U. S.**, if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | wh. | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of R. E. Thompson

6. DATE OF BIRTH (month, day, and year) Dec 24-

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Kan

FATHER

13. NAME George Lonesu

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Neighbarger

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) R. E. Thompson Hagelton

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 7-1, 193 4 S. Hopper
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-21 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 193 4, to June 21, 193 4
I last saw h[illegible] alive on June 21, 193 4; death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) S. Hopper, M. D.
(Address) Hagelton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUL 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89525

**PLACE OF DEATH**

County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7

161a

2. FULL NAME Unnamed

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 13, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | — | — | 17 min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Spirit Lake, Ida. Spirit Lake Hospital.

PARENTS

10. NAME OF FATHER Franklin H. Fish

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Newport, Wash.

12. MAIDEN NAME OF MOTHER Amalie Litt

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Russia.

14. Informant F. H. Fish
(Address) Blanchard, Ida.

15. Filed June 14, 1934. A C Spooner Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 13 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1934, to June 13, 1934
that I last saw h~~im~~ alive on June 13, 1934
and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:
1) Prematurity
2) "Blue Baby" (Failure of Closure of Foramen Ovale)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) John W. Clapp, M. D.
June 14, 1934 (Address) Spirit Lake, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| 20. Undertaker | Address |

RECEIVED JUL 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89526

**PLACE OF DEATH**
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 4

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry August Werner

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W | Married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Isabella M. Werner

6. DATE OF BIRTH (month, day, and year): June 22-186[illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 72 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Shop

10. Date deceased last worked at this occupation (month and year): 6-4-34

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): New London Wis.

FATHER

13. NAME: Frank Werner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Magdelina Klitzer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Guy P. Werner Spirit Lake Ida.
River Side Park

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash. Date 6-8, 1934

19. UNDERTAKER: Cosgedy Funeral Home
(Address) Rathdrum Ida.

20. FILED June 6, 1934 A C Spooner
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to June 5, 1934
I last saw h[illegible] alive on June 5, 1934: death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Hemorrhagic nephritis | 6-5-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Ch. valvular heart disease | |

Name of operation — Date of —
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A C Spooner, M. D.
(Address) Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 12 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89527

**PLACE OF DEATH**

County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 5

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Bailey.

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Magaret B. Bailey
6. DATE OF BIRTH (month, day, and year): Nov. 14-1852
7. AGE: Years 81 | Months 6 | Days 27 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (month and year): Sept. 1929
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Screnton Penn.

FATHER
13. NAME: Thomas Bailey.
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Elizabeth Bowdage
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): J. H. Spencer Spirit Lake Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Spirit Lake Date: 6-13, 1934
19. UNDERTAKER (Address): Cooney Funeral Home Rathdrum Ida.
20. FILED: June 12, 1934 A C Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-11 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to May 10, 1934
I last saw h. alive on May 10, 1934: death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | about 2 years ago. |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) A C Spooner, M. D.
(Address) Spirit Lake Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89528

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 243

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara E. Owen

(a) Residence. No. ..... St. Post Falls Ida. R.F.D. No. 1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced (or) WIFE of: John E. Owen
6. DATE OF BIRTH (month, day, and year): Nov. 10 1852
7. AGE: Years 82 | Months 5 | Days 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penn.

FATHER
13. NAME: Lenren Eduardo
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Clara Bingham
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMENT (Address): James McOwen Post Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedrum Mem. Date: 6/28, 1934 Pinehurst Cemetery
19. UNDERTAKER (Address): Cassidy Funeral Home Coeur d'Alene Idaho
20. FILED 6-28-, 1934. E. L. Spokane M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 24 1934
22. I HEREBY CERTIFY, That I attended deceased from June 23-, 1934, to June-24-, 1934
Last saw her alive on June 24, 1934: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart decompensation (Failure) | |
| (following a bad Cold) | 5-6 wks. |
| Other contributory causes of importance: | |
| Old Age. | |

Name of operation None Date of
What test confirmed diagnosis? Clinic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. L. Spokane M.D.
(Address) Coeur d'Alene, Idaho.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Wood

DO NOT WRITE IN THIS SPACE

State File No. 89529

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 242

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole A Severson

(a) Residence. No. 804 A St.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, and year) 9-14-1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 67 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Norway
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Emma Severson
(Address) Same

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. Date 6-8-, 1934

19. UNDERTAKER Mooney Mortuary
(Address) Same

20. FILED 6-28-, 1934 E. L. Sparks, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934, to May 17, 1934.
I last saw him alive on ....., 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Multiple Sclerosis | |
| | 2 years ago |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) L. L. Woodward M. D.
(Address) Coeur d'Alene, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 89530

Local Registrar's No. 241

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

88 P

2. FULL NAME Ole Ryaan

(a) Residence. No. 1803 - 3d St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Celia Ryaan.

6. DATE OF BIRTH (month, day, and year): Jan. 24 - 1861

7. AGE: Years 73 | Months 5 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labor.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 2-1-34

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stenkjer Norway.

MOTHER FATHER

13. NAME: John Roldads.

14. BIRTHPLACE (city or town) (State or country): Stenkjer Norway.

15. MAIDEN NAME: do not now

16. BIRTHPLACE (city or town) (State or country): Do not Now

17. INFORMANT (Address): Mrs. Ole Ryaan 1801 - 3d St C.D.A.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date 6-12, 1934

19. UNDERTAKER (Address): Cossey Funeral Home 109 Lakeside C.D.A.

20. FILED 6-27-, 1934. E. L. Apohn. M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-9-....., 1934., to 6-9-....., 1934.

I last saw him alive on 6-9.., 1934.: death is said to have occurred on the date stated above, at 7 P..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify .....

(Signed) ..... C. H. Greef M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very [illegible] See instruction on back of certificate.

1934

## PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89531

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 240

(If death occurred in a hospital or institution, give its name instead of street and number)

(No. Home Hospital)

2. FULL NAME James Thompson Fulton

(a) Residence. No. 952 4th Street St. 1000

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edna

6. DATE OF BIRTH (month, day, and year) 9-24-1870

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Broker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Stocks & Bonds

10. Date deceased last worked at this occupation (mo. and yr.) May 1934

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME James Fulton

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Jane Gray

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) W. W. Fulton Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL Place Forest Hill Cem. Date 6-18, 1934

19. UNDERTAKER (Address) Mahoney Funeral Home

20. FILED 6-27-, 1934 E. L. Spothe, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1932, to June 16, 1934

I last saw him alive on June 16 1934: death is said to have occurred on the date stated above, at 7:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | 6/10/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| (unknown) | |
| Carcinoma - Left Kidney | about |
| with Metastases to Vertebrae | June 32 |

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. M. Husted M. D.

(Address) Coeur d'Alene Idaho

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89532

**PLACE OF DEATH**

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 239

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patrick Michael Kelly

(a) Residence. No. 720 Mullan St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth 35 yrs. mos. ds.
(If nonresident give city or town and state)

580

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 3-7-1869

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Contractor

10. Date deceased last worked at this occupation (mo. and yr.) Fall 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Joseph Kelly

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Corrigan

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs. J. Wm. Cunningham Wife

18. BURIAL, CREMATION OR REMOVAL
Place St. Thomas Cem. Date 6-17 1934

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene, Ida

20. FILED 6-27, 1934 E. F. Sparks, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-15 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to June 15, 1934
I last saw him alive on June 14 1934; death is said to have occurred on the date stated above, at 10:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Profound Secondary Anemia | Feb 34 |
| (Cause Unknown) | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Clysted M. D.
(Address) Coeur d'Alene, Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 89533

Local Registrar's No. 238

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. McKinney

(a) Residence. No. 806 Sixth St. 74a

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie R. McKinney

6. DATE OF BIRTH (month, day, and year)
Nov 1 1857

7. AGE — Years: 79 — Months: 7 — Days: 12. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming & sawing

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): September

11. Total time (years) spent in this occupation: 80

12. BIRTHPLACE (city or town) (State or country): Rockford Ill. U.S.

FATHER

13. NAME: Charles McKinney

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: do not know

16. BIRTHPLACE (city or town) (State or country): do not know

17. INFORMANT (Address): Edith McKinney 806 6th St. C. D'A.

18. BURIAL, CREMATION OR REMOVAL
Place: Forest Cemetery Date: 6-14 1934

19. UNDERTAKER (Address): Connelly Funeral Home C. D'A. Ida.

20. FILED 6-27- 1934 E. L. Applebee, M. D., Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-12 1934

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1934, to June 12, 1934.
I last saw him alive on June 12 1934; death is said to have occurred on the date stated above, at 5.20 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 15 days |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | |
| Chronic myocarditis | 10 Yrs. |

Name of operation: No Date of:

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. L. Applebee, M. D.
(Address) C'd'A, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89534

**PLACE OF DEATH**

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 237

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Owen Emerick

(a) Residence. No. Coeur d'Alene, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1862-5-25

7. AGE: Years 72 | Months 0 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) May 10-1934
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ellen Co. Ind.

MOTHER FATHER

13. NAME Benj. Emerick
14. BIRTHPLACE (city or town) (State or country) Salem Ohio
15. MAIDEN NAME Martha Whitcomb
16. BIRTHPLACE (city or town) (State or country) Ellen Co. Ind.

17. INFORMANT James Mooney
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. Coeur d'Alene Ida. Date 6-24, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 6-27-, 1934 E. L. Dyches, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-21-1934

22. I HEREBY CERTIFY, That I attended deceased from May 20., 193.4., to June 21., 193.4.
I last saw him alive on May 20 193.4: death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| apoplexy | 1 mo |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| myocarditis & Hypertension | 10 yrs. |

Name of operation None Date of.....
What test confirmed diagnosis? clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) ..... M. D.
(Address) 402 Lake side

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89535

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 236

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Martha Ella Russell.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. W. Russell
6. DATE OF BIRTH (month, day, and year) April 26- 1854
7. AGE Years 80 Months 1 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) May 1-34
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Vermont.

FATHER
13. NAME Daniel Scribner
14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER
15. MAIDEN NAME Martha Russell.
16. BIRTHPLACE (city or town) (State or country) Waterford Vermont

17. INFORMANT (Address) Walter B. Russell Harrison Ida.
18. ~~BURIAL, CREMATION OR~~ REMOVAL Place Farmington Cemetery Date 6-16, 1934
19. UNDERTAKER (Address) Washington Co-operative Funeral Home Coeur d'Alene Idaho
20. FILED 6-27-, 1934 E. L. Spohn, M.D., Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-14 1934
22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934 to June 11, 1934.
I last saw h[illegible] alive on June 4, 1934. death is said to have occurred on the date stated above, at 3rd P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ....
(Signed) E. L. Spohn M. D.
(Address) St. Maries Idaho

1934 Idaho

# Washington State Board of Health

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Record No. 89536

Registered No. 235

1. PLACE OF DEATH

County of Kootenai

City or Town of Coeur d'Alene, Hayden Lake,

Registration Dist. No. 30 No. 1050. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Ann Crowley

(a) Residence: No. 1927 W- 8 St., Spokane, Wash Ward

(Usual place of abode) (If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE of BIRTH (month, day, and year) Jan. 19, 1931

7. AGE — Years: 3 Months: 5 Days: 3 If LESS than 1 day, hrs, or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane

FATHER

13. NAME Raymond Henry Crowley

14. BIRTHPLACE (city or town) (State or country) Deluth Minn

MOTHER

15. MAIDEN NAME Katherine R Dutton

16. BIRTHPLACE (city or town) (State or country) Spokane Wash

17. INFORMANT P H Crowley (Address)

18. BURIAL, ~~CREMATION OR~~ REMOVAL

Place Spokane Date June 23, 1934

19. UNDERTAKER Hennessy & Calloway (Address)

20. FILED 6-27, 1934 E. L. Spohn, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934 to June 22, 1934

I last saw her alive on June 22, 1934 Death is said to have occurred on the date stated above, at 4:02 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | June 21, 1934 |
| Measles | June 14, 1934 |
| Acute dilitation of the heart | June 22, 1934 |

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. F. No. 825—1932. Approved as to Form by Dept. of Efficiency. 11928.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 89537

Local Registrar's No. 234

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME W. F. Van Valkenburgh

(a) Residence. No. 1302 - N. 7th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Louise Van Valkenburgh

6. DATE OF BIRTH (month, day, and year) 1854 - 9 - 21

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Civil Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1908

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manitowoc Wis

FATHER

13. NAME D. H. Volk Valkenburgh

14. BIRTHPLACE (city or town) (State or country) Plattsburg N. Y.

MOTHER

15. MAIDEN NAME Elizabeth Hunthrop

16. BIRTHPLACE (city or town) (State or country) Glens Falls N. Y.

17. INFORMANT Alice L. Lambert
(Address) 1302 - Seventh

18. BURIAL, CREMATION OR REMOVAL Forest - Place Coeur d'Alene Ida. Date 6-26 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 6-27-, 1934. E. L. Spokane, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-28 1934

22. I HEREBY CERTIFY, That I attended deceased from June - 20 - 1934, to June 24., 1934

That I last saw him alive on June 24 1934; death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 4 days |

Other **contributory causes** of importance:

| | |
|---|---|
| Old Age | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. L. Spokane M. D.

(Address) Coeur d'Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89538

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 233

(No. 74a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie Sybil Davis

(a) Residence. No. 5 F/D Mullan St. Coeur d'Alene Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Mw

6a. If married, widowed, or divorced (or) WIFE of: Thomas E. Davis

6. DATE OF BIRTH (month, day, and year): July 15

7. AGE: Years 58 Months 10 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mw

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Niagara Falls Ohio

MOTHER FATHER

13. NAME: Father unknown Mother

14. BIRTHPLACE (city or town) (State or country): dont know

MOTHER

15. MAIDEN NAME: do not know

16. BIRTHPLACE (city or town) (State or country): do not know

17. INFORMANT (Address): L. A. Davis 1312 Lake Side C.D.A.

18. BURIAL ~~CREMATION OR REMOVAL~~: Place Forest Cemetery Date 6-15, 1934

19. UNDERTAKER (Address): Cossaday Funeral Home C.D.A. Idaho

20. FILED June 27 1934. E. L. Spohar, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-12 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1934, to 6-12, 1934.

I last saw her alive on 6-12, 1934.: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Myocardial degeneration | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... C. H. Reed M. D.

(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89539

**PLACE OF DEATH**

County of Kootenai
City of Post Falls

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 232

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ameil A. Albright

(a) Residence. No. Bauer Tenth St. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Albright

6. DATE OF BIRTH (month, day, and year) Sept. 11 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 25-1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Washington

FATHER

13. NAME Ameil Albright

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary H. Bauer

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMENT (Address) Mrs. Irma Albright Post Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Park, Date 6/4, 1934

19. UNDERTAKER (Address) Casey & Tyrrell Funeral Home Rathdrum Idaho

20. FILED June 7, 1934 E. L. Spokane M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934, to June 2, 1934

I last saw h alive on the June 2, 1934; death is said to have occurred on the date stated above, at 10 1/2 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetic acidosis | June 1. |
| (Hist of diabetes for years. | |
| Other contributory causes of importance: | |
| Chr. Bronchitis - general run down cond. | 5 yrs. |

Name of operation None Date of

What test confirmed diagnosis? Clinical and Laboratory tests Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Hoenig M. D.

(Address) Rathdrum Idaho

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89540
State File No.

**PLACE OF DEATH**

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 231

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Reid Scott

(a) Residence. No. 110 Sherman Ave., St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

129

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-29-1917

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Occupation
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene

MOTHER FATHER

13. NAME William W. Scott
14. BIRTHPLACE (city or town) (State or country) Scotland
15. MAIDEN NAME Helen Reid
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT W. W. Scott
(Address) Coeur d'Alene Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Cemetery Date June 1, 1934

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene Idaho

20. FILED June 7, 1934 E. L. Sponar, MD
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1932, to May 30 1934
I last saw her alive on May 30 1934: death is said to have occurred on the date stated above, at 10:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1932 |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Arthritis | 1931 |

Name of operation None Date of
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. L. Henson, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

534

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89541

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 230

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriett Elwell

(a) Residence. No. 940 - Birch St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single.
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of .....
6. DATE OF BIRTH (month, day, and year): 1912 - 10 - 5
7. AGE — Years: 21 — Months: 7 — Days: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Dubuque Iowa

FATHER
13. NAME: Frank Elwell
14. BIRTHPLACE (city or town) (State or country): Flushing Mich.

MOTHER
15. MAIDEN NAME: Frances Chamberlain
16. BIRTHPLACE (city or town) (State or country): Dubuque Iowa

17. INFORMANT (Address): Frank J. Elwell
18. BURIAL, CREMATION OR REMOVAL: Forest Place Coeur d'Alene Ida. Date 6-2, 1934
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida
20. FILED June 1, 1934 E. L. Sproles M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30th, 1934, to May 30, 1934.
I last saw her alive on May 30 1934; death is said to have occurred on the date stated above, at 5 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral embolism | 3 min |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None known | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. Specify .....
(Signed) E. L. Sproles M.D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89543

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Junge

(a) Residence. No. 723 Zenneth Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claus Junge

6. DATE OF BIRTH (month, day, and year) May 11, 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 82 | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Holstien Wis:

FATHER

13. NAME Claus Tams

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Meggers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Rothfork
(Address) Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 6/29, 1934.

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 6/29, 1934. J. Harry Cuthbertson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/26 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to June 26, 1934.
I last saw her alive on 6/26, 1934.: death is said to have occurred on the date stated above, at 9.45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stomach Flue and Weakness of old age | |
| Other **contributory causes** of importance: Acute Bronchitis | |

Name of operation — Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....
(Signed) F. M. Leitch, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89544
State File No.....

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 51

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

51

2. FULL NAME Dudley Max Barley

(a) Residence. No. Community Hospital St. Deary Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 27 1920
7. AGE: Years 14 | Months 5 | Days 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Deary [redacted]

MOTHER FATHER
13. NAME: Fred Barley
14. BIRTHPLACE (city or town) (State or country): Nebr

MOTHER
15. MAIDEN NAME: Gladys Mead
16. BIRTHPLACE (city or town) (State or country): Nebr

17. INFORMANT (Address): Fred Barley Deary Ida

18. BURIAL, CREMATION OR REMOVAL
Place Texas Ridge Deary Date Jan 27 1934

19. UNDERTAKER (Address): Hill & Prudhomme Troy Ida

20. FILED 7-6 1934 J. Harry Linhart Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/25/34

22. I HEREBY CERTIFY, That I attended deceased from 6/22/34, 193..., to 6/25/34, 193....
I last saw him alive on 6/25/34 193...: death is said to have occurred on the date stated above, at 8:45 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Coma | 6/21/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Pituitary Tumor. | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so specify.....

(Signed) Doyle W. Lyons, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 89545

Local Registrar's No. 50

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME John David Johnston

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Volumnia Johnston

6. DATE OF BIRTH (month, day, and year)
Oct. 21 1856

7. AGE: Years 72 | Months 8 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Mo.

MOTHER FATHER

13. NAME Bryan Johnston
14. BIRTHPLACE (city or town) .....
(State or country) Not known

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) .....
(State or country) Not known

17. INFORMANT Fred Johnston
(Address) Troy, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date 6/24, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 6/24, 1934 Harry Embree
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/21, 1934, to 6/21/34, 193..
I last saw h.. alive on 6/21, 1934: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 6/20/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Uremia & Sclerosis | |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? ..... Was there an autopsy?..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... (If so, specify) .....

(Signed) C. C. Cunningham M. D.
(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89546
State File No.....

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Lora Beebe

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 1, 1854

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Monroe Co. Iowa

MOTHER FATHER

13. NAME Ira Beebe

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Andrews

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Rev. A.R.Fike
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place... Moscow ..... Date June 15, 1934

19. UNDERTAKER H.R.Short
(Address) Moscow, Ida.

20. FILED June 14 1934 J. Harry Eichhauer Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1934, to June 13, 1934.
I last saw her alive on June 11, 1934.: death is said to have occurred on the date stated above, at 11 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) F. W. Deitch, M. D.
(Address) Moscow Idaho

RECEIVED JUN 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89548

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Emma Illi

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 2 - 1888

7. AGE: Years 45 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Albert Illi

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Freda ~~Fue~~ Weiss

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Albert Illi

18. BURIAL, CREMATION OR REMOVAL
Place Bula Date May 16 1934

19. UNDERTAKER (Address) John J. Pickerd Troy Idaho

20. FILED May 12 1934. Lucy M. Pickerd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1934, to May 14, 1934.
I last saw her alive on May 13 1934 death is said to have occurred on the date stated above, at 12:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of breast | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. Chas A. Meyer M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89549

**PLACE OF DEATH**

County of Latah

City of Viola

Registration District No. 65

Primary Registration District No. 2165

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Parthema Simpson

(a) Residence. No. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Samuel Simpson

6. DATE OF BIRTH (month, day, and year) Nov, 29; 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 6 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Kingston Tenn,

FATHER

13. NAME William Wilson

14. BIRTHPLACE (city or town) (State or country) Tenn,

MOTHER

15. MAIDEN NAME Emily Littleton

16. BIRTHPLACE (city or town) (State or country) Tenn,

17. INFORMENT (Address) Thelma Gray Viola Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ephrata Wash. Date June 25, 1934 Ephrata Wash.

19. UNDERTAKER D.D.Kimball (Address) Palouse Wash,

20. FILED June 29th, 1934 J. J. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1934, to June 23rd, 1934

I last saw her alive on June 22nd, 1934: death is said to have occurred on the date stated above, at 2.35P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | June 20th 1934 |

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89550

## PLACE OF DEATH

County of Latah
City of Helmer

Registration District No. 16
Primary Registration District No. 2147
Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Conrad Wolfbrandt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Zetterberg

6. DATE OF BIRTH (month, day, and year) Month & day unknown) Year 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Glass Blower

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1914

11. Total time (years) spent in this occupation 33 yr.

12. BIRTHPLACE (city or town) Stokkholm, (State or country) Sweden

FATHER

13. NAME John Wolfbrandt

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Floyd Chilton
(Address) Helmer, Idaho

18. BURIAL, CREMATION, REMOVAL ##########
Place Moscow Date 6/20, 193 4

19. UNDERTAKER H. R. Short
(Address) Moscow, Ida.

20. FILED 6/20, 193 4 D. J. W. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20th, 1934, to June 18th, 193 4.
I last saw him alive on May 29 193 4: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | 1933 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) F. C. Gibson, M. D.
(Address) Potlatch

FORM V. S. No. 5-A-25M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 89551

Registration District No. 49

Primary Registration District No. 2127

(No. ..... St.)

Local Registrar's No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Lewis

City of Kamiah

2. FULL NAME John V. Brown

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Aug. (Month) 20 (Day) 1839 (Year)

7. AGE: 74 Yrs. 9 Mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ky.

10. NAME OF Father: Thomas Brown

11. BIRTHPLACE OF FATHER (State or Country): Tenn.

12. MAIDEN NAME OF MOTHER: Susan Slaten

13. BIRTHPLACE OF MOTHER (State or Country): Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Theo V Brown

(Address) Kamiah Ida

15. Filed July 3 1934 Nell Robertson Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 14 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1934, to June 1934, that I last saw him alive on 6/14/ 1934, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma-Armpit gland

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

6/15 1934 (Address) Kamiah

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah Ida — DATE OF BURIAL: 6-16 1934

20. UNDERTAKER: Kamiah Funeral Home — ADDRESS: Kamiah Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY WITH PEN AND INDELIBLE INK—THIS IS A VERY important. ... should be ... CCUPATION is ... E

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lewis

City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 06

Primary Registration District No. 3.22

DO NOT WRITE IN THIS SPACE
89552
State File No.

Local Registrar's No. 3

(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Birdie Olive Wayne

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Furrier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

FATHER

13. NAME George Wayne

14. BIRTHPLACE (city or town) Audrian County
(State or country) Missouri

MOTHER

15. MAIDEN NAME Carrie Sophrona Miner

16. BIRTHPLACE (city or town) Salem,
(State or country) Oregon

17. INFORMENT W W Wayne
(Address) Craigmont, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place C. C. F. Craigmont Date June 1, 1934.

19. UNDERTAKER C E Elsom
(Address) Craigmont, Ida.

20. FILED 6/2, 1934 C E Dennis
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1934, to May 30, 1934

I last saw her alive on May 29, 1934: death is said to have occurred on the date stated above, at 9:47 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | Unknown but 7 years duration |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Secondary Anemia | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Finding, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Coleman, M. D.

(Address) Craigmont Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lewis

City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 29

Primary Registration District No. 2927

DO NOT WRITE IN THIS SPACE
89553
State File No.

Local Registrar's No. 46

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Albert Alonzo Johnston.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary A. Johnston

6. DATE OF BIRTH (month, day, and year) January 29 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 4 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Secretary (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banking & Trust

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnatti, Ohio.

FATHER

13. NAME Albert S. Johnston

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Jane Moore

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Carrie Johnston Craigmont, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wn. Date 6-16, 1934

19. UNDERTAKER (Address) Craigmont, Idaho.

20. FILED 6/16, 1934 A. R. Ellis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1934.

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to June 13, 1934
last saw h[illegible] alive on June 13, 1934: death is said to have occurred on the date stated above, at 7:30 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | |
| Coronary thrombosis | 2 days |
| | |
| Other contributory causes of importance: | |
| Cardio-vascular renal | Some yrs |

Name of operation none Date of —
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. C. Dewitt M. D.
(Address) Craigmont Idaho

Form V. S. No. 5. 10M. 6-20-11.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 16

County of Lincoln Primary Registration District No.

City of Shoshone (No. RECEIVED JUN 20 1934 St.)

File No. 89554

Registered No. 15

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Monnie Clinger

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: May (Month) 11 (Day) 1879 (Year)

7. AGE: 55 yrs. 6 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: house wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): North Manchester Indiana

10. NAME OF FATHER: Delorma Cook

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Martha Purdy

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest L. Clinger

(Address) Shoshone Idaho

15. Filed 6/13 1934 J. L. Fuller Local Registrar
By A. M. Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 11 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 1934, to May 11 1934, that I last saw h-r alive on May 11 1934 and that death occurred on the date stated above, at 11- A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

(Duration) yrs. 4 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. E. Burnett M. D.

May 13 1934 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shoshone Idaho — DATE OF BURIAL: 5/13 1934

20. UNDERTAKER: D & L Peterson — ADDRESS: Jerome Idaho

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lincoln

City of Richfield

RECEIVED JUN 20 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 89555

Local Registrar's No. 17

2. FULL NAME Austle C Burton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie C Burton

6. DATE OF BIRTH (month, day, and year) 1879 - Jan 6

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alexandria Indiana

FATHER

13. NAME Jonas Burton

14. BIRTHPLACE (city or town) (State or country) Memphis Tennessee

MOTHER

15. MAIDEN NAME Martha McKee

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Marie C Burton

18. BURIAL, CREMATION, OR REMOVAL Place Richfield Date 5-27, 1934

19. UNDERTAKER A. E. Thompson per H. P. Bright (Address) Woodside Utah

20. FILED 5/25, 1934 D. L. Fuller Registrar. By Ruth Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to May 24 1934

I last saw him alive on May 20, 1934; death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of Coronary Artery | May 24 |

Other contributory causes of importance: Congestion of Bronchio Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Dr ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. E. Barrett, M. D.

(Address) Glenns Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lincoln
City of Richfield

RECEIVED JUN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 89556

Local Registrar's No. 16

(No. ) 88 b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Hanson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Brigham Hanson

6. DATE OF BIRTH (month, day, and year) Oct 24 1835

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 6 | 24 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nephi
(State or country) Utah

FATHER
13. NAME Robert Broadhead.
14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER
15. MAIDEN NAME Alice Clegg.
16. BIRTHPLACE (city or town)
(State or country) England.

17. INFORMENT Brigham Hanson.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sevier Mtn. Date , 193

19. UNDERTAKER C. E. Thompson
(Address)

20. FILED 5/20, 1934 J. L. Fuller Registrar.
By A. M. Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw h[illegible] alive on Dec , 193 3 ; death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | |
| Arterial sclerosis | |

Name of operation Date of
What test confirmed diagnosis? Ex Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. E. Barrett, M. D.
(Address) Shoshone Ida.

JUL 5 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89557

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Mary Jane Faulkner

(a) Residence. No. ..... Salem Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 21-1859

7. AGE — Years: 74 Months: 5 Days: 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Springville Utah

FATHER

13. NAME: Levi Newell Kendell

14. BIRTHPLACE (city or town) (State or country): America

MOTHER

15. MAIDEN NAME: Elizabeth Clements

16. BIRTHPLACE (city or town) (State or country): America

17. INFORMANT (Address): Edgar Faulkner Parker Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 6/22, 1934

19. UNDERTAKER: W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 7-3-, 1934 J. T. Rigby
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to June 18, 1934.
I last saw h[illegible] alive on June 18 1934.: death is said to have occurred on the date stated above, at 11:[illegible] P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Gall Stones | |
| 2. Cholecystitis | |
| 3. Paralytic Stroke | |
| 4. Old Age | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Gall bladder Date of 6-15-34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) [illegible] M. D.
(Address) Rexburg

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89558

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annetta Schow

(a) Residence. No. ..... St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Sept. 29, 1876

7. AGE — Years: 57 — Months: 8 — Days: 20 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mantua, Utah

FATHER

13. NAME: Michael Schow

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Christina Hansen

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Mrs. S. P. Oldham, Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Mantua, Utah. Date... 6/21, 1934

19. UNDERTAKER (Address): C. Russell Tolamm

20. FILED 7-3-1934 J. Rigby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ...June 18., 193.4., to ...June 18...., 193.4

I last saw h...alive on ....., 193.: death is said to have occurred on the date stated above, at 6.30 ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Cerebral Haemorrhage | |
| Hemaplegia (Right) | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... J. O. Rigby, M. D.

(Address) ..... Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89560

**PLACE OF DEATH**
County of Madison
City of Rexburg
Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 37

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME premature infant (twin) Disher

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-2-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rexburg
(State or country)

FATHER

13. NAME Joseph Disher

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Maudy Dodge

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Joe Disher
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date 7-2-1934

19. UNDERTAKER none
(Address)

20. FILED 7-3-, 1934 J Reyonna
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 7-2-, 1934, to 7-2-, 1934.
I last saw h[illegible] alive on 7-2-, 1934; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows: Premature Birth — Date of onset

Not viable.

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Louis D Kuch, M. D.
(Address) Rexburg Idaho

7/2/34

JUL 5 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89561

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

206

2. FULL NAME Infant Gifford

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 11-1934

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rexburg Idaho

MOTHER FATHER

13. NAME: William Milo Gifford

14. BIRTHPLACE (city or town) (State or country): Idaho

15. MAIDEN NAME: Iris Hunziker

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Lester Gifford Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burton Ida Date May 12 1934

19. UNDERTAKER: none
(Address)

20. FILED 7-3-, 1934 J Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934, to May 11, 1934

I last saw h[illegible] alive on May 4 1934 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature 6½ Mos. | |
| Respiratory Collapse | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N.

JUL 5 1934

**PLACE OF DEATH**

County of Min

City of Acequia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89562

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marvin Earl Bill

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17 1926

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 7 | 10 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER FATHER

13. NAME Joe Bill
14. BIRTHPLACE (city or town) (State or country) Illinois
15. MAIDEN NAME Verna Ulrich
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Joe Bill
(Address) Acequia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date May 18, 1934

19. UNDERTAKER W. G. Gordon
(Address) Rupert Idaho

20. FILED 7-3, 1934 C. A. Johnson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1934 193

22. I HEREBY CERTIFY, That I attended deceased from May 13, 193 4, to May 15, 193 4
I last saw him alive on 15, 193 4: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic meningitis | |
| | |
| | |
| | |

Other **contributory causes** of importance: Fracture of the base of the skull

Name of operation none Date of.....
What test confirmed diagnosis? Post mortem Was there an autopsy? no

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.., 193.
Where did injury occur? Rupert
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) Fred N. Kinney M.D.
(Address) Rupert Ida

JUL 5 1934

**PLACE OF DEATH**

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89563

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 42

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo. Henry Kerbs.

(a) Residence. No. V St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, ~~Married, Widowed or Divorced (write the word)~~: Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) July 14 - 1863.

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 70 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Wm Kerbs.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ..

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Gallish Kerbs (Address) .....

18. BURIAL, CREMATION OR REMOVAL Rupert Cem Place Rupert Idaho Date ....., 193..

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED 6-28-1934 E. A. Ehmsen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found Dead in Bed | |
| Heart trouble | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. A. Goodman Coroner, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

E

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89564
State File No.

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 40

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victoria Stanley

(a) Residence. No. Rupert (Usual place of abode) Idaho St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9 D

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Stanley

6. DATE OF BIRTH (month, day, and year): Feb 15 1887

7. AGE — Years: 47 — Months: 2 — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): South Dakota

MOTHER FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT (Address): Henry Stanley

18. BURIAL, CREMATION, OR REMOVAL — Place: Rupert Ida. Date: May 19, 1934

19. UNDERTAKER (Address): W A Goodman

20. FILED: 5-28, 1934. Edd Edmunds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1930, to May 15, 1934

I last saw h alive on May 13, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular disease, | 10 yrs. |
| | |
| | |
| | |
| Other **contributory causes** of importance: Rheumatism | 10 yrs ago |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Edd Edmunds M. D.

(Address) Rupert Ida.

JUL 5 1934

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89565
State File No.

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 38

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Broadhead

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Mar 8 1920
7. AGE — Years: 14 — Months: 3 3 — Days: 4 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: William Broadhead
14. BIRTHPLACE (city or town) (State or country): Heber Utah

MOTHER
15. MAIDEN NAME: Hellena Anderson
16. BIRTHPLACE (city or town) (State or country): Heber Utah

17. INFORMANT (Address): Hellen A. Anderson Rupert Idaho
18. BURIAL, CREMATION OR REMOVAL: June
Place Rupert Cemetery Date 1 6, 193 4
19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho
20. FILED 6 28, 193 4 Earl E. Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 13 193 4
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934, to June 13, 1934
I last saw her alive on June 13, 1934; death is said to have occurred on the date stated above, at 3:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pericarditis | |
| and Asfundectomy | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Staphlococci Sore Throat | 18 days before |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) .... A. B. Evans M. D.
(Address) .... Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO Ref
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

JUL 5 1934

DO NOT WRITE IN THIS SPACE
89566
State File No.

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 37

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary E Hunter

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 29 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME John Staker

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary E. Leavitt

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) David F Hunter

18. BURIAL, CREMATION, OR REMOVAL Place Paul Cem Date Apr 5, 1934 Paul

19. UNDERTAKER W. A. Goodmanson
(Address) Rupert Idaho

20. FILED 6-23, 1934 Elsie Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25 1934, to April 1, 1934
I last saw her alive on April 1, 1934: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Other contributory causes of importance: Chronic Nephritis | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L M. Kelly, M. D.
(Address) Rupert.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO Kel
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

JUL 5 1934

DO NOT WRITE IN THIS SPACE
State File No. 89567

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Kingsford

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, ~~Married, Widowed,~~ or Divorced (~~write the word~~) |
|---|---|---|
| Fem | White | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 10 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME John Kingsford

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Christine Jorgensor

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs Dora Pearson

18. BURIAL, CREMATION, OR REMOVAL Downey Idaho
Place Downey Idaho Date Jan 15, 1934

19. UNDERTAKER R K Goodyear
(Address) Rupert Idaho

20. FILED 1-23, 1934 A. A. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 13, 1934
I last saw her alive on Jan 12, 1934; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Renal disease | |
| Thyrocardiac. | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| 2 Chronic Nephritis | |
| Goitre Thyroid | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) L. M. K. Ellis, M. D.
(Address) Rupert Idaho

STATE OF IDAHO 16
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

July 5 1934

DO NOT WRITE IN THIS SPACE
State File No. 89568

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 35

(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Juda S. Barker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | White | Wid. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME John Samples

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Judith Ga

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMENT (Address) Bernice Walker Rupert

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cem Date Dec 3, 1934

19. UNDERTAKER W. J. Gooseberry
(Address) Rupert Idaho

20. FILED 6-23, 1934 B. F. Edmonds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Jan 1-, 1934

I last saw her alive on Jan 1, 1934; death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. M. Kelly, M. D.

(Address) Rupert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

JUL 5 1934

DO NOT WRITE IN THIS SPACE
State File No. 89569

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 39

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Brewer

(a) Residence. No. Heyburn St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 24th 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Heyburn Idaho

FATHER

13. NAME L. Brewer

14. BIRTHPLACE (city or town) (State or country) Lewiston Ut.

MOTHER

15. MAIDEN NAME Emma Newbrand

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) L. Brewer Heyburn Ida

18. BURIAL, CREMATION, OR REMOVAL Place Date , 193

19. UNDERTAKER (Address) Leo Turpen Burley Ida

20. FILED 6-28, 1934 E. M. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to June 2, 1934

I last saw him alive on June 2, 1934; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | About May 15 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Mal nutrition | 2 mo |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. H. Cutler, M. D.

(Address) Burley

E JUL 5 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Minidoka
City of Minidoka

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89570

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 41

(No. 1 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda V Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 23 1850
7. AGE: Years 84 | Months 3 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Peter Parsons
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Johanna Mallee
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Hallie Hedsman
18. BURIAL, CREMATION OR REMOVAL Place: Rupert cath Date: May 24, 1934
19. UNDERTAKER (Address): W. J. Goodwin Rupert Idaho
20. FILED 6-28, 1934. Ella E. Simms Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-19 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Failure following Chronic myocarditis. (Found dead after morning work about home) | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..
If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) O. A. Simms, M. D.
(Address) Rupert Ida.....

FORM V. S. No. 5-A—25 M. 1-19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 89571

1. PLACE OF DEATH
County of Nezperce
~~City of~~ Lenore
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 93
(No. 2371 St.)
Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Albert Wheeler

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (If married, widowed or divorced, how long?): Married

6. DATE OF BIRTH: Apr (Month) 4 (Day) 1862 (Year)

7. AGE: 72 Yrs. 2 Mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: William Wheeler

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry A. Barnett
(Address) 1018 Frederick Spokane Wash.

15. Filed June 30 1934 Daniel Lyle Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 29 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1933, to June 29 1934, that I last saw him alive on May 2 1934, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach with Metastasis

(Duration) — Yrs. ..... mos. ..... ds.
Contributory (Secondary) Nephritis -
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A.B. Coppenhagen M. D.
7-3 1934 (Address) Craigmont Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sunny Side Cemetary — DATE OF BURIAL: 6-1- 1934

20. UNDERTAKER: Neighbors — ADDRESS:

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89573

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Evans Jones

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Winnie Fred Jones

6. DATE OF BIRTH (month, day, and year) March 11 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 80 | 3 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming, Livestock Merchant, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) May 1916

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) South Wales

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Eleanor Evans

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Winnifred Jones Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date June 28 193 4

19. UNDERTAKER J. Ben Duncan (Address) Malad Idaho,

20. FILED 6/30, 193 4 J. M. Nevins Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 193 4, to June 25, 193 4
I last saw h[illegible] alive on June 25, 193 4: death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of bowels | ? |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [illegible], M. D.
(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89574

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lizzie G Jones

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of George L Jones

6. DATE OF BIRTH (month, day and year) May 14 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1934

11. Total time (years) spent in this occupation Active life

12. BIRTHPLACE (city or town) Merther
(State or country) South Wales

FATHER

13. NAME Thomas C Reese

14. BIRTHPLACE (city or town) .....
(State or country) Wales

MOTHER

15. MAIDEN NAME Ann

16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMENT W. A. McClung
(Address)

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St John Cemetary Date July 1, 1934

19. UNDERTAKER J. Guy Kenson
(Address) Malad Idaho

20. FILED 6/30, 1934 J. M. Kerr
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934, to June 28, 1934
I last saw her alive on June 26, 1934; death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | ? |
| Arterio Sclerosis | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. A. McClung M.D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 89575

Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Infant~~ Shirley Anne Hall

(a) Residence. No. Malad St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/14/34

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Oneida Co. Idaho

FATHER

13. NAME Ray Hall

14. BIRTHPLACE (city or town) (State or country) Malad

MOTHER

15. MAIDEN NAME Vera Morse

16. BIRTHPLACE (city or town) (State or country) Jamaica

17. INFORMENT (Address) Ray Hall

18. BURIAL, CREMATION, OR REMOVAL Place Jamaica Date 6/14, 1934

19. UNDERTAKER (Address) Nove

20. FILED 6/30, 1934 J. M. Kerns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/14 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to 6/14, 1934

I last saw her alive on 6/14, 1934: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature separation of after birth | |
| Baby took a very few gasps. | |
| Other contributory causes of importance: | |
| No regular treatment | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. B. Malby, M. D.

(Address) Malad

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1934

PLACE OF DEATH
County of Owyhee
City of Three Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 120

DO NOT WRITE IN THIS SPACE
State File No. 89576

(No. Ranch at Three Creek, Idaho, 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Marcus Beaton

(a) Residence. No. Three Creek, Idaho; St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, ~~widowed~~, or divorced HUSBAND of (or) ~~WIFE of~~ Grace Beaton

6. DATE OF BIRTH (month, day, and year) Aug 13-1901

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 32 | 10 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedar Creek Idaho.

FATHER

13. NAME Neil Beaton

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Blanch Estes

16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMENT (Address) Mrs Grace Beaton Three Creek Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 6-16, 1934

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED June 16, 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...

I last saw him ~~alive~~ on ✓, 193...; death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide - by gunshot | |
| 25-35 Rifle | |
| Left Breast | |
| & Hemorrhage of Left Lung | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6-13 1934

Where did injury occur? Three Creek Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury 25-35 Rifle

Nature of injury Bullet thru Left Lung

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Trite, Coroner, M.D.

(Address) Silver City Owyhee Co Idaho

Registration District No. 43

Idaho
~~Oregon~~ State Board of Health

# Certificate of Death

Primary Registration District No. 2120

State Registered No. 8957

Local Registered No. 37

1. PLACE OF DEATH

County Owyhee State Idaho

Township ..... or Village Cliffs JUL 5 1934 or

City ..... No. ....., ..... St., ..... Ward

(If death occurred in a hospital or institution, give its name instead of street number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milldred Jan Loveland 3 7

(a) Residence: No. ....., ..... St., .....

(Usual place of abode) (If nonresident, give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed or divorced (write the word) |
|---|---|---|
| female | American | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 2 1934

| 7. AGE | Years | Months | Days | If less than 1 day, ..... hrs. or ..... m'n. |
|---|---|---|---|---|
| | | 3 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Longtree Ranch Idaho

FATHER

13. NAME W.E. Loveland

14. BIRTHPLACE (city or town) (State or country) Jordan Valley Ore.

MOTHER

15. MAIDEN NAME Evelyn Whitby

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Marian Loveland
(Address) Jordan Valley Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Jordan Valley Ida. Date June 12, 1934

19. UNDERTAKER Parker Bros. & Co.
(Address) Jordan Valley Ore.

Filed June 19, 1934 T.A. Howard
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,
that I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| whooping cough | |
| | |
| | |
| | |
| | |

Contributory causes of importance not related to principal cause: Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

.....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. Lee Forte Coroner

(Address) Owyhee City Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED JUL 9 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89578

## PLACE OF DEATH

County of Power
City of American Falls, Idaho
Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 24
(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles F. Lee

(a) Residence. No. American Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 17 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 5 yrs

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER FATHER

13. NAME J.M.Lee

14. BIRTHPLACE (city or town) Ind
(State or country)

15. MAIDEN NAME Sara J. Wilson

16. BIRTHPLACE (city or town) S. Carolina.
(State or country)

17. INFORMANT W. F. Lee
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place I.O.O.F. Cem. Date 6/26/34
American Falls

19. UNDERTAKER
(Address) American Falls, Idaho

20. FILED 6/26, 1934 Geneva Hall
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/23/1934

22. I HEREBY CERTIFY, That I attended deceased from October, 1933, to June 23, 1934
I last saw him alive on June 22, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Acute Nephritis | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. F. Logan, M. D.
(Address) American Falls, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89579

County of Power
City of American Falls, Idaho
Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Rudeen

(a) Residence. No. Neeley, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jennett Rudeen

6. DATE OF BIRTH (month, day and year) Jan 22nd 1864.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER

13. NAME Gust Jakason

14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER

15. MAIDEN NAME Gustave Danielson

16. BIRTHPLACE (city or town) (State or country) Sweeden.

17. INFORMANT Mrs Chas Rudeen
(Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida Date June 11/34

19. UNDERTAKER .....
(Address) American Falls, Idaho

20. FILED 7-11-, 1934 Genevieve Nolte
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8- 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934, to ....., 193.... last saw him alive on June 7., 1934: death is said to have occurred on the date stated above, at 7. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. K. Farrell M. D.
(Address) Am. Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89580

Registration District No. 24

Primary Registration District No. 2072 Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (Girl Hett) 1612

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 22 — 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | | | | 6 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Am. Falls Ida.
(State or country)

MOTHER FATHER

13. NAME ~~Infant~~ Marvin Aclett

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Marie Freidinger

16. BIRTHPLACE (city or town) Colo
(State or country)

17. INFORMANT (Address) Mrs. Marie Freidinger

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED 6-24-, 1934. Genevieve Nolte
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22, 193.4., to April 22, 193.4.

I last saw him alive on April 22, 193.4.; death is said to have occurred on the date stated above, at 12 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature at 23 weeks, gestation | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Farrell, M. D.

(Address) Am. Falls Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Murray Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89581

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 311

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Griffith

(a) Residence. No. Murray Ida St. Murray Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: Abt. 60; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead Mining
10. Date deceased last worked at this occupation (mo. and year): June 30-34.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Not Known

FATHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mother

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place: Baker Ore. Date: July 2, 1934

19. UNDERTAKER (Address): J. A. Brown (Wood River) or Wallace Ida.

20. FILED: June 3/1934 G. S. Glore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| First Coma | ..... |
| Cerebral Hemorrhage | Abt. 1 hour |
| Hemiplegia | ..... |
| Myocarditis | ..... |
| Arteriosclerosis | ..... |
| Chronic Nephritis | ..... |

Other **contributory causes** (not importance)

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide or homicide? Accident Date of injury? June 30 1934
Where did injury occur? Bunker Hill Mine
(Specify city or town, county and state)
Specify whether injury occurred in **industry, in home** or in **public place**. Bunker Hill Mine
Manner of injury: Fell down Shaft
Nature of injury: Skull fractured

24. Was disease or injury in any way related to occupation of deceased? If so, how? Accidental
(Signed) C. C. Wolfe M.D.
(Address) Wallace Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89582

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 308

(No. 182 Mullan Ida St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gilbert Jefferson Casey

(a) Residence. No. (Usual place of abode) Mullan Ida St. Mullan Ida
(If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 17
7. AGE: Years 1 Months 10 Days 22 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mullan Idaho

FATHER
13. NAME: Jeff. Casey
14. BIRTHPLACE (city or town) (State or country): Mont.

MOTHER
15. MAIDEN NAME: Marie Kolob
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs Jeff Casey Mullan Ida
18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place. Mullan Ida Date June 15 1934
19. UNDERTAKER (Address): J. A. Brown (unfilled) Co. Wallace Ida
20. FILED June 13th 1934 C. S. Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 9 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned, accidental | June 9 1934 |
| Contributory causes of importance: Fell in S. Fork of Coeur d'Alene River near Mullan Ida | |

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 9 1934
Where did injury occur? (Specify city, town, county, and state) near Mullan Ida
Specify whether injury occurred in **industry**, in **home** or in **public place**. So Fork Coeur d'Alene River
Manner of injury: Fell into water
Nature of injury: Drowned
24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Mrs Jeff Casey
(Address) Wallace Ida

RECEIVED JUL 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89583

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 76
Primary Registration District No. 1011
Local Registrar's No. 307
(No.) Shoshone County Infirmary
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Gillis 49
(a) Residence. No. Carter Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 1 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. MILLWRIGHT
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Canada Ontario

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMENT (Address)
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Date June 12, 1934
19. UNDERTAKER Bruce G. Wristed (Address) Wallace Ida
20. FILED June 12th, 1934 C. E. Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/9 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to June 9th, 1934
I last saw him alive on June 9th, 1934; death is said to have occurred on the date stated above, at 6:5 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcenoma Prostate | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89584

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 306
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mildred Iowa Butler

(a) Residence. No. Cataldo, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis W. Butler

6. DATE OF BIRTH (month, day, and year) May 10th 1877

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | — | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Agricola (State or country) Iowa

FATHER

13. NAME Dallas Perdue

14. BIRTHPLACE (city or town) Minerva (State or country) Ohio

MOTHER

15. MAIDEN NAME Maggie Whitehead

16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Lewis W. Butler (Address) Cataldo, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Coeur d'Alene Date June 9, 1934

19. UNDERTAKER M. C. Thornhill (Address) Kellogg, Ida

20. FILED May 10th 1934 E. S. Blom Registrar.

June.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-6-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-4-34..., 193...., to 6-6-34..., 193....
I last saw h. alive on 6-6-34, 193...: death is said to have occurred on the date stated above, at 3:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89585

Registration District No. 70
Primary Registration District No. 114
Local Registrar's No. 305

(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Luoma

(a) Residence. No. Enaville St. Enaville Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (~~write the word~~) |
|---|---|---|
| Female | White | Widow. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Apr. 27 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 62 | 1 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Finland
(State or country)

FATHER
13. NAME Heimi
14. BIRTHPLACE (city or town) —
(State or country)

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMENT Sigrid Luoma
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date June 4 1934

19. UNDERTAKER R. D. Stahl
(Address) Kellogg Ida

20. FILED June 13th, 1934 C. S. Stone
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1 — 1934

22. I HEREBY CERTIFY, That I attended deceased from May 29th, 1934, to May 31st, 1934
I last saw her alive on May 31st, 1934: death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: High blood pressure. | |
| | |
| | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. Hennessy, M. D.
(Address) Kellogg Ida.

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89586

PLACE OF DEATH
County of Shoshone
City Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 301

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Miller

(a) Residence No. County Home St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 85 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) No to be used

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Pratt & Boyd
(Address) Kellogg Ida

20. FILED June 2nd, 1934 C. S. Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1933, to May 25th, 1934

I last saw him alive on May 25th, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Old age, | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. C. Chamberlain M. D.

(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89587

Registration District No. 76

Primary Registration District No. 1011

Local Registrar's No. 309

(No. Co Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John M Reed

(a) Residence, No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Co Hospital Records Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date ..... 193

19. UNDERTAKER (Address) J. G. Berg Ward & Co Wallace Ida

20. FILED June 27, 1934 C. S. Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 193.., to June 27..., 1934.
I last saw him alive on Jan 26., 193.4.: death is said to have occurred on the date stated above, at 8 P. ..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old Age | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. [illegible] M. D.

(Address) Kellogg Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 89588

Local Registrar's No. 33

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Lee Pearis

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: Wh
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 14-1934

7. AGE: Years | Months | Days: 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg - Ida.

FATHER

13. NAME Earl Pearis

14. BIRTHPLACE (city or town) (State or country) Maypaos North Dak

MOTHER

15. MAIDEN NAME Hazel Weckesser

16. BIRTHPLACE (city or town) (State or country) Carrington North Dak

17. INFORMENT (Address) Earl Pearis

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date May 21 1934

19. UNDERTAKER Kellogg Mort.
(Address) Kellogg Idaho

20. FILED July 10, 1934 Mrs. Helen M. Brude Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1934, to , 193

I last saw her alive on May 18, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Other contributory causes of importance: Coryza | 5-18-34 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T Anderson, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 89591

Local Registrar's No. 34

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beatrice Lyckman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest.

6. DATE OF BIRTH (month, day, and year): Aug 31 - 1892

7. AGE: Years 42. Months 3 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House mgr
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Perry Sound Ontario

FATHER
13. NAME: Wm Johnston
14. BIRTHPLACE (city or town) (State or country): Dorset Ontario

MOTHER
15. MAIDEN NAME: Maria Camp Lee
16. BIRTHPLACE (city or town) (State or country): Angelo Ontario

17. INFORMENT (Address): E. Lyckman

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place: Kellogg Date: May 31 1934

19. UNDERTAKER (Address): L. L. Lyon Kellogg Ida

20. FILED July 10, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to , 193 .
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull fracture | |
| Dead on arrival at Hospital | |
| Other contributory causes of importance: | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-28, 1934
Where did injury occur? Kellogg Wallace road.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto accident.
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89592

**PLACE OF DEATH**

County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 37

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Regina

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) ~~Feb~~ Dec. 1897

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 37 | 6 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Smelterman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jugoslavia

FATHER

13. NAME Nicholas Regina

14. BIRTHPLACE (city or town) (State or country) Slav. Lipa Jugoslavia

MOTHER

15. MAIDEN NAME Anna Regina

16. BIRTHPLACE (city or town) (State or country) Jugoslavia

17. INFORMANT (Address) Rosalie Frankovich Wathena Kansas

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida. Date July 12 1934

19. UNDERTAKER (Address) T.M.C. Thrasher Kellogg Idaho

20. FILED July 10, 1934 Mrs. Helen M. Brede Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1934, to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Crushing injury of entire body | |
| Death instantaneous | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 21 1934
Where did injury occur? Kellogg
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury Fell under car
Nature of injury .....

24. Was ~~disease or~~ injury in any way related to occupation of deceased? Yes. If so, specify In line of duty

(Signed) Harold T. Cudlipp M. D.
(Address) Kellogg Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89593

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 38
(No. 65 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Antone Cekado

(a) Residence. No. R R Ave. St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Jugoslavia
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 31 - 1886
7. AGE: Years 48 | Months 1 | Days - | If LESS than 1 day, .. hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mucker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead Mine
10. Date deceased last worked at this occupation (mo. and yr.): Nov-10-34
11. Total time (years) spent in this occupation: 1.8

12. BIRTHPLACE (city or town) (State or country): Croatia Slavonia

MOTHER/FATHER
13. NAME: Mr. Cukado
14. BIRTHPLACE (city or town) (State or country): Jugoslavia
15. MAIDEN NAME: Mrs.
16. BIRTHPLACE (city or town) (State or country): Jugoslavia

17. INFORMANT (Address): Frank Pavich, Kellogg, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Kellogg Idaho Date: July 3, 1934
19. UNDERTAKER (Address): M. E. Thornhill, Kellogg, Idaho
20. FILED: July 10 1934 Mrs. Helen M. Bride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-30-1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to 6-30-, 1934.
I last saw him alive on 6-30., 1934.: death is said to have occurred on the date stated above, at 3:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins disease | Feb. 1934 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? 0. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) Helen McCaffery M. D.
(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89595

**PLACE OF DEATH**
County of Teton
City of Driggs

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 11

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dawn Green

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Teton Co., Ida.
(State or country)

FATHER

13. NAME Carlyle Green

14. BIRTHPLACE (city or town) ~~Idaho~~ Nyo.
(State or country)

MOTHER

15. MAIDEN NAME Kate Haddell

16. BIRTHPLACE (city or town) ~~Utah~~ Driggs, Ida.
(State or country)

17. INFORMENT Carlyle Green, Driggs, Ida.
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Driggs Cemetary Date June 28 1934

19. UNDERTAKER —
(Address)

20. FILED July 2, 1934 Abie M Greene
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1934, to 6/27, 1934
I last saw h[illegible] alive on 6/16/34, 193: death is said to have occurred on the date stated above, at 7.00 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature | |

Other contributory causes of importance:
Premature (7 mo.)

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Colver, M. D.
(Address) Driggs, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89596

**PLACE OF DEATH**
County of Nelson
City of Driggs.

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 12

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marian Dell Christensen. 1 Dec

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14-30

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 6 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Driggs Ida

FATHER
13. NAME Hyrum Christensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Jane Symphett
16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMENT (Address) Driggs Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Driggs Date June 25 1934
19. UNDERTAKER (Address)
20. FILED July 2, 1934 Abie M Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1934
22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934, to June 23, 1934
I last saw him alive on June 23, 1934; death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| Other contributory causes of importance: | |

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/23, 1934
Where did injury occur? 9 miles west of Driggs
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Near home
Manner of injury Run over by automobile
Nature of injury Skull crushed like an eggshell

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Tetro, M. D.
(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89597

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur White Nipper 18

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) ~~WIFE of~~: Mary C. Nipper

6. DATE OF BIRTH (month, day, and year): June 4 1880

7. AGE — Years: 54 — Months: — — Days: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Edgefield Texas

FATHER

13. NAME: Henry Nipper

14. BIRTHPLACE (city or town) (State or country): Cleveland Texas

MOTHER

15. MAIDEN NAME: Malinda Sarpy

16. BIRTHPLACE (city or town) (State or country): Cleveland Texas

17. INFORMANT (Address): Jesse Nipper Burke

18. BURIAL, CREMATION OR REMOVAL
Place: Filer Date: 6/17, 193X

19. UNDERTAKER (Address): Evans & Johnson Burke Idaho

20. FILED June 16 193A

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/15 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 193A, to June 15, 193A.

I last saw him alive on June 15 193A.; death is said to have occurred on the date stated above, at 11:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rocky Mt. Spotted Fever | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. N. Hopkins, M. D.

(Address) Burke Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Castleford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89598

Registration District No. 30

Primary Registration District No. 7087 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della Catherine West

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: J. Clark West.

6. DATE OF BIRTH (month, day, and year): Mar 2 1896

7. AGE — Years: 37 — Months: 7 — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Peiria

MOTHER FATHER

13. NAME: W. B. Ernest

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mort West Burke Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Evans Date: 6/6, 193.4

19. UNDERTAKER (Address): Evans Funeral Home Burke Ida

20. FILED June 6, 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/3 193.4

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 193.4, to 6-3, 193.4

I last saw her alive on 6-2, 193.4: death is said to have occurred on the date stated above, at 5:27 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute myocarditis | 6 mo |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pulmonary tuberculosis | 6 mo ? |
| | |
| | |

Name of operation: none Date of: none

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? No injury
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** No injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Perry, M. D.

(Address) Burke Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
(BUREAU OF VITAL STATISTICS)

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 895599

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James M. Walker

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaretta Walker

6. DATE OF BIRTH (month, day, and year): June 14 — 1880

7. AGE: Years 54 | Months — | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Laborer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: A.

12. BIRTHPLACE (city or town) (State or country): Kaanggam Utah

FATHER
13. NAME: J. E. Walker
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Sarah Ann Sharnock
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Margaretta Walker Buhl

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Ft. Authority Date ....., 193..

19. UNDERTAKER (Address): Grace L. Johnson Buhl

20. FILED June 18, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/27/193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to 26 June, 1934.
I last saw him alive on 24 June 1, 1934.: death is said to have occurred on the date stated above, at 6. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | 18 June '34 |
| Angina pectoris | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) [signature], M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89600

**PLACE OF DEATH**

County of Twin Falls

City of ✓

Registration District No. 37

Primary Registration District No. 2080 Local Registrar's No. 110

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josie Fern Andrews

(a) Residence. No. Route # 2 St. Box 108
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year): Aug 11 - 1918

7. AGE: Years 15 | Months 9 | Days 20 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country): Twin Falls Idaho

FATHER

13. NAME: Joe Andrews

14. BIRTHPLACE (city or town) (State or country): Bell Point Ohio

MOTHER

15. MAIDEN NAME: Stella Mayo

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMENT (Address): Joe Andrews Twin Falls Ida Route # 2

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Cem. Date: 6 / 2 , 1934

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho

20. FILED June 1, 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): / / 193 4

22. I HEREBY CERTIFY, That I attended deceased from May 31st, 193 4, to June 1st, 193 4

I last saw her alive on June 1st, 193 4: death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Respiratory Paral. | 6-1-34 |
| Toxic Toxin | |
| Diphtheria of Larynx | 5-28-34 |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H. Vaughan M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDA
DEPARTMENT OF PUBLIC [illegible] ARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

RECEIVED JUL 11

DO NOT WRITE IN THIS SPACE
State File No. 89601

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 11

(No. Twin Falls Ida. Route # 2)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George F? McAdow

(a) Residence. No. Twin Falls Ida Route # 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30-1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 10 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. V. B. Fulton, Twin Falls, Route # 2

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date June 4 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Ida

20. FILED June 3, 1934 Geo. C. Kelley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to May 28, 1934
I last saw h alive on May 28, 1934: death is said to have occurred on the date stated above, at 6.35 A M
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Valvular Heart Disease | Years |
| 2. Chronic Nephritis (Interst) | " |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) H. Wilson, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89602

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls.

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 112

(No. 1350-6th Ave. E.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Annie Bell Clark Geigley,

(a) Residence. No. Caladonia Hotel, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 1 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gainesville, Ga.

FATHER

13. NAME Wyly Clark

14. BIRTHPLACE (city or town) (State or country) Gainesville, Ga.

MOTHER

15. MAIDEN NAME Mary Eliz. Jarnagan

16. BIRTHPLACE (city or town) (State or country) Knoxville, Tenn.

17. INFORMENT (Address) Mrs. Robt. Rogerson. 1350- 6th Ave. E.

18. BURIAL, ~~CREMATION~~, REMOVAL Place T. F. Cemetery Date June 5, 1934

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho.

20. FILED June 5, 1934 Geo. C. Kelley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to June 3, 1934
I last saw h e alive on June 3, 1934: death is said to have occurred on the date stated above, at 9:25 A. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Aortic Stenosis | Oct - 1931 |
| 2 Gall Stones | 1925 |
| 3 Chronic Colitis | 1929 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. W. Wilson, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89603

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 113

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME A. N. Long

(a) Residence. No. 1138--11 Ave. East St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Meda B. Long

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 77 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Robert Long

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Ann Ghent

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W. F. Long, Twin Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date June 11 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls

20. FILED June 11, 1934 Geo. C. Kelly M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 9, 1934
I last saw h[illegible] alive on June 9, 1934; death is said to have occurred on the date stated above, at 7.50 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset (month or year) |
|---|---|
| Arterio-sclerosis | Unknown |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Gangrene of leg

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Weaver, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89604

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 114

(No.) Twin Falls Co. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Ruby Jean Gardon

(a) Residence. No. 4 Miles So. Fox Farm Kimberly Road

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 18 1933

7. AGE: Years — Months 11 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Sterling (State or country) Colo.

FATHER

13. NAME Mr. Harry Gardon

14. BIRTHPLACE (city or town) Rival (State or country) Ill.

MOTHER

15. MAIDEN NAME Hattie Kaer

16. BIRTHPLACE (city or town) Argos (State or country) Ill.

17. INFORMANT Twin Falls Co. Hosp. (Address)

18. BURIAL, CREMATION OR REMOVAL

Place ..... Date ....., 193..

19. UNDERTAKER Grant Johnson (Address) Twin Falls Idaho

20. FILED June 9, 1934. Geo. C. Halley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9 7.00 p.m. 193.4., to June 9 9.00 p.m. 193...

I last saw her alive on June 9, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Anemia Chronic Terminal | |
| Broncho pneumonia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Cont. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) R. A. Bright, M. D.

(Address) 323 Shoshone St. N.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89605

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 115
(No. County General Hospital) 100a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Stephen Teter

(a) Residence. No. St. Hansen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 7-1929

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 4 | 9 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hill City Kansas
(State or country)

FATHER
13. NAME Aubrey B. Teter
14. BIRTHPLACE (city or town) Edgar
(State or country) Nebraska

MOTHER
15. MAIDEN NAME Maggie Wyscaver
16. BIRTHPLACE (city or town) Edmond
(State or country) Kansas

17. INFORMENT Aubrey B. Teter
(Address) Hansen Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Twin Falls Date 6-13-1934

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED June 13, 1934 Geo. C. Talley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 11, 1934
I last saw him alive on June 10, 1934; death is said to have occurred on the date stated above, at 2 30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Appendectomy Date of 6/3/34
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Davis, M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89606

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls Registration District No. 37

RECEIVED JUL 11 1934 Primary Registration District No. 1065 Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John F. Lannen

(a) Residence. No. ..... St. Absarakee, Montana.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred Lannen

6. DATE OF BIRTH (month, day, and year) May 27, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richwoods Missouri
(State or country)

FATHER

13. NAME James Francis Lannen

14. BIRTHPLACE (city or town) Irland
(State or country)

MOTHER

15. MAIDEN NAME Katherin Monday

16. BIRTHPLACE (city or town) Irland
(State or country)

17. INFORMENT (Address) D.V. Kinder Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia, Mont. Date June 14 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho

20. FILED June 13, 1934 Geo. C. Valley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1934, to 6/12, 1934

I last saw h.. alive on 6/11, 1934; death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 6/9/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Epilepsy | 1930. |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Weaver M. D.

(Address) Twin Falls, Ida.

RECEIVED JUL 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89607

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 119

(No. ) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. P. Mullins

(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 5 / 1885
7. AGE: Years 47 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME W. Mullins
14. BIRTHPLACE (city or town) (State or country) Ark.

MOTHER
15. MAIDEN NAME Nola Shields
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT Mrs L. Spencer Burger
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date June 13. 1934
19. UNDERTAKER L. E. Drake
(Address) Twin Falls
20. FILED June 14, 1934 Geo. C. Talley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1934
22. I HEREBY CERTIFY, That I attended deceased from
On June 11, 1934, to , 193
I last saw him alive on June 11, 1934; death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Lesion | 5 yrs. ago |
| Chronic Interstitial Nephritis | 8 yrs. ago |
| Ascites | 3 mos. ago |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. B. Scott, M. D.
(Address)

FORM V. S. No. 5-25 M. 1-20

RECEIVED JUL 11 1934

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Twin Falls
City of Twin Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 37
Primary Registration District No. 2085
(No. ..... St.)

State File No. 89608
Local Registrar's No. 129
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME ( Not Named.) Schmidt.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| F | White | S |

6. DATE OF BIRTH
June (Month) 9 (Day) 1934 (Year)

7. AGE
..... Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many 6 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work 00
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Twin Falls, Idaho

10. NAME OF Father William C.Schmidt

11. BIRTHPLACE OF FATHER (State or Country) Nebraska

12. MAIDEN NAME OF MOTHER Olive Frances Fry,

13. BIRTHPLACE OF MOTHER (State or Country) Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) father
(Address) .....

15. Filed July 7 1934 Geo. C. Kelley, M. D.
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June (Month) 9 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9 1934, to June 9 1934 that I last saw her alive on June 9 1934, and that death occurred on the date stated above, at 6:30 A. M.

The CAUSE OF DEATH* was as follows:
Prematurity.
Gestation about 6½ months

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Davies M. D.
June 10 1934 (Address) Kimberly, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL 19.....

20. UNDERTAKER Ward | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89609

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 118

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora E Hammers

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME Mrs Whiting
14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER
15. MAIDEN NAME Augusta Holmes
16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMENT (Address) Mrs James Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date June, 1934

19. UNDERTAKER E L Brake Twin Falls
(Address)

20. FILED June 14, 1934 Geo. C. Valley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1934, to 6/14, 1934
I last saw her alive on 6/13, 1934: death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89610

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 119

(No.) Perrines Coulee Canal Near Heyburn ave.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna May Stephens

(a) Residence. No. Heyburn ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): May 19-1932
7. AGE: Years: 2; Months: 0; Days: 16; If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Twin Falls Idaho

FATHER
13. NAME: Lewis Stephens
14. BIRTHPLACE (city or town) (State or country): Adel Iowa

MOTHER
15. MAIDEN NAME: Lapreo Morrell
16. BIRTHPLACE (city or town) (State or country): Hansen Idaho

17. INFORMENT (Address): Lewis Stephens Twin Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Cem Date: June 8, 1934
19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho
20. FILED: June 15, 1934 Geo C Valley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 5 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on June 5, 1934: death is said to have occurred on the date stated above, at 8 30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |
| accidental | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-5, 193
Where did injury occur? Perrines Coulee Twin Falls
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. A. Dwight Jr. Twin Falls M. D.
Twin Falls County Coroner.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 '34

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89611

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1185
Local Registrar's No. 121
(No. 1 T. F. Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Horace Hart

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 20, 1828

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 105 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME NO Information

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME No In Formation

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Mrs. Strong
(Address) Twin Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date June 24 1934

19. UNDERTAKER Stanley Phillips
(Address) Twin Falls

20. FILED June 23 1934 Geo. C. Hadley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to June 21, 1934

I last saw h alive on June 21, 1934: death is said to have occurred on the date stated above, at 11 13 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Senility | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H W Orlson, M. D.

(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89612

PLACE OF DEATH
County of Twin Falls
City of Mustaugh
Registration District No. 27
Primary Registration District No. 2085
Local Registrar's No. 122

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Belcher BELCHER

(a) Residence. No. Mustaugh Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Belcher

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 74 | Months 7 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Paris Utah

FATHER
13. NAME: Orris Johnson
14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER
15. MAIDEN NAME: Alice Brackin
16. BIRTHPLACE (city or town) (State or country): York Penn

17. INFORMENT (Address): Henry Pahlberg Mustaugh Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Burley Date 6-22, 1934

19. UNDERTAKER (Address): Jos. L. Larsen Burley Ida

20. FILED June 23, 1934 Geo. C. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 18 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1933, to June 18, 1934
I last saw her alive on June 16, 1934; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | May 33 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Weaver M. D.
(Address) Twin Falls, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8961

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 123
(No. Twin Falls County General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Catherine Schmidt

(a) Residence. No. Rout 2 St. Kimberly, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of W. F. H. Schmidt

6. DATE OF BIRTH (month, day, and year) May 10, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | / | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Handcock County Ill.

FATHER
13. NAME Cris Thomas
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Luft
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Ida May Zuck Kimberly
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date June 23, 1934
19. UNDERTAKER (Address) Stanly Phillips Twin Falls
20. FILED June 24, 1934 Geo. Hallen M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1934
22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934 to June 22, 1934
I last saw h[illegible] alive on June 22 1934; death is said to have occurred on the date stated above, at 1.30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| (Syphilitic) | 6/10/34 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. M. Davis, M. D.
(Address) Kimberly Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89614

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 7085
Local Registrar's No. 124

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alva Clinton Martin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shoshone, Idaho
(State or country)

FATHER

13. NAME Ben Martin

14. BIRTHPLACE (city or town) Pikeville
(State or country) Tenn.

MOTHER

15. MAIDEN NAME Gladys Bigley

16. BIRTHPLACE (city or town) Norge
(State or country) Okla.

17. INFORMENT Mrs. A. J. Bigley
(Address) Twin Falls

18. BURIAL, CREMATION, OR REMOVAL
~~Place~~ Twin Falls Date June 27, 1934

19. UNDERTAKER Stanly Phillips
(Address) Twin Falls

20. FILED June 25, 1934 Geo. Talley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to June 25, 1934
last saw him alive on June 25, 1934: death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyelonephritis | June 10, 1934. |
| | |
| | |
| | |

Other contributory causes of importance:

Tetany

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Symptoms Autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm. F. Lappin, M. D.
(Address) Twin Falls Idaho

RECEIVED JUL 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89615

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 7085 Local Registrar's No. 125
(No. Twin Falls Co. Hospital)
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Darlene Beer

(a) Residence. No. 346 Main So. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harold Beer

6. DATE OF BIRTH (month, day, and year): Jan 24, 1907

7. AGE: Years 27 | Months 4 | Days 25 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Creston, Iowa.

FATHER
13. NAME: John Stevens
14. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER
15. MAIDEN NAME: Hannah Beer Conrad
16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMENT (Address): Mrs. Hannah Stevens, Twin Falls

18. BURIAL, CREMATION, OR REMOVAL
Place: Twin Falls Date: June 23, 193

19. UNDERTAKER: J. E. Drake
(Address): Twin Falls

20. FILED: June 27, 1934 Geo. C. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to June 20, 1934
I last saw her alive on June 20, 1934: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Toxic Exophthalmic Goitre | 1926 |
| | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Peritonitis General | June 16 1934 |
| | |
| Removal Gall Bladder | May 23 1934 |

Name of operation: Incision & Drainage Date of: June 1934
What test confirmed diagnosis? Positive Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. Russell Keaner, M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89616

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 126

(No. Cambridge Rooms, Twin Falls, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William D. Nesbeitt

(a) Residence. No. Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 1 - 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 2 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME George H. Nesbeitt

14. BIRTHPLACE (city or town) (State or country) Glasport N.Y.

MOTHER

15. MAIDEN NAME Alice H. Duncan

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) W. C. Kluttz Hansen Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 6-27, 1934

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Ida.

20. FILED June 27, 1934 Geo. C. Halley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~~~, 193 to ~~~~, 193

I last saw him alive on June 22 1934; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound of head self inflicted. | |
| Other contributory causes of importance: | |

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6-22 1934

Where did injury occur? Twin Falls, Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Cambridge Rooms

Manner of injury Gun shot wound

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? If so, specify No.

(Signed) F. A. Dewighurst M. D.

(Address) Twin Falls County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89617

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 127

(No. Twin Falls, Ida.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

113

2. FULL NAME Gene John Wirsching

(a) Residence. No. Rogerson Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 5-1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rogerson Idaho
(State or country)

FATHER

13. NAME Clarence Wirsching

14. BIRTHPLACE (city or town) Cessian
(State or country) Iowa

MOTHER

15. MAIDEN NAME Iva West

16. BIRTHPLACE (city or town)
(State or country) Colo.

17. INFORMENT Clarence Wirsching
(Address) Rogerson, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date 6-27, 1934

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Ida

20. FILED June 27, 1934 Geo. C. Walley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1934, to June 26, 1934

I last saw him alive on June 26, 1934; death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intussusception of Caecum and Appendix into the Colon | |
| Other contributory causes of importance: | |
| Diarrhea | |

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Lamb, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89618

PLACE OF DEATH
County of Twin Falls
City of Twin Falls, Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 128
(No. 420. Main So. City)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hurman J. Riggert

(a) Residence. No. 420. Main South, City St.
(Usual place of abode)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5-1874

7. AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 59 | 11 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Chicken Hatcherymen
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kans.

FATHER
13. NAME: John Riggert
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Dont know
16. BIRTHPLACE (city or town) (State or country): Dont know

17. INFORMENT (Address): Walter Riggert Rout # 3 Twin Falls,

18. BURIAL, CREMATION, OR REMOVAL Place Bloomington, Il Date ....., 193..

19. UNDERTAKER: S. C. Phillips
(Address): Twin Falls, Ida.

20. FILED June 30, 1934 Leo C. McCoy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29Th. 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~June~~, 193.., to ~~June~~, 193..

I last saw him ~~alive~~ on June 27, 1934 death is said to have occurred on the date stated above, at 6.30 m. P.M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 1932 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Myocarditis | 1924 |

Name of operation None. Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. His store
Manner of injury Natural
Nature of injury Impaired heart muscle.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) T. A. Dwight D., M. D.
(Address) Twin Falls County Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89619

**PLACE OF DEATH**

County of Valley
City of Cascade Idaho
Registration District No. 105
Primary Registration District No. ..... Local Registrar's No. 14

(No. 1000 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marian Doris Logue

(a) Residence. No. ..... Cascade St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 20th 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 5 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cascade Idaho

FATHER

13. NAME Cecil E. Logue

14. BIRTHPLACE (city or town) (State or country) Crawford Idaho

MOTHER

15. MAIDEN NAME Rachel Crawford

16. BIRTHPLACE (city or town) (State or country) Alpha Idaho

17. INFORMENT (Address) Cecil E. Logue Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Alpha Cemetary Date 6/28/, 1934

19. UNDERTAKER A. D. Robb
(Address) Cascade Idaho

20. FILED June 29, 1934 R. Rudney Ready Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934, to June 27, 1934
I last saw her alive on June 26, 1934; death is said to have occurred on the date stated above, at 10 30 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 6-18-34 |
| Other contributory causes of importance: Pertussis | 6-9-34 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Lascar E. Ward, M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of Smith Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89620

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 101 N)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Lathrop

(a) Residence. No. Smiths Ferry St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/22/1907

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Round Valley Idaho

FATHER

13. NAME Frank Lathrop

14. BIRTHPLACE (city or town) (State or country) Wis,

MOTHER

15. MAIDEN NAME Eva Jones

16. BIRTHPLACE (city or town) (State or country) Mich,

17. INFORMENT Frank Lathrop
(Address) Smith Ferry Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Alpha cemetary Date 5/29/34 193

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED June, 193 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934, to May 27, 1934
I last saw him alive on 9 30, 193 4: death is said to have occurred on the date stated above, at 7 30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 5-22-34 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Roscoe E. Ward, M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89621

PLACE OF DEATH
County of Valley
City of McCall Idaho

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 15

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Jackson

(a) Residence. No. Near McCall Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Jacob Jackson Sr.

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Segrid McClure McCall Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Finish Cemetary Date June 20th 1934

19. UNDERTAKER (Address) A.D. Robb Cascade Idaho

20. FILED June 20, 1934 M. Gardner Reedy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934, to June 17, 1934
I last saw him alive on June 10, 1934: death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | unknown |
| Other contributory causes of importance: — | |

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Geo. N. Lyscamon Lt(g) U.S.N., M.D.
(Address) McCall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Valley

City of Cascade Idaho

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89622

Registration District No. 15

Primary Registration District No.

Local Registrar's No. 16

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Kryan

(a) Residence. No. Cascade Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 45 Years | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumber Camp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Ray E. Coleman Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Margaret Cemetary Date June 9th, 193 4

19. UNDERTAKER A. D. Robb (Address) Cascade Idaho

20. FILED June 30, 193 4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/8/34 193

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934, to June 8, 1934

I last saw him alive on June 8, 1934; death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured gastric ulcer | June 7-34 |
| Other contributory causes of importance: Peritonitis | June 8-34 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Roscoe E. Ward, M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Valley
City of Clover

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89623

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 11

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest C. Elliott

(a) Residence. No. ____ (Usual place of abode) Clover St. Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 20-1888

7. AGE: Years 45 | Months 9 | Days 19 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dale - Idaho

FATHER
13. NAME Albert Elliott
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) Ray Elliott

18. BURIAL, CREMATION, OR REMOVAL Place Clover, Idaho Date 6-10, 1934

19. UNDERTAKER A. D. Bobb (Address) Cascade Idaho

20. FILED June 11, 1934 Ernest Neely Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934, to June 9, 1934
I last saw him alive on June 9, 1934; death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | June 4-34 |
| Myocarditis | June 8-34 |

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Joyce C. Wyss, M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of McCall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89624

Registration District No. 125

Primary Registration District No. ..... Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Silvia Elenora Heikkola

(a) Residence. No. McCall Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3.SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 26 | | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME Mat Heikkol

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Mrs. Geo. Shaffer Cascade daho

18. BURIAL, CREMATION, OR REMOVAL Place Finish Cemetary Date ....., 193..

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED June 8, 1934 M. Gardner Ready Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ ..... on June 6, 1934, to ....., 193..

I last saw h[illegible] alive on June 6, 1934: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis, Nephritis & Dropsy. | |

Other contributory causes of importance:

| | |
|---|---|
| Probably congenital heart lesion. Liver was normal. | |

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Wm. B. Chambers, M. D.

(Address) McCall Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Valley

City of Alpha

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No. .....

DO NOT WRITE IN THIS SPACE

State File No. 89625

Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julius Olmargan

(a) Residence. No. ..... Cascade St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Not Known |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Dorothy Fowler Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Elks Rest, Boise Date 6/30, 1934

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED June 28, 1934 M. L. Ready Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 27, 1934

I last saw him alive on June 23, 1934; death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 6-1-34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Nephritis with Nephritemia | 1932 |
| General Anasarca | 1934 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George E. Ward, M. D.

(Address) Cascade Idaho

RECEIVED JUL 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89626

**PLACE OF DEATH**

County of Washington
City of Weiser
Registration District No.
Primary Registration District No.
Local Registrar's No.

(No. 135)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Doherty

(a) Residence. No. Cambridge Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-23-1847

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Sept-1933

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Vernon Co. Mo.

FATHER

13. NAME Hugh Doherty

14. BIRTHPLACE (city or town) (State or country) London Derry Ireland

MOTHER

15. MAIDEN NAME Jornigan

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) J. M. Pitzer Cambridge Ida

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Ida Date 7-1, 1934

19. UNDERTAKER J. A. Hudleson
(Address) Cambridge Ida

20. FILED 7-11-34 W. W. Wilson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to June 29, 1934
I last saw him alive on June 20, 1934; death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophy of Prostate | 1930 |
| Other contributory causes of importance: senility. | |

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. A. Isom, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 89627

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Emery Armcrost

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Earl T Bruce Armcrost

6. DATE OF BIRTH (month, day, and year) Jan 5-1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | 4 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Ida

FATHER

13. NAME Earl Armcrost

14. BIRTHPLACE (city or town) (State or country) Cambridge Ida

MOTHER

15. MAIDEN NAME Burma Haviland

16. BIRTHPLACE (city or town) (State or country) Cambridge Ida

17. INFORMENT (Address) Ola Leaddock

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Date 5-16, 1934

19. UNDERTAKER
(Address) Cambridge

20. FILED 5-11-, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-14-, 1934, to 5-14-, 1934

I last saw him alive on 5-14-, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Basal Fracture of Skull | 5-14-34 |

Other contributory causes of importance:

| | |
|---|---|
| Shock. | |

Name of operation None. Date of O.

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury 5-14-, 1934

Where did injury occur? Cambridge-Wash-Co-Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place Moving.

Manner of injury Fell under Wagon Wheels

Nature of injury Skull Fracture.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. A. Whiteman, M.D.

(Address) Cambridge Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 89628

# CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 28
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen DesCombes Swegert

(a) Residence. No. Leeton Mo. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F | colt | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willis Swegert

6. DATE OF BIRTH (month, day and year) Nov 4 - 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 63 | 7 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mo

PARENTS

10. NAME OF FATHER Thomas DesCombes
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo
12. MAIDEN NAME OF MOTHER Sally Bell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mo

14. Informant (Address) Mrs Mabel Lyons Weiser Idaho

15. Filed 6-30-, 1934 Emma Hamilton Registrar.
7-6-34

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 30 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from June 25, 1934, to June 30, 1934
that I last saw h.. alive on June 30, 1934
and that death occurred, on the date stated above, at 3:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Sclerosis
(duration) ? yrs. ? mos. ? ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) ? yrs. ? mos. ? ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Hyden Hancher, M. D.
June 30, 1934 (Address) Weiser Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| Leeton Mo | |
| 20. Undertaker L. C. Northern | Address Weiser Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89629

**PLACE OF DEATH**
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 (No. )
Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Bernice Arleen Stover

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F | Wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 14-1927

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 7 | 4 | 27 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Arthur Stover
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho
12. MAIDEN NAME OF MOTHER Florence Newsom
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ky.

14. Informant Mrs Wm Stover
(Address) Weiser Idaho

15. Filed June 14, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11th 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw him alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental Drowning
in Weiser River

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) L. L. Northam Coroner, M. D.
June 12th, 1934 (Address) Weiser Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 6-13- 1934 |
| 20. Undertaker: L. L. Northam | Address: Weiser Ida |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89630

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 26
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert E. Derbyshire

(a) Residence. No. 1004 E 2nd St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 19-1918

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 15 | 6 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Roy Derbyshire
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Elsie Burke
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Washington

14. Informant Roy Derbyshire
(Address) Weiser Idaho

15. Filed June 14, 1934 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 10th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from June 9, 1934, to June 10, 1934, that I last saw him alive on June 10, 1934, and that death occurred, on the date stated above, at 1:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fracture of skull, cause accidental.
Thrown from Horse.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of June 9-34
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) F. A. Schaad, M. D.
June 10, 1934 (Address) Weiser Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 6-12-1934 |
| 20. Undertaker L. C. Northam | Address Weiser Idaho |

RECEIVED JUL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 89631

# CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 25
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles John Otto Ohms

(a) Residence. No. 409 E 4 St St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Lou Ohms

6. DATE OF BIRTH (month, day and year) Oct 16 - 1843

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 90 | 7 | 20 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Lou Ohms Weiser Idaho

15. Filed June 14, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 6 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to June 4, 1934, that I last saw him alive on June 6, 1934, and that death occurred, on the date stated above, at 7 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility
(duration) 1 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) W. A. Marshall M. D.
June 7, 1934 (Address) Weiser

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 6 - 9 - 1934 |
| 20. Undertaker L. C. Northam | Address Weiser, Ida |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 86

DO NOT WRITE IN THIS SPACE
State File No. 89632

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 28
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Edward Hosser

(a) Residence. No. Crane St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | wht | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 5 - 1915

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 18 | 7 | 10 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Invalid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Montana

PARENTS

10. NAME OF FATHER George Harris
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho
12. MAIDEN NAME OF MOTHER Lessie M. Chestnut
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Oklahoma

14. Informant George Harris (Address) Weiser Idaho

15. Filed May 19, 1934 Emma G. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 15th 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to Sept 19, 1933
that I last saw him alive on Sept 19, 1933
and that death occurred, on the date stated above, at 6a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Tuberculosis ✓
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) W. P. Marshall, M. D.
May 17, 1934 (Address) Weiser

19. Place of Burial, Cremation, or Removal: Galloway Cemetery — Date of Burial: May 17 1934
20. Undertaker: L. C. Northam — Address: Weiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
89633
State File No. .....

**PLACE OF DEATH**
County of Washington
City of Weiser

**CERTIFICATE OF DEATH** 81
Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 22
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lester Sperry
(a) Residence. No. Weiser River St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wht | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Sam Sperry

6. DATE OF BIRTH (month, day and year) Feb 12 – 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 2 | 29 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10. NAME OF FATHER Sol Nichols
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. J.
12. MAIDEN NAME OF MOTHER Sally Storey
13. BIRTHPLACE OF MOTHER (city or town) (State or County) N. J.

14. Informant (Address) Sam Sperry Weiser Idaho

15. Filed May 19, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 11, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
March 1 – 1934, to May 11, 1934
that I last saw him alive on May 9 – 1934
and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Pyorrhea severe
years (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) F A Johnson, M. D.
May 12 – 1934 (Address) Weiser Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 5-14-1934 |
| 20. Undertaker L. C. Northam | Address Weiser Ida. |

89634

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89634

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 196

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

39

2. FULL NAME Adelia Henne.

(a) Residence. No. Dry Creek. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Phillip. C. Henne.

6. DATE OF BIRTH (month, day, and year)
December. 30. 1874.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 6 | 16. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burlington.
(State or country) Kansas.

MOTHER FATHER

13. NAME William Eldred.

14. BIRTHPLACE (city or town)
(State or country) Kansas,

15. MAIDEN NAME Charlotte Newlan.

16. BIRTHPLACE (city or town) Illinois.
(State or country)

17. INFORMANT Phillip. C. Henne.
(Address) R.D. # 3. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Dry Creek Cemetery. July. 17. 1934.
Place. Date. 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-19-1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/14/34, 193..., to 7/16, 1934, I last saw her alive on 7/15, 1934; death is said to have occurred on the date stated above, at 2^10 - 9 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Leathery Lues | |
| Myocarditis - chr | Unknown |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pulmonary Embolism | 7-8-34 |
| Cerebral Embolism | 7-10-34 |

Name of operation. No. Date of.

What test confirmed diagnosis? Clinical. Was there an autopsy.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Richard D. Simonton, M. D.
(Address) Boise Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 31 1934

89635

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89635

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No.

Primary Registration District No. Local Registrar's No. 143

(No. General Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gelasio Josi

(a) Residence. No. 615 N. 2nd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2 1869

7. AGE — Years: 65 — Months: 11 — Days: — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Louis Josi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Asuntiana Bellonnie

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Albert Josi, San Francisco, Cal.

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date July 4, 1934

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello, Idaho

20. FILED 7-3, 1934 D C Kelly Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to July 1, 1934

I last saw him alive on July 1, 1934: death is said to have occurred on the date stated above, at 10:30 Pm.

The principal cause of death and related causes of importance were as follows:

Obstruction of common duct with extreme jaundice — Date of onset about Dec 1933

Mass in region of pancreas, bladder of several months duration. Ca. gall bladder

Other contributory causes of importance:

Badly infected teeth and extreme emaciation

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

Post mortem at home and buried

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Newton, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 19 1934

89636

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89636

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 1

**PLACE OF DEATH**

County of Benewah
City of ~~Chateollete~~ Chatcolet
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

94a

2. **FULL NAME** Charles S. Burger

(a) Residence. No. N3521 Audobon - Spokane, Wn. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen G.

6. DATE OF BIRTH (month, day and year) Oct 13 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 8 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Meat market Owner
(b) General nature of industry, business, or establishment in which employed (or employer) ~~Meat Market~~
(c) Name of employer Self & brothers

9. BIRTHPLACE (city or town) (State or country) Va

PARENTS

10. NAME OF FATHER C. M. Burger
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Va
12. MAIDEN NAME OF MOTHER Mary Musto
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Va

14. Informant Mrs. Helen G. Burger
(Address) N3521 Audobon - Spokane, Wn.

15. Filed 7-18, 1934 Walter Doberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 4 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~not attended~~ 19 ~~by~~, to me, 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Acute Cerebral Auemia Sudden & Short
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
over (duration) 1 yrs. mos. ds. ago

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis?

(Signed) [signature], M. D.
July 4, 1934 (Address) 466 Paulsen M & D. Bld Spokane, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Spokane, Wn. | July 4 '34 |
| 20. Undertaker | Address |
| Smith & Co. | Spokane |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 25 1934

89637

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89637

County of Fremont

City of ~~Teton~~ Drummond

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No.

(No. 742)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Edward Callow

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Rose Alkire

6. DATE OF BIRTH (month, day, and year) June 3-1867

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon Mo.

MOTHER/FATHER

13. NAME John Callow

14. BIRTHPLACE (city or town) (State or country) Ramsey Isle of Man

15. MAIDEN NAME Elizbeth Gibson

16. BIRTHPLACE (city or town) (State or country) Near Oregon Mo.

17. INFORMANT (Address) Mrs. N. E. Callow Drummond Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 7/23, 1934

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED 7-23, 1934. Sarah B. Muske Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-19-, 1934., to 7-21-, 193.4.

I last saw him alive on 7-19-, 193.4: death is said to have occurred on the date stated above, at 12.50 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 7-20-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

High Blood Pressure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. W. Kelly M. D.

(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

89638

RECEIVED JUL [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89638

PLACE OF DEATH

County of Custer
City of Malad City
American Falls
Registration District No. 220
Primary Registration District No. 2072
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

170

2. FULL NAME Grover Cleveland Evans

(a) Residence. No. American Falls St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: American
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Havens Evans

6. DATE OF BIRTH (month, day, and year) May 24, 1894

7. AGE: Years 40 | Months 1 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm
10. Date deceased last worked at this occupation (mo. and yr.) 7-5-34
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Malad City, Idaho

FATHER

13. NAME Lorenzo Lloyd Evans
14. BIRTHPLACE (city or town) (State or country) Brigham City, Utah

MOTHER

15. MAIDEN NAME Mathilda Lusk Evans
16. BIRTHPLACE (city or town) (State or country) Wellsville, Utah

17. INFORMANT J. Paul Evans
(Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Malad City, Idaho Date 7-10 1934

19. UNDERTAKER A.W. Davis
(Address) American Falls, Idaho

20. FILED 7-9..., 1934. Geneviene Nock
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| Gunshot wound in right temple | |
| self inflicted. | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or Homicide? XXXXXX Date of injury 7/6/34 193.
Where did injury occur? 15 miles east of Am Falls, Power Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. in Home on Ranch
Manner of injury Gun shot
Nature of injury.....

24. Was disease no injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Am Davis Coroner M. D.
(Address) Am Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 25 1934

89639

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89639

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 69

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Jay R. Mullin

(a) Residence. No. R #3 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Bessie Mullin

6. DATE OF BIRTH (month, day, and year) Oct 25 - 1876

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 57 | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Havelock Minn

MOTHER FATHER

13. NAME John C. Mullin

14. BIRTHPLACE (city or town) (State or country) Havelock New Brunswick

15. MAIDEN NAME Emma Thorn

16. BIRTHPLACE (city or town) (State or country) St. Johns New Brunswick

17. INFORMANT (Address) Bessie Mullin R 3

18. BURIAL, CREMATION OR REMOVAL
Place Kohler Lawn Date 7-19-, 1934

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 7/19, 1934. E. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-17 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1934, to July 17, 1934.

I last saw h. alive on July 11 1934. death is said to have occurred on the date stated above, at 7:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, Gen & Chest (Metastatic) | four months |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Carcinoma of Stomach | several years ago |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. H. Coleman M.D.

(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

89640

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89640

**PLACE OF DEATH**

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 251

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Davies

182 ✓

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Do Not Know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 60 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Insurance agent
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Do Not Know

MOTHER / FATHER

13. NAME: " " " "
14. BIRTHPLACE (city or town) (State or country): " " " "
15. MAIDEN NAME: " " " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): John A. Scott Spokane Wash

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place: Spokane Wash. Date: 7-8, 1934

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida.
Ball Romgardner & Swanson Spokane.

20. FILED 7-16-, 1934 E. L. Spofford M. D. Registrar.

6-8-34

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-29 1934

22. I HEREBY CERTIFY, That I attended deceased from did not see, 193..., to ....., 193....
I ~~last saw~~ did not see him alive on 6-30, 1934: death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur? Coeur d'Alene Ida.... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) C. H. Reed Coroner M. D.
(Address) Coeur d'Alene Ida.....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

89641

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Glenn

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89641

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Flossy Glass

(a) Residence. No. ..... St. Emmett
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | Wht | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd Glass

6. DATE OF BIRTH (month, day, and year) July 31, 1901

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 32 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House-wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME A. P. McKelvy

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Lizzy Cruse

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Floyd Glass

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date July 21 1934

19. UNDERTAKER (Address) C. D. Buchanan, Emmett

20. FILED 7/23 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/25 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 193.., to July 25, 193..
I last saw her alive on July 19 193..; death is said to have occurred on the date stated above, at ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis acute | |
| Septic nature | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Probably brought on by | |
| typical Parasitemia | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. Reynolds ..... M. D.
(Address) Emmett Ida

Rec'd Aug. 1, 1934

Forney 89642

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89642
State File No.

Registration District No.

Primary Registration District No. Local Registrar's No. 193

(No. St Lukes Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Merle Smith.

(a) Residence. No. Dry Creek, 10 Miles N.W. of Boise. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

126

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 4.1926.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 8 | 3 | 24. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Ed. C. Smith.

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Alice Vincen.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT Ed. C. Smith.
(Address) R.D. # 3. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Cemetery. July. 29. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-30., 1934. W. R. Rhodes.
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-24., 1934., to 7-28., 1934.
I last saw h.im alive on 7-27., 1934.; death is said to have occurred on the date stated above, at 1. a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Ruptured appendix | |
| | |
| | |

Name of operation Appendectomy Date of 7/24

What test confirmed diagnosis? Op: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) S. W. Forney, M. D.
(Address) Boise Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Rec'd July 27, 1934

8

# PLACE OF DEATH

County of Kootenai

City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89643

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 250

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Earl R. Guenther

182

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced. (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Elizabeth Guenther

6. DATE OF BIRTH (month, day, and year) 1886 - 12 - 14.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 47 | 6 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Disabled

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** veteran; not able

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Duration (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME Edward W. Guenther

14. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

15. MAIDEN NAME Anna Rager

16. BIRTHPLACE (city or town) ..... (State or country) Iowa

17. INFORMANT Virgil Guenther (Address) Harrison Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Idaho Date 7-7-, 1934

19. UNDERTAKER Cassedy Funeral Home (Address) Harrison Idaho

20. FILED 7-16-, 1934 E. L. Sparks, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-3- 1934

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from did not see, 193...., to ....., 193....
I ~~last saw~~ him alive on 7-3-, 1934: death is said to have occurred on the date stated above, at 9 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wound | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation... no ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Reed Coroner M. D.

(Address) Coeur d' Alene, Idaho

7-6-34.

Rec'd Aug. 1, 1934

89644

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89644

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 203

(No. St Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Denny

(a) Residence. No. 816 East Bannock St.

(Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Denny

6. DATE OF BIRTH (month, day, and year): Oct ~~Nov~~ 22 ~~1871~~ 1874

7. AGE: Years ~~62~~ 59 Months ~~7~~ 8 Days 27 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Janitor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): So. Pittsburgh Tenn.

FATHER

13. NAME: Dave Denny

14. BIRTHPLACE (city or town) (State or country): U.S.A.

MOTHER

15. MAIDEN NAME: Not obtainable

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Martha Denny Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/22, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 7-20 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1934, to 7/19, 1934.

I last saw him alive on 7/18, 1934; death is said to have occurred on the date stated above, at 2:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Duration |
|---|---|
| Myocarditis, Chr | ~~19~~ 79 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Bronchial Pneumonia | 7/14/34 |
| Aurica | " " |
| | |

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Richard Simonton, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OFFICE PHONE 725

RESIDENCE PHONE 725-X

DR. E. L. SPOHN
PHYSICIAN AND SURGEON
122-N. 4TH ST.
COEUR D'ALENE, IDAHO

COUNTY AND CITY
HEALTH OFFICER

8744

TO WHOM IT MAY CONCERN:

The attached death certificate local registrar's number 250, for Earl R. Guenther who died in Harrison Idaho on July 3rd, is a true and correct copy of the original death certificate, in the above named case.

E L Spohn M.D.
REGISTRAR OF VITAL STATISTICS.

SUBSCRIBED & SWORN TO, before me this 24 day of July 1934.

[signature]
NOTARY PUBLIC.

# A F F I D A V I T

STATE OF IDAHO, )
: ss.
County of Ada. )

Mrs. Martha Denny, being first duly sworn, deposes and says: That she is the widow of Thomas Denny, who died in Boise, Ada County, Idaho, July 19th, 1934; that the said Thomas Denny was born October 22nd, 1874, as affiant was informed by the said Thomas Denny prior to his decease and verily believes. That this affiant supplied the Coroner of Ada County and the attending physician with the information contained in the death certificate of record in the Bureau of Vital Statistics of the State of Idaho. That at the time of supplying such information this affiant was under great mental stress and gave the date of November 22nd, 1871, as the date of birth of said deceased by mistake of fact and without intention so to do.

WHEREFORE, Affiant prays that the record of the Bureau of Vital Statistics as to the death of Thomas Denny be corrected to conform to the fact.

Martha Denny

Subscribed and sworn to before me this 31st day of July, 1934.

Notary Public, State of Idaho
Residing at: Boise, Idaho.

# A F F I D A V I T

STATE OF IDAHO, )
: ss.
County of Ada. )

John Etta Featherstone, being first duly sworn, deposes and says: That she is a granddaughter of Mrs. Thomas Denny, widow of Thomas Denny, who died in Boise, Ada County, Idaho, July 19th, 1934. That prior to the death of the said Thomas Denny, he, the said deceased, advised this affiant that he was born October 22nd, 1874. That there are not known to affiant to be in existence any records or birth certificates from which extraneous evidence may be had as to the birth of said deceased. That affiant verily believes the true date of birth of said deceased to be October 22nd, 1874.

John Etta Featherstone

Subscribed and sworn to before me this 31st day of July, 1934.

Notary Public, State of Idaho
Residing at: Boise, Idaho.

89645

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89645

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 188

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph A. Brennan

(a) Residence. No. 1312 North 12th. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Alice M. Brennan

6. DATE OF BIRTH (month, day, and year): August 8th. 1887

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 10 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: ....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Restaurant
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: Owner

12. BIRTHPLACE (city or town) (State or country): Hazelton, Pa.

FATHER
13. NAME: Edward Brennan
14. BIRTHPLACE (city or town) (State or country): Irland

MOTHER
15. MAIDEN NAME: Mary Ann Downs
16. BIRTHPLACE (city or town) (State or country): Hazelton Pa.

17. INFORMANT (Address): Andrew F. Brennan Boise Ida
18. BURIAL, CREMATION OR REMOVAL: St. John's
Place Boise, Ida Date 7-2, 1934
19. UNDERTAKER (Address): Chandler & McCann
20. FILED 7-9, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934, to June 16, 1934.
I last saw him alive on June 16, 1934: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I did not see him in his last illness. He was treated for cerebral concussion during the period from May 11 to June 16, 1934. | |
| Concussion incurred 5/11/34 accident - see # 24 | |
| Other **contributory causes** of importance: | |

Name of operation Lumbar puncture Date of 5-17/34 5-20/34
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify [illegible] while working at his [illegible]
(Signed) ..... M. D.
(Address) U.S.V.A. Boise Idaho

89646

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89646

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 142

(No. 128 Main No City)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME John W. Ladd

(a) Residence. No. 1304---7Th Ave. East St.
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Johnson Ladd

6. DATE OF BIRTH (month, day, and year) June 16-1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | xIx | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME John Ladd Sr.

14. BIRTHPLACE (city or town) (State or country) PA.

MOTHER

15. MAIDEN NAME Meta Warner

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Bettie Ladd 1304--7Th Ave. East

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date July 17 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho.

20. FILED July 16, 1934 Geo. E. Halley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15Th. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h[illegible] alive on July 15, 1934; death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina pectoris | July 15/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None History Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury — Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) George E. Halley, M. D.

(Address) Twin Falls, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

89.647

**PLACE OF DEATH**

County of Custer

City of Mackay

Big Falls Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE
89647
State File No.

Local Registrar's No. 186

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Harold Heisley 170

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26 1895

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 39 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Dentist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): June 2-

11. Total time (years) spent in this occupation: 13 yrs.

12. BIRTHPLACE (city or town) (State or country): Little River Kansas

FATHER

13. NAME: John David Heisley

14. BIRTHPLACE (city or town) (State or country): Van Wert Ohio

MOTHER

15. MAIDEN NAME: Sadie Longenecker

16. BIRTHPLACE (city or town) (State or country): Galesburg Ill.

17. INFORMANT (Address): V. E. Heisley Hailey Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Removal Place: Little River Kansas Date: June 26 1934

19. UNDERTAKER (Address): F. Harris - Hailey Ida.

20. FILED July 18, 1934 Rose Downs Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide - shot with | |
| 22 calibre rifle | |
| No physician in attendance | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. E. Ebberts Coroner

(Address) Challis, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

LEWIS WILLIAMS, COMMISSIONER

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

INSTITUTIONS
LAVA HOT SPRINGS - - - - - - LAVA
IDAHO SOLDIERS' HOME - - - BOISE
STATE HOSPITAL NORTH - - OROFINO
STATE SCHOOL AND COLONY - NAMPA
STATE HOSPITAL SOUTH - BLACKFOOT

C. BEN ROSS, GOVERNOR

September 26, 1934

89647

Mr. Harry E. Heinly,

Atlanta, Idaho

Dear Sir:

Replying to your letter of September 20, referring to errors on the certified copy of the death record, Dr. Heinly, wish to advise that the death certificate on file in this office gives the place of removal as Little Rock, Kansas.

If the certified copy gives the birth place Little Rock, that is an error made in this office as the original certificate says Little River.

We are inclosing the original certificate taken from our files and ask that you make the correction, as informant, on the place of removal as we do not make corrections in this office on the originals. Just draw a line through Little Rock and write Little River above. If you will return the certified copy, corrections will also be made on it.

Kindly return original record also for our files.

Thanking you, we are

Very truly yours,

Bureau of Vital Statistics,
Pearl Dillingham
State Registrar

8964 V

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89648

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 222
(No. St. Lukes Fospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Henry Scheer

(a) Residence. No. 2117 Leadville St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Scheer
6. DATE OF BIRTH (month, day, and year): April 20, 1897
7. AGE — Years: 37 Months: 3 Days: 17 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Postal Clerk
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Post Office
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country): Missoura

MOTHER FATHER
13. NAME: Henry B. Scheer
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Mary Jenkins
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): Arthur J. Scheer, Boise
18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug 11 1934
19. UNDERTAKER (Address): W. McBratney, Boise
20. FILED 8-10, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-7 1934
22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1933 to 8-7, 1934
I last saw him alive on 8-7, 1934 death is said to have occurred on the date stated above, at 8 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Pneumonia | 7-1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Pulmonary Tuberculosis | 1917 |
| | |
| | |

Name of operation none Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....
(Signed) W. Bruce Scheer M.D.
(Address) Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 89649

## CERTIFICATE OF DEATH

**PLACE OF DEATH**
County of Custer
City of Loon Creek Summit (Challis)
Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 173
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl August Johanson

(a) Residence. No. ..... St. Ogden, Utah
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. mos. 1 ds. How long in U. S. if of foreign birth 35 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Waldran

6. DATE OF BIRTH (month, day and year) April 20th, ~~1881.~~ 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 ~~53~~ | 3 | 6 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Mecca Soft Drink Parlor
(c) Name of employer F.R.Rounds

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER August Johanson,
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Mrs. Edna Johanson,
(Address) 821 -- 28th St. Ogden, Utah

15. Filed Jan 26, 1934 Edna McKinney Registrar.

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 26th (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Called to scene of accident where I found him dead
Car accident caused
death. Fract skull- comp fract
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Left E. Lobar,
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) C. L. Kirby M. D.
7/26, 1934 (Address) C. Fox Ellis, Ida

19. Place of Burial, Cremation, or Removal: Ogden, Utah — Date of Burial: July 29th 1934
20. Undertaker D. E. Johnson #129 — Address Burley Id.

Affidavit.

89649

State of Utah )
( SS.
County of Weber)

Personaly appeared before me a Notary Public Mrs.Edna M.Johanson who deposes and says that she is the widow of the late Carl August Johanson deceased. Who on oath declares that the date of birth and the age as given on the death certificate of Carl August Johanson and filed for record with the registrar of vital statistics at Challis, Idaho is not correct and should be changed to read April 20th,1884 and not April 20th,1881. The age should likewise be changed from 58 years 3 months 6 days to 53 years 3 months 6 days.

Affiant further states that the information given the Mortician was given by other than herself and was not taken from the family record as the corrected date, April 20th,1884.

Affiant further requests that certificate of death of said Carl August Johanson who died at Loon Creek Summit,in the county of Custer state of Idaho,and filed with Edna Mc Kinney as registrar of Vital Statistics at Challis,Idaho.be corrected to read April 20th, 1884 and the age to read 50 years 3 month 6 days.

SEP 2 1960
FEB 16 1960

Signed Edna M. Johanson.
Edna M. Johanson.

Personaly appeared before me A Notary Public Mrs Edna M.Johanson who be duly sworn deposes and says the above affidavit is true and correct.
Subscribed and sworn to this 3rd day of August,1934.

Lillian M. Larkin
Notary Public.

My commission expires
March 19th,1937.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 2 1934

89650

**PLACE OF DEATH**

County of Cache

City of Challis (Benson)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89650
State File No.

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 175

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188

2. FULL NAME Archie J. Gale

(a) Residence. No. Ogden Utah St. 3128 Stevens Ave
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth McFarland

6. DATE OF BIRTH (month, day, and year) Mar. 4, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 4 | 24. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME James C. Gale

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME Eleanor Browning

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMANT (Address) T. C. Gale 55 E. Grant St. Ogden

18. BURIAL, CREMATION, OR REMOVAL
Place Ogden Utah Date July 29, 1934

19. UNDERTAKER Lakin
#129 Address Thomson Ogden Utah

20. FILED July 28, 1934 Vera M. McKinney Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934 to June 28, 1934
I last saw him alive on June 26, 1934; death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatic Pneumonia (a) | 7/27 |
| and a blow on head in | 7/26 |
| jumping received on | |
| an automobile accident | |
| Other contributory causes of importance: | |
| Many cuts & bruises | |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 7/26, 1934
Where did injury occur? Leon Creek Summit Custer Co Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Car accident
Nature of injury Chest & abdomen crushed

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. F. Kirtley, M. D.
(Address) Challis Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

89621

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89651

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 159

(No. 189 No. Washington S t.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Sherman A. Robinson

(a) Residence. No. 189--No. Washington St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Minnie Robinson,

6. DATE OF BIRTH (month, day, and year) Aug. 31-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Alva Robinson

14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER

15. MAIDEN NAME Helen McFall

16. BIRTHPLACE (city or town) Mich. C. Perins ? (State or country) Mich.

17. INFORMENT (Address) A. C. Robinson, Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Sacramento Calif. Date Aug., 1934

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Ida.

20. FILED Aug. 9, 1934 Geo. C. Halley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 Th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7th, 1934 to Aug. 7th, 1934

I last saw h[illegible] alive on Aug. 7th, 1934: death is said to have occurred on the date stated above, at 6.30 m. Pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of [illegible] Duodenum | |

Other contributory causes of importance: Carcinoma of Liver

Name of operation [illegible] Date of -

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Lamb M. D.

(Address) Twin Falls Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89652

Registration District No. 9-CO

Primary Registration District No. 9410 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew. J. Morrical.

(a) Residence. No. 2 Miles North West of Eagle. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2055

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Divorced. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January. 8.1872.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 6 | 18. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER FATHER

13. NAME Daniel Morrical.

14. BIRTHPLACE (city or town) (State or country) West Virginia.

15. MAIDEN NAME Eliza Ann Cox.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mrs. Martha. L. Wilsey.
(Address) R.D. # 1. Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Meridian, Idaho. July. 28. 1934. Date, 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8/2/34 193.4 [signature] Registrar

Eagle Idaho

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2..A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown. But Natural | |
| Died Without Medical | |
| Attendance. | |
| | |
| No Indication Of Foul Play | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. W. McCann Coroner. M. D.
(Address) Boise Idaho

AUG 8 1934

# PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89653

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 185

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter. G. Hansen.

(a) Residence. No. 1315. State Street. St.
(Usual place of abode)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora. E. Hansen.

6. DATE OF BIRTH (month, day, and year)
April. 5.1867.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | 2 | 28. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Apartment

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House owner.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER

13. NAME Hans Hansen.

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Cora. E. Hansen.
(Address) 1315. State St. Boise,

18. BURIAL, CREMATION OR REMOVAL
Morris hill cemetery. July. 6., 193.4

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-7, 1934. W.H. Rhodes.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June. 22., 193.4., to July. 3., 193.4

I last saw him alive on July. 3., 193.4: death is said to have occurred on the date stated above, at 10:25 PM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Spotted fever, | |
| Hemorrhagic type. | |
| | |

Other **contributory causes** of importance:

Name of operation.... none ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. no If so, specify.....

(Signed) Fred A. Krebs, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89654

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 70

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Jane Johnson. 90

(a) Residence. No. 602 Washington St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. H. Johnson

6. DATE OF BIRTH (month, day, and year) April 29th 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 77 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housekeeping

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jo Daviess
(State or country) Michigan

FATHER

13. NAME Calaway Johnson

14. BIRTHPLACE (city or town) Nashville
(State or country) Tenn.

MOTHER

15. MAIDEN NAME Nancie Brock.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. R. S. Estes
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date July 8, 1934

19. UNDERTAKER C. V. Pickhaver
(Address) Caldwell Ida.

20. FILED 8/2, 1934 Mrs. Ada Harris
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to July 7, 1934

I last saw her alive on June 5, 1934; death is said to have occurred on the date stated above, at 8:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic valvular heart disease and decompensation of heart | 5 Years |
| Chronic arthiritis | 15 years |
| Other **contributory causes** of importance: Arteriosclerosis | 15 Years |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) O. B. Brock, M. D.; M. D.
(Address) Boise, Idaho

AUG 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89655

Registration District No.

Primary Registration District No. Local Registrar's No. 212

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christine Nelson.

(a) Residence. No. 1219. E. Bannock Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 1. 1860.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 9 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Ole Olson.

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT George. M. Nelson.
(Address) 1219. E. Bannock Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Aug. 2, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7/31..., 1934. H. H. Lodel
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from March..., 1934..., to July. 31...., 1934...
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 5. A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Died during sleep. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. W. Orbeck, M. D.
(Address) Boise

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89656

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 211

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet M. George

(a) Residence. No. 1316 No 8th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 8th 1847

7. AGE: Years 87 | Months 4 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Ill.

13. NAME: Thomas Morse

14. BIRTHPLACE (city or town) (State or country): Ill.

15. MAIDEN NAME: Harriet C. Jones

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Mrs Con Hesse Boise Ida

18. BURIAL, CREMATION OR REMOVAL: near Caldwell
Place Pleasant Ridge Cemetery Date 7-29 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise, Ida

20. FILED 7-30, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-26 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934., to July 25., 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89657

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 210

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME Thomas M. Johnson

(a) Residence. No. Route 2 St. Huston, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 27, 1873

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 60 | 6 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER

13. NAME Calvin Johnson

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Anne Harvey

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Lillie Turner
(Address) Portland, Oregon

18. BURIAL, CREMATION OR REMOVAL Dry Creek Date 7-27- 4
Place

19. UNDERTAKER W. McBratney, Boise.
(Address)

20. FILED 7-26, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 7/23, 193.4, to 7/23, 193.4
I last saw h.. alive on 7/23, 193.4 death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| apoplexy | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Cerebral hemorrhage | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred B. Kittinger M. D.
(Address) Boise Ida

AUG 8 1934

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89658
State File No.

Registration District No. 8 2

Primary Registration District No. 1004 Local Registrar's No. B 215

(No. St. Luke's)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant McCarter.

(a) Residence. No. Route # 4, Boise. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day, 6. hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at *this* occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, (State or country) Idaho.

MOTHER FATHER

13. NAME Richard H. McCarter.

14. BIRTHPLACE (city or town) Corral, (State or country) Idaho.

15. MAIDEN NAME Sylvia Richardson.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Richard H. McCarter, (Address) Route # 4, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Jul. 18 1934

19. UNDERTAKER Summers & Krebs, (Address) Boise, Idaho.

20. FILED 7-18..., 1934 ... W. H. Rhodes, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jul. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16., 1934 to July 16., 1934
I last saw h.. alive on July 16, 1934.; death is said to have occurred on the date stated above, at 10:20 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| 6 months | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) A. W. Beach, M. D.
(Address) Boise Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 8 1934

G. B. [illegible] V

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89659
State File No.

Registration District No. 2

Primary Registration District No. 1904

Local Registrar's No. 72214

(No. 1 Burke)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant McCarter.

(a) Residence. No. Route # 4, Boise. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, (State or country) Idaho.

FATHER

13. NAME Richard H. McCarter.

14. BIRTHPLACE (city or town) Corral, (State or country) Idaho.

MOTHER

15. MAIDEN NAME Sylvia Richardson,

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Richard H. McCarter.
(Address) Route # 4, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Jul. 18 193 4

19. UNDERTAKER Summers & Krebs,
(Address) Boise, Idaho.

20. FILED 7-18, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jul. 17 193 4

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 17, 193 4.

I last saw h[illegible] alive on July 17, 1934: death is said to have occurred on the date stated above, at 1.09 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| Prematurity | |
| Sesilation | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) A. V. Bench, M. D.

(Address) Boise Ida

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89660

Registration District No.

Primary Registration District No. Local Registrar's No. 213

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME John Laurance Hollingshead.

(a) Residence. No. 1509. Jefferson Street. St.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Lillie May Hollingshead.

6. DATE OF BIRTH (month, day, and year)
November. 10.1865.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 8 | 18. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Wholesale Grocer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mineral Point Wisconsin.

FATHER

13. NAME John Hollingshead.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Martha Ann Callander.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT (Address) Mrs. Lillie May Hollingshead. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Portland Oregon, Aug. 1934., 193..

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 7/31..., 193.4... M. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/22, 193.4, to 7/28, 193.4
I last saw him alive on 7/28, 193.4, death is said to have occurred on the date stated above, at 8.30P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| Cerebral Hemorrhage | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Observed Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Fred A. Killeen, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89661

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 67

(No. County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Walter Fulleton

(a) Residence. No. Route 5 St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura A.

6. DATE OF BIRTH (month, day, and year): May 8, 1865

7. AGE — Years: 69 — Months: 1 — Days: 27 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: XX

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: XX

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Wm. Fullaton, Route 5 Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill. Date: 7-9-, 1934

19. UNDERTAKER (Address): W. McBratney, Boise

20. FILED 7-6, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20., 1934. to July 5., 1934.

I last saw him alive on July 3., 1934.; death is said to have occurred on the date stated above, at 9:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Chronic Myocarditis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 8

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89662
State File No.

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 66

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Jane Flood. 89

(a) Residence. No. 26 th & Irene. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female. 4. Color or Race: White. 5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 8. 1858.

7. AGE — Years: 76 Months: 2 Days: 20. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland.

FATHER

13. NAME Thomas Ireton.

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address) Alfred. W. Flood. 26 th & Irene. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery July 1, 1934

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED July 2 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1934, to June 28, 1934.
I last saw her alive on June 26, 1934: death is said to have occurred on the date stated above, at 5:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| arteriosclerosis | |
| chronic myocarditis | |
| | |

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ——— Date of injury .., 193.
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ———

(Signed) Dr. J. M. Downs M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Near The City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE 89663

State File No.

Local Registrar's No. 69

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Verle O'Dell Shirley

(a) Residence. No. Near U.P. Station. So. East Of Boise St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 22 1928

7. AGE: Years 6 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise (State or country) Idaho

FATHER

13. NAME Huston M. Shirley

14. BIRTHPLACE (city or town) Givens Springs (State or country) Idaho

MOTHER

15. MAIDEN NAME Hazel B. Halterman

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT Hazel M. Shirley (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 7/14 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 7-14 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11:15 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning In The Ridenbaugh Canal. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? Near Boise Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. S. McCann Coroner. M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89664

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 71

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME J. Floyd Hansen

(a) Residence. No. ..... St. Star Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gay Hansen

6. DATE OF BIRTH (month, day, and year) October 22nd. 1902

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 31 | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER

13. NAME J. F. Hansen

14. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER

15. MAIDEN NAME Mae Hutchinson

16. BIRTHPLACE (city or town) Wisconsin
(State or country)

17. INFORMANT Lawrene Taylor
(Address) Tacoma, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Date 7-15 193 4

19. UNDERTAKER W. McBratney
(Address) Boise

20. FILED 7-16 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-14 193 4

22. I HEREBY CERTIFY, That I attended deceased from June 30, 193 4., to July 14, 193 4.
I last saw h.. alive on July 13, 193 4.: death is said to have occurred on the date stated above, at 11:10 P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombus Aseptic Pneumonia | |
| Pneumonia in R. Diaphragm | |
| Artery | |
| | |
| Other **contributory causes** of importance: Mitral Valve lesion | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Carmody, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89665

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta. F. Swank.

(a) Residence. No. 6 Miles West of Boise. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W.C. Swank.

6. DATE OF BIRTH (month, day, and year)
August. 28. 1858.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 75 | 10 | 25. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER/FATHER

13. NAME Edwin Sheets.

14. BIRTHPLACE (city or town) Indiana.
(State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Miss. Jessie. F. Swank.
(Address) R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. July. 16, 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-16, 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to July 13, 1934.
I last saw her alive on July 12, 1934; death is said to have occurred on the date stated above, at 2.9 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hemorrhage of brain | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. E. Calcutt, M. D.

(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89666

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 73

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elias Younkin

(a) Residence. No. Hallsund School District
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 11, 1864

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Miner

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bloomington,
(State or country) ~~Pa.~~ Illinois

FATHER

13. NAME ~~Not obtainable~~ William Younkin

14. BIRTHPLACE (city or town) ~~Unknown~~ Penn.
(State or country)

MOTHER

15. MAIDEN NAME ~~Unknown~~ Ruth Howard

16. BIRTHPLACE (city or town) Bloomington, Illinois
(State or country)

17. INFORMANT Adolph Bahler
(Address) Boise Rt 5

18. BURIAL, CREMATION OR REMOVAL
Place Wakefield Rus Date 7-14, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-19, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17, 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Head And Chest Injuries | |
| Caused By Being Struck | |
| By Enraged Bull | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Illinois | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. S. McCann, M. D.
(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of.....

City of.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.....

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elias Younkin

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| | | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) X Nov 11 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

X. BIRTHPLACE (city or town) Bloomington Ill.
(State or country)

MOTHER OR FATHER

X 13. NAME William Younkin

X 14. BIRTHPLACE (city or town)..... Penn
(State or country)

X 15. MAIDEN NAME Ruth Howard

X 16. BIRTHPLACE (city or town) Bloomington Ill
(State or country)

17. INFORMANT Rudolph Bahler
(Address) Boise Rt 5

18. BURIAL, CREMATION OR REMOVAL

Place..... Date....., 193..

19. UNDERTAKER .....
(Address)

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....

I last saw h....alive on ....., 193.., & death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 8 1934

**PLACE OF DEATH**

County of Ada

City of Ustick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89667

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 75

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anton Vystreil

(a) Residence. No. Ustick (Usual place of abode) Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Antonia Vystreil

6. DATE OF BIRTH (month, day, and year): Jan 6 - 1852

7. AGE — Years: 82 — Months: 6 — Days: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ratkovec Bohemia

MOTHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

FATHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): A. F. Vystreil Ustick Ida.

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill — Date: 7/16 — 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 7/26, 1934 — H. H. Rhodes, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12th, 1934, to July 12th, 1934.

I last saw him alive on July 12th 1934; death is said to have occurred on the date stated above, at 11 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia - Coming | |
| Alcoholic Instoxication | |

Other **contributory causes** of importance: Senility - Hypostasis

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John Boyle M. D.

(Address) Boise Ida

AUG 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89668

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 74

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Willis Smithwick

(a) Residence. No. 915 8th. Street St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Flora Ann

6. DATE OF BIRTH (month, day, and year) April 18, 1843

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 91 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orange, Ga.
(State or country)

FATHER

13. NAME Wm. W. Smithwick

14. BIRTHPLACE (city or town) Ga.
(State or country)

MOTHER

15. MAIDEN NAME -- ---

16. BIRTHPLACE (city or town) -----
(State or country)

17. INFORMANT Mrs. L. J. Wilton
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date ....., 193..

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 7/23..., 1934 H. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-21-1934

22. I HEREBY CERTIFY, That I attended deceased from ...June 1..., 1934., to ...July 21..., 1934.
I last saw him alive on ...July 20..., 1934.; death is said to have occurred on the date stated above, at 10:10 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Degeneration | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... W. Caraway, Jr., M. D.
(Address) ..... Boise, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89669

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 76

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Andy Gustafson

(a) Residence. No. ..... St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 13, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Supt. County Hospital
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-27 1934

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 7/27, 1934 H. H. Rhodes
Registrar.

Calloway

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-26 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934, to July 26, 1934.

I last saw him alive on July 25 1934. death is said to have occurred on the date stated above, at 2:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

AUG 8 1934

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89670

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph. H.G. Smith.

(a) Residence. No. I mile South of Boise. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emeline Smith.

6. DATE OF BIRTH (month, day, and year)
September. 26. 1849.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 84 | 9 | 21. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lafayette
(State or country) Indiana.

FATHER

13. NAME John Smith.

14. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER

15. MAIDEN NAME Leah Basey.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Mrs. Emeline Smith.
(Address) R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery July. 29., 193. 4

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7/28, 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. ....., 193 4, to July 27 ....., 193 4.

I last saw him alive on July 25 193 4. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio - Vascular Disease | 1931 |
| Senility | |
| | |
| | |

Other **contributory causes** of importance: Acute Intestinal Obstruction 5 months

Name of operation No. Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Herald T. Works, M. D.
(Address) Boise, Idaho.

AUG 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Cole School District

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89671

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 79

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Leander Ashley

(a) Residence. No. ....
(Usual place of abode) St. ....
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caladonia Ashley

6. DATE OF BIRTH (month, day, and year) July 10 1861

7. AGE — Years: 73 — Months: — — Days: 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Well driller
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Eugene Oregon

FATHER

13. NAME: Samuel Ashley
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: E. J. Curry
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Thomas Ashley 1808 No 19th Boise

18. BURIAL, CREMATION OR REMOVAL: Morris Hill
Place Boise Date 7-25 1934

19. UNDERTAKER (Address): Schneider & Eldridge Boise Ida

20. FILED 7-30 1934 H. D. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from mode on ca July 8 1934, 193.., to ...., 193....

I last saw h.. alive on July 8, 1934; death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arteriosclerosis | |
| and | |
| myocardial degeneration | |

Other **contributory causes** of importance:

| | |
|---|---|
| senility | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) .... D. H. Walker, M. D.
(Address) ....

AUG 8 1934

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89672

Registration District No. 8

Primary Registration District No. 2000 Local Registrar's No. 78

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Ann Luscombe

(a) Residence. No. St. Boise R.F.D. #3
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 30, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Ida

MOTHER'S FATHER

13. NAME Percy Luscombe

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Linda A. Hartop

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Percy Luscombe
(Address) Boise Ida R.F.D. #3

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/28 1934

19. UNDERTAKER R.W. Robson
(Address) Meridian Ida

20. FILED 7-28, 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/26 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ July 26, 1934, to ....., 193.... last saw her alive on July 26, 1934; death is said to have occurred on the date stated above, at 11:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) N.L. Harmon DC M. D.
(Address) 302 Idaho Bldg. Boise

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89673

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 186

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Monroe Getts.

(a) Residence. No. Bristol Hotel. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 26. 1846.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 87. | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Veteran of Civil War.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Conrad Getts.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Frank Getts.
(Address) 616. S. 13 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date July. 7 ..., 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-7-, 1934. W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29., 1934., to July 5 ..... 1934.
I last saw h. alive on July 5 ..., 1934.; death is said to have occurred on the date stated above, at 5.30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of rectum | not known |
| (diagnosis made by the surgeons | |
| Other **contributory causes** of importance: | |
| senile Pneumonia | July 4/34 |

Name of operation ..... Date of ..... no

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) N. M. Hollowell ....., M. D.
(Address) Boise Ida

AUG 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89674

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 184
(No.) 251 Warm Springs
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edward Slack

(a) Residence. No. Bruneau St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalind Slack

6. DATE OF BIRTH (month, day, and year) Aug. 28-1902

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 10 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Bruneau Idaho.

FATHER
13. NAME Ross Slack
14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER
15. MAIDEN NAME Ella Crocheron
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT Rosalind Slack (Address) Bruneau Idaho
18. BURIAL, CREMATION, OR REMOVAL. Place Mt. View Boise Idaho Date 7-1, 1934
19. UNDERTAKER G. S. Parker (Address) Mtn Home Idaho
20. FILED 7-2, 1934 W. T. Rhoden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/28 1934
22. I HEREBY CERTIFY, That I attended deceased from June 8, 1934, to June 28, 1934.
I last saw h[illegible] alive on June 28, 1934.: death is said to have occurred on the date stated above, at 5:10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Parenchymatous Nephritis | 1929 |

Other contributory causes of importance:

| | |
|---|---|
| Influenza, Revealed at Necropsy | 1926 |

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) I. H. Thurston, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 8 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89675

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 190

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Elizabeth Phipps

(a) Residence. No. 433 So. 10th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Phipps

6. DATE OF BIRTH (month, day, and year): Nov 17 1855

7. AGE: Years 78 | Months 7 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Nurse

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nashville Tenn.

FATHER

13. NAME: Mr Procter

14. BIRTHPLACE (city or town) (State or country): Not Obtainable U.S.A.

MOTHER

15. MAIDEN NAME: Not Obtainable

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): J.M. Faulkner Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 7/7, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED: 7-11, 1934 W.H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to July 4, 1934.
I last saw her alive on June 30 1934.: death is said to have occurred on the date stated above, at 9:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Hypostatic Pneumonia | July 2 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Valvular Heart Disease | Past 10 years. |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A.W. Branch M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 8 1934

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89676

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 189

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kittie Victoria Edghill.

(a) Residence. No. 2719. Madison Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rollie. F. Edghill.

6. DATE OF BIRTH (month, day, and year) February. 27. 1905.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 29 | 4 | 11. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota.

MOTHER FATHER

13. NAME William. H.M. Wise.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Rollie. F. Edghill.
(Address) 2719. Madison St.

18. BURIAL, CREMATION OR REMOVAL
Emmett. Idaho. July. 11. Date 1934. 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-10, 1934. W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 193.4. to July 8, 193.4.

I last saw h.. alive on July 8, 193.4: death is said to have occurred on the date stated above, at 6. P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1930 |
| Other **contributory causes** of importance: | |
| Tuberculous Enteritis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) O.F. Swendsen M. D.
(Address) 513 Eastman Bldg. Boise Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89677

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 187

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret E. Sears

(a) Residence. No. 1608 North 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 1850

7. AGE: Years 84 | Months 6 | Days — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Keeper

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME Henry Sears

14. BIRTHPLACE (city or town) Vir.
(State or country)

MOTHER

15. MAIDEN NAME Sbina Morgan

16. BIRTHPLACE (city or town) Am.
(State or country)

17. INFORMANT Jean Dingle
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cem.
Place Boise Date 7-9-1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida.

20. FILED 7-9-, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-6-1934

22. I HEREBY CERTIFY, That I attended deceased from July 3..., 1934., to July 6..., 1934.
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Failure | June 29-1934 |
| Chronic Cardio-Vascular Renal Disease. | 1930. |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation... NO ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.....

(Signed) Arnold T. Nokes, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Allen

# PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89678

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 191

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Hochstrasser.

(a) Residence. No. 506. S. 14 th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 10. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph. A. Hochstrasser.

6. DATE OF BIRTH (month, day, and year)
November. 8. 1869.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah.

MOTHER FATHER

13. NAME Junius. S. Fullmer.

14. BIRTHPLACE (city or town) Penn.
(State or country)

15. MAIDEN NAME Lucy Ellyer.

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Joseph. A. Hochstrasser.
(Address) 506. S. 14 th Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date July 12 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-13., 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1934, to 7-10, 1934.
I last saw her alive on 7-10, 1934: death is said to have occurred on the date stated above, at 2:50 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 6-11-34 |
| Bilateral extension | 6-18-34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis and | |
| Endocarditis | 6-24-34 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. P. Hamilton, M. D.
(Address) Boise, Idaho

AUG 8 1934

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89679

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 192

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel M. Belsher

(a) Residence. No. 2112 Longmont Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lena M. Belsher

6. DATE OF BIRTH (month, day, and year): Dec. 16 1855

7. AGE: Years 78 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Florist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Burnsville Miss.

FATHER

13. NAME: Troupe M. Belsher

14. BIRTHPLACE (city or town) (State or country): So. Carolina

MOTHER

15. MAIDEN NAME: Fannie Hootan

16. BIRTHPLACE (city or town) (State or country): So. Carolina

17. INFORMANT (Address): Sidney A. Jackson Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 7/10, 1934

19. UNDERTAKER: Schreiber & McCann
(Address): Boise Idaho

20. FILED: 7-14, 1934 W. A. Chandler
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/8 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to July 8, 1934.

I last saw him alive on 7/8, 1934; death is said to have occurred on the date stated above, at 6:20 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chr | 1920 |
| Prostatic obst = Hydro-nephrosis | 1930 |
| | |
| Other **contributory causes** of importance: | |
| Anuria | 7/5/34 |
| Hypostatic Pneumonia | 7/7/34 |

Name of operation: Prostatectomy Date of: 6/11/34

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard D. Simonton M. D.
(Address) Boise Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89680

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 195

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Forney Rice

(a) Residence. No. Route 1 St. Eagle, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19th. 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eagle Idaho

FATHER

13. NAME L. E. Rice

14. BIRTHPLACE (city or town) (State or country) So. Dakota

MOTHER

15. MAIDEN NAME Dorothy Forney

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT L. E. Rice
(Address) Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 7-18- 1934

19. UNDERTAKER W. McBratney Boise
(Address)

20. FILED 7-17- 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16 1934 to July 16 1934
I last saw him alive on July 16 1934: death is said to have occurred on the date stated above, at 9:20 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteron-Colitis with dehydration | July 1934 |
| Other contributory causes of importance: Tuberculosis of mesenteric glands, confirmed by Pathologists report | Possibly of 1 to 2 years standing. |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harrington Sremmer
(Address) Boise, Ida.

AUG 8 1934

Deadman

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89681

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. ~~207~~ 197

(No. St Ukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert Lorenzo Smith.

(a) Residence. No. R.D. # 2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): January. 17. 1919.

7. AGE: Years 15. Months 6 Days 5. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

FATHER

13. NAME: Arthur. H. Smith.

14. BIRTHPLACE (city or town) (State or country): Kansas.

MOTHER

15. MAIDEN NAME: Lula Johnson.

16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMANT (Address): Arthur. H. Smith. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery. July. 24. 1934

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho

20. FILED 7-23., 1934 W.H. Rhodes Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 22 193 4

22. I HEREBY CERTIFY, That I attended deceased from June 23., 1934., to July 22., 1934.

I last saw him alive on July 22., 1934.; death is said to have occurred on the date stated above, at 7.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | June 29., |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Acute Appendicitis - | June 22 |
| Appendectomy. followed by adhesions | |

Name of operation: Appendectomy Date of 6/33
Entero-enterostomy 6/30

What test confirmed diagnosis? .... Was there an autopsy? NO

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) J. E. Deadman, M. D.

(Address) Boise, Idaho

AUG 8 1934

Stone

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89682

Registration District No. 5

Primary Registration District No. 2004 Local Registrar's No. 196

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorritt Emma Just Campbell.

(a) Residence. No. 6 Miles west of Boise. St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: George. G. Campbell.

6. DATE OF BIRTH (month, day, and year): October. 16. 1897.

7. AGE: Years 36 | Months 9 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Presto Idaho.

FATHER

13. NAME: James Just.

14. BIRTHPLACE (city or town) (State or country): Presto, Idaho.

MOTHER

15. MAIDEN NAME: Crillia Carson.

16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMANT (Address): George. G. Campbell. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery / July. 23. 1934

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 7/23, 1934. [signature] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/18., 1934., to 7/21., 1934.

I last saw her alive on 7/21., 1934.; death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: Relief of Obstruction Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) Harold W. Stone M. D.

(Address)

AUG 8 1934

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 209

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 89683

199
117

2. FULL NAME Drusella Ellen Magee.

(a) Residence. No. 1505 N. 6 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Clement Magee.

6. DATE OF BIRTH (month, day, and year) Novemeber. 17.1885.

7. AGE: Years 48 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmont Nebr.

MOTHER FATHER

13. NAME George Bennett.

14. BIRTHPLACE (city or town) (State or country) Ohio.

15. MAIDEN NAME Esther Farley.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT (Address) J. Clement Magee. 1505. N. 6 th Street.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery, July. 24, 1934

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 7-23, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/21, 193.4, to 7/22, 193.4.

I last saw her alive on 7/22, 193.4; death is said to have occurred on the date stated above, at 1930 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | Unknown |
| Appendiceal Abscess | ✓ |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Delectasis. | |
| R. lung — Bronchial Pneumonia | 7/20/34 |

Name of operation: Appendiceal Abscess Date of ✓

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Swanton, M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 8 1934

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89684

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. ~~208~~ 198

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Powell.

(a) Residence. No. 1123. Lee Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July. 22. 1934.

7. AGE — Years | Months | Days | If LESS than 1 day, 8 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

FATHER

13. NAME: Harold. M. Powell.

14. BIRTHPLACE (city or town) (State or country): Columbus Ohio.

MOTHER

15. MAIDEN NAME: Mabel. K. Silver.

16. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

17. INFORMANT: Harold. M. Silver.
(Address) 1123. Lee St. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. July. 23. 1934.

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-23, 1934. W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1934., to 7-22, 1934.

I last saw him alive on 7-22, 1934: death is said to have occurred on the date stated above, at 9.30 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 6½ months foetus premature labor | |
| Other **contributory causes** of importance: unknown | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.... Date of injury ~~7~~, 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify.....

(Signed) ..... M. D.

(Address) Boise Idaho

AUG 8 1934

# PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89685
State File No.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 201

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Clarence Wyman.

(a) Residence. No. 1409. Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male/ | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna Wyman.

6. DATE OF BIRTH (month, day, and year) May. 6.1864.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70. | 2. | 11. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Attorney.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio.

FATHER

13. NAME George. H. Wyman.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Lucy Mahan.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Thornton. D. Wyman.
(Address) Idaho Bldg, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date July. 18. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-18..., 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to July, 1934.
I last saw him alive on July 16, 1934; death is said to have occurred on the date stated above, at 3.15 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis; auricular fibrillation | 1930 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. E. Pittman, M. D.
(Address) Boise, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Alle 8

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89686

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 200

(No. St. Luke's Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Nancy Long.

(a) Residence. No. Eagle, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19, 1927.

7. AGE — Years: 7 — Months: 0 — Days: 0 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

MOTHER FATHER

13. NAME: Walter K. Long.
14. BIRTHPLACE (city or town) (State or country): Mo.
15. MAIDEN NAME: Myrtle Beasley,
16. BIRTHPLACE (city or town) (State or country): Texas.

17. INFORMANT (Address): Walter K. Long. Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill. Date Jul 21 1934.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 7-19, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jul 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 193.4., to 7-19, 193.4.
I last saw h[illegible] alive on 7-19 193.4.; death is said to have occurred on the date stated above, at 10:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis, | |
| Strepto/coccus | |
| (Spinal Fluid | |
| Culture.) | |
| Other **contributory causes** of importance: | |
| Measles | |
| 3 mo. ago. | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. J. Coats, M. D.
(Address) Boise

AUG 8 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89687

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 205.

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annora Dickerson Nalerai.

(a) Residence. No. 1213. Grove Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Nalerai.

6. DATE OF BIRTH (month, day, and year)
June. 2. 1868.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66. | 1 | 16. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota.

MOTHER FATHER

13. NAME: Solomon Terriping.

14. BIRTHPLACE (city or town) (State or country): Unknown.

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Mrs. George Ormiston.
(Address) 1213. Grove Street, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. July. 20. 1934.

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7/20, 1934. W. R. Rhodes.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ...7-.17....., 193.4., to ...7-..1.8...., 1934.
I last saw h.e. alive on ..7-..1.8., 193.4.: death is said to have occurred on the date stated above, at 5:10 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | unknown |

Other **contributory causes** of importance:

Name of operation. None. Date of.....
What test confirmed diagnosis? Hx. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..O. T. Swindell....., M. D.
(Address) .Boise Idaho.....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89688

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 204

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Imogene Thompson Lucas.

(a) Residence. No. Idah Ha Hotel. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Clyde. I. Lucas.

6. DATE OF BIRTH (month, day, and year): October. 1. 1872.

7. AGE — Years: 61. Months: 9 Days: 19. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ashland Nebraska.

FATHER

13. NAME: Charles Thompson.

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Maria. J. Brown.

16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMANT (Address): Clyde. I. Lucas. Ashton, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery. July. 21. 1934

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED: July 20, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1932, to July 20, 1934

I last saw her alive on July 20, 1934; death is said to have occurred on the date stated above, at 4.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Incipiter | 10 yr. ago |
| Chronic Appendicitis | Oct 3/29/34 |
| and Glandular | 5 mo ago |
| atrophy | |

Other **contributory causes** of importance:

| | |
|---|---|
| Secondary Anaemia & Malnutrition | Since 3/29/34 |

Name of operation: Appendectomy. Date of: 3/29/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. M. Brayton M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89689

Registration District No. 2

Primary Registration District No. 2004 Local Registrar's No. 202

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerry Cohn

(a) Residence. No. 1111 Hays St. Boise - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fillie Cohn

6. DATE OF BIRTH (month, day, and year): August 31. 1865

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Wool Buyer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: + Insurance Agent

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portland, Oreg.

FATHER

13. NAME: Peter Cohn

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Elizabeth Heppner

16. BIRTHPLACE (city or town) (State or country): Pleschen Poland

17. INFORMANT (Address): William Stark 111 Hays - Boise - Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Boise - Idaho Date 7/18, 1934 Morris Hill

19. UNDERTAKER (Address): Schreiber + McCann Boise - Idaho

20. FILED 7-18, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1933, to 7/15, 1934.

I last saw him alive on 7-15, 1934. death is said to have occurred on the date stated above, at 9:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chr. | 1933 |
| Urinary obstruction | 1933 |
| Prostatic | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pyelitis | 7/1/34 |
| Thrombus Rt auricle | 4-10-34 |
| + Ventricle | 4-15-34 |
| Pulmonary embolus | |

Name of operation: None Date of:

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard H. Sumonton, M. D.

(Address) Boise Ida

AUG 8 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89690

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 208

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances E. Dean

(a) Residence. No. 912 Fort Street St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew N.

6. DATE OF BIRTH (month, day, and year) May 4, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 76 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME -- --

16. BIRTHPLACE (city or town) (State or country) -----

17. INFORMANT (Address) M. N. Dean Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-24-, 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 7/27, 1934 H. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934, to July 22, 1934. I last saw her alive on July 22, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 5-20-34 |
| Emphysema. Left lung | |
| Chronic R. Lung | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ...O. H. Parker....., M. D.

(Address) ..Boise, Ida.....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89691

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 206
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Camp

(a) Residence. No. Route 2 St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 20. 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | -- | -- | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, (State or country)

FATHER

13. NAME George Camp

14. BIRTHPLACE (city or town) Nebraska (State or country)

MOTHER

15. MAIDEN NAME Beulah Anderson

16. BIRTHPLACE (city or town) Nebraska (State or country)

17. INFORMANT George Camp (Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7.21., 1934

19. UNDERTAKER W. McBratney, Boise (Address)

20. FILED 7-21.., 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-20., 193.4, to 7-20., 193.4
I last saw him alive on 7-20., 193.4, death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobular | |
| Syphilitic Aortal Re- | |
| tected Aneurism | |

Other **contributory causes** of importance:

| | |
|---|---|
| Jaundice Focus | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Olga Bourk, M. D.
(Address) Boise Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89692

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 207

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amos Bardo

(a) Residence. No. 1709 State St. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophia Bardo

6. DATE OF BIRTH (month, day, and year)
August 17, 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 81 | 11 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer and

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** stock man.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME --- Bardo

14. BIRTHPLACE (city or town) France
(State or country)

MOTHER

15. MAIDEN NAME ---- -----

16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT Mrs. Nellie Quayle
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-21, 1934

19. UNDERTAKER W. McBratney - Boise
(Address)

20. FILED 7-21, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1929 to July 19, 1934.
I last saw him alive on July 18, 1934; death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Hypostatic pneumonia | |
| was precipitated | |
| by a fall | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) O. Jue Bardo M. D.

(Address) Boise Ida.

AUG 8 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 83098

State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 209

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leota Jane Winkley

(a) Residence. No. St. Eagle Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of G. W. Winkley

6. DATE OF BIRTH (month, day, and year) June 3rd. 1885

7. AGE: Years 49 | Months 1 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER

13. NAME W. W. Crist

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Mary Marlin

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Emmett Crist
(Address) Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Middleton Date 7-25, 1934

19. UNDERTAKER W. McBratney Boise
(Address)

20. FILED 7/25, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/21, 1934, to 7/23/34, 1934.

I last saw her alive on 7/23/34, 1934. death is said to have occurred on the date stated above, at 3.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | unknown |
| Carcinoma of cervix | " |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocardial degeneration & failure | 4/1/37 |
| | |

Name of operation Nil Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Simonton, M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of 7miles West Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 89694

Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John M. Cecil

(a) Residence. No. Seven Miles West Of Boise St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Cecil

6. DATE OF BIRTH (month, day, and year): Dec 11 1864

7. AGE: Years 69 | Months 6 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Monmouth Ill.

MOTHER FATHER

13. NAME: John Cecil

14. BIRTHPLACE (city or town) (State or country): U.S.A.

15. MAIDEN NAME: Isabell Weaver

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Mrs. V. J. Pidenour. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Cemetery Date 7/9, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 7-9, 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934, to July 8, 1934

Last saw him alive on 7/5, 1934. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart | |
| Decompensation | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Nephritis | |
| | |

Name of operation none, Date of.....

What test confirmed diagnosis? Disease was (was not) an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury.., 193.
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** -
Manner of injury -
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Fred A Pennington M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89695

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 23

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claire Audrey Steinbach

(a) Residence. No. 160 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 22, 1934

7. AGE — Years: — Months: 4 Days: If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Meridian Ida

MOTHER/FATHER
13. NAME: Lee Steinbach
14. BIRTHPLACE (city or town) (State or country): Salisbury Mo.
15. MAIDEN NAME: Daisy Heath
16. BIRTHPLACE (city or town) (State or country): Noel Mo.

17. INFORMANT: Lee Steinbach
(Address): Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Meridian Ida Date: 7-27-1934

19. UNDERTAKER: B. W. Robson
(Address): Meridian Ida

20. FILED: 7/27/1934 W. N. Beer, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/22/34, 193..., to 7/26/34, 193...
I last saw h. alive on 7/26/34 193...: death is said to have occurred on the date stated above, at 7:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sclerus of Newborn | 7/23/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. C. Jewell, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Near Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 89096

State File No.

Registration District No. 7

Primary Registration District No.

Local Registrar's No. 80

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Leslie Matthews

(a) Residence. No. Near Moscow St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | | | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 23 Years | 4 Months | 23 Days | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) July 25 1934

11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (city or town) (State or country) LaFayette Oklahoma

FATHER

13. NAME Harold Leslie Matthews

14. BIRTHPLACE (city or town) (State or country) LaFayette Oklahoma

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sunnyside Date 7-26, 1934

19. UNDERTAKER
(Address) E. O. Peck Sons Inc Endowment Inc

20. FILED AUG 10 1934, 193...
DR. ALVIN S. THURSTON Registrar.
COUNCIL, IDAHO

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to July 26, 1934

I last saw ~~him~~ alive on July 25, 1934: death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Pneumonia | |
| | |
| | |
| | |

Other contributory causes of importance: Ruptured appendix with Peritonitis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Machine Shop

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Wyssis & Leffler, M. D.

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89697

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 144

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elenore R. Jorgensen

(a) Residence. No. 185 Park Ave. St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Oct. 21, 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER FATHER

13. NAME F. V. Jorgensen

14. BIRTHPLACE (city or town) Orderville
(State or country) Utah

15. MAIDEN NAME Rheva Hendricksen

16. BIRTHPLACE (city or town) Mt. Pleasant
(State or country) Utah

17. INFORMANT (Address) F. V. Jorgensen

18. BURIAL, CREMATION OR REMOVAL
Place Ucon, Idaho Date July 6 1934

19. UNDERTAKER A. W. Hall
(Address) Pocatello, Idaho

20. FILED July 5, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1934, to July 3, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Status Epilepticus Malaria? | |
| Hemolytic congenital | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Malnutrition | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. F. Call, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89698

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 145

(No. Quinn Apts. 580 West Clark St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Carroll Roddy

(a) Residence. No. Lava Hot Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of James Roddy

6. DATE OF BIRTH (month, day, and year): August 18, 1875.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER FATHER

13. NAME: Henry Carroll

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Honora McAlwie

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT (Address): Mrs. Mary Larsen, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: July 12, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED July 11, 1934. D. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 10, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1934., to 7/10, 1934.
I last saw her alive on 7/6, 1934: death is said to have occurred on the date stated above, at 2:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Renal | |
| Cachexia | |
| Arteriosclerosis | |
| Nephritis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardiac Renal | |

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. C. Jones M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

405 6

**PLACE OF DEATH**

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89699

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 17

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Hamp

(a) Residence. No. Grace, St. Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Mary Lofthouse

6. DATE OF BIRTH (month, day, and year) June 28, 1876.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 0 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

MOTHER FATHER

13. NAME Ezra T. Hamp

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Sarah Curtis

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) Mrs. Charles Hamp, Grace, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Grace, Idaho. Date July 5, 1934

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED Aug. 1, 1934. Mrs. G. G. Fitz Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Crushed in Potato Cellar Cave in | |
| Struck Chest (Accidental) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall, Coroner.

(Address) Pocatello, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89700

PLACE OF DEATH
County of Bannock
City of Bancroft Ida

Registration District No. 84
Primary Registration District No. 2161

Local Registrar's No. 18

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence Jacobsen Johnson

(a) Residence. No. Bancroft Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Harold L. Johnson

6. DATE OF BIRTH (month, day and year): Oct 19 1895

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 9 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Logan Utah

PARENTS

10. NAME OF FATHER: Hillard R. Jacobsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Denmark.
12. MAIDEN NAME OF MOTHER: Linne Buytoun
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Utah.

14. Informant: Harold L. Johnson
(Address) Bancroft Idaho.

15. Filed Aug 8, 1934 Mrs. G. G. Fitz Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. 3 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1932, to Aug 3, 1934, that I last saw her alive on Aug 3, 1934, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Ascites

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cessation of Kidneys function (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? unknown
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) G G Fitz, M. D.
Aug 3, 1934 (Address) Bancroft Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Logan Utah | Aug 5 - 1934 |

20. Undertaker: C. L. Lundgren Logan, Utah
Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89701

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 147

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Hall

(a) Residence. No. North of City, Eldredge Randh St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 29, 1854.

7. AGE: Years 80 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Caretaker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Ranch

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Monroe County California

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs N. M. Eldredge
(Address) 40.1 E. Center

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date July 18, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho

20. FILED July 17, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 16, 34

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934 to July 16 1934

I last saw h.i.m alive on July 16 1934 death is said to have occurred on the date stated above, at 1.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | Chronic |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Uremia | July 10, 1934 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William J. Howard, M. D.
(Address) Pocatello Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 89702
Local Registrar's No. 148

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Rossen Smith

(a) Residence. No. 426 So 9th ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of: Mrs. Ella A. Smith
6. DATE OF BIRTH (month, day and year): Feb 1, 1878
7. AGE: Years: 51 | Months: 5 | Days: 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Manager
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Western Loan Co
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

MOTHER FATHER
13. NAME T. B. Smith
14. BIRTHPLACE (city or town) (State or country): Ohio
15. MAIDEN NAME Elizabeth King
16. BIRTHPLACE (city or town) (State or country): California

17. INFORMANT (Address): Mrs. Ella A. Smith Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Pocatello Date: July 18, 1934
19. UNDERTAKER (Address): L. L. McHaney Pocatello Idaho
20. FILED July 16, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14 to July 16, 1934
I last saw h.... alive on ....., 193...: death is said to have occurred on the date stated above, at 1.50 ..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary embolism | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Lee Powers M. D.
(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89703

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 149

(No. 404 North Fourth)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Ama Deazs

(a) Residence. No. 404 N. 4th St, Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Mexican

5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 16, 1934.

7. AGE: Years 0 | Months 6 | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

FATHER

13. NAME: Manuel Deazs

14. BIRTHPLACE (city or town) (State or country): Mexico

MOTHER

15. MAIDEN NAME: Magalena Vargas

16. BIRTHPLACE (city or town) (State or country): Mexico

17. INFORMANT (Address): Dr. Erwin, Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date July 20, 1934

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello.

20. FILED July 20 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1934 to July 19, 1934

I last saw h[illegible] alive on July 19, 1934 death is said to have occurred on the date stated above, at 4 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhoea | |
| Inanition | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Malnutrition | |
| (Baby starved to death) | |
| Diarrhoea | |

Name of operation: None Date of: -

What test confirmed diagnosis? None Was there an autopsy? -

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. C. Erwin M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89704
State File No.

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 150

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Fredrick Ulrich

(a) Residence. No. Tyhee, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Martha Nelsen

6. DATE OF BIRTH (month, day, and year): April 1, 1878.

7. AGE — Years: 56 | Months: 3 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Machinist,

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Carl F. Ulrich

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Martha (unknown)

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Carl F. Ulrich

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date July 23, 1934

19. UNDERTAKER (Address): Hall Mortuary Pocatello, Idaho.

20. FILED July 21, 1934. D C May Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20, 1934.

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to July 20, 1934.
I last saw him alive on July 20, 1934; death is said to have occurred on the date stated above, at 9:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carc. nephritis | |
| Pneumonia — | |
| Pulmonary edema | |
| Other **contributory causes** of importance: | |
| Chr. nephritis | |
| Pneumonia | |

Name of operation: None. Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Dunn, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89705

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 151

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Samuel Andrew

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): February 20, 1914.
7. AGE: Years 20 | Months 5 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country): Inkom Idaho.
13. NAME: Frank Andrew
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER
15. MAIDEN NAME: Maggie Jones
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT (Address): Frank Andrew
18. BURIAL, CREMATION OR REMOVAL Place: Inkom Cemetery Date: July 26, 1934
19. UNDERTAKER (Address): Arthur W. Hall, Pocatello
20. FILED: July 25 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 24 1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to July 24 193.4.
I last saw h...alive on ..., 193...; death is said to have occurred on the date stated above, at ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull fracture | Sudden 7/24/34 |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/24 1934
Where did injury occur? (Specify city or town, county, and state) At McCammon Idaho
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway
Manner of injury: Motor cycle
Nature of injury: Skull fracture & other injuries
24. Was disease or injury in any way related to occupation of deceased? No Specify
(Signed) William T. Haward M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89706

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 182

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pete Geddes Jorgensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) July 21, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 0 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

FATHER
13. NAME Arnold S. Jorgensen
14. BIRTHPLACE (city or town) (State or country) Denmark, Denmark

MOTHER
15. MAIDEN NAME Joan Geddes
16. BIRTHPLACE (city or town) (State or country) Preston, Idaho

17. INFORMANT (Address) Arnold S. Jorgensen, 846 North Main

18. BURIAL, CREMATION OR REMOVAL
Place Preston, Idaho Date July 26, 193 4

19. UNDERTAKER (Address) H. L. McHan, Pocatello, Idaho

20. FILED July 26 193 4 A C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26, 193 4

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1934, to 7-26, 1934.
I last saw him alive on 7-26, 193 4: death is said to have occurred on the date stated above, at 8 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Insanition | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| (a) Prematurity | |
| (Mother Sickly - Previous operations) | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. L. McHan, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89707

Registration District No. 28

Primary Registration District No. 216/ Local Registrar's No. 153

(No. 626 East Carter)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred R. Howard

(a) Residence. No. 626 East Carter St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Howard

6. DATE OF BIRTH (month, day, and year) August 12, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 11 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** O. S. L.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Conductor

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) Jamesville
(State or country) Wisconsin

13. NAME Harvey Howard

14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Mrs. Jennie Howard
(Address) 626 East Carter

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem. Date July 26 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 7-25, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1934, to 7-24, 1934.

I last saw h. alive on 7-23, 1934: death is said to have occurred on the date stated above, at 5a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Coronary | |
| Thrombosis | 7-20-34 |
| | |
| | |

Other **contributory causes** of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. C. Ray M. D.

(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89708

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 154

(No. 318 So. Second Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie B. Lewis

(a) Residence. No. 318 S. 2nd Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Wife of Archie V. Lewis

6. DATE OF BIRTH (month, day, and year)
June 5, 1903.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 31 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Downey, Idaho.

FATHER

13. NAME: W. J. Bybee

14. BIRTHPLACE (city or town) (State or country): Downey, Idaho.

MOTHER

15. MAIDEN NAME: Eliza Aldous

16. BIRTHPLACE (city or town) (State or country): Downey, Idaho.

17. INFORMANT: Archie V. Lewis
(Address) 318 S. 2nd

18. BURIAL, CREMATION OR REMOVAL
Place. Pocatello, Date July 29 1934

19. UNDERTAKER: Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED July 28 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30., 1933., to Sept. 20, 1933.
I last saw her alive on Sept. ..., 1933.; death is said to have occurred on the date stated above, at 8:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | Many years. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. B. Hughston, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89709

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 155

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrell Harry Ayamell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 29, 34

7. AGE: Years: Never 21 | Months: | Days: | If LESS than 1 day, hrs. 2 / or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello (State or country) Idaho

FATHER

13. NAME Harry Ayamell

14. BIRTHPLACE (city or town) Wendell (State or country) Utah

MOTHER

15. MAIDEN NAME Thelma M. Baugh

16. BIRTHPLACE (city or town) Glenns Ferry (State or country) Idaho

17. INFORMANT Harry Ayamell (Address) Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date July 30 193 4

19. UNDERTAKER ..... (Address) Pocatello Idaho

20. FILED July 30 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 30, 193 4

22. I HEREBY CERTIFY, That I attended deceased from 7-29-, 193 4, to 7-30-, 193 4

I last saw h alive on 7-29, 193 4; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| Peret. | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

28. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. [illegible] M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 156

(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 89710

2. FULL NAME Infant Richardson

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 28, 1934.

7. AGE — Years: 0 Months: 0 Days: 0 If LESS than 1 day, 7 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

FATHER

13. NAME: Carl R. Richardson

14. BIRTHPLACE (city or town) (State or country): Neeley, Idaho.

MOTHER

15. MAIDEN NAME: Grace Whiting

16. BIRTHPLACE (city or town) (State or country): Robin, Idaho.

17. INFORMANT (Address): Carl R. Richardson South of Pocatello City

18. BURIAL, CREMATION OR REMOVAL
Place: Inkom, Idaho. Date: July 29, 1934.

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho

20. FILED July 31 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 28, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 7/28, 1934, to 7-28, 1934.
I last saw h....alive on 7/28, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Blue baby | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) ..... M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89711

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 157

(No. 15 Miles E. of Fort Hall--Frank Randall Ranch.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Cavanaugh

(a) Residence. No. Ranch of Frank Randall St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: About 21 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: On Ranch

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

Married name:

15. MAIDEN NAME: Cynthia Cavanaugh

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): DR Indian Agency Fort Hall

18. BURIAL, CREMATION OR REMOVAL
Place: Decatur, Illinois Date: On Arrival 193...

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho

20. FILED: Aug. 1, 1934. D. Clay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 26 1934.

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Not known | 7/21/34 |
| D.M. did not show sufficient | |
| Pathology | |
| Other **contributory causes** of importance: | |
| Not known | |
| | 7/20/34 |

Name of operation: None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) ... M. D.
(Address) ... Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89712

**PLACE OF DEATH**
County of Benewah
City of St. Maries, Ida

Registration District No. 92
Primary Registration District No. 11204.9 Local Registrar's No. 2
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Asa Michaels

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): July 19, 1862

7. AGE — Years: 73 | Months: 11 | Days: 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Mike Michaels
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Mary Morrison
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Fred Elwell St. Maries

18. BURIAL, CREMATION, OR REMOVAL — Place: St. Maries Date: July 6, 1934

19. UNDERTAKER: STAPISH & SON
(Address): ST. MARIES, IDAHO

20. FILED 8-6, 1934 Walter Boberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1934, to July 3, 1934
I last saw him alive on July 3, 1934: death is said to have occurred on the date stated above, at 7:30 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of stomach with metastases to liver | Probably 1933 |
| Other contributory causes of importance: | |
| Hypertension | 7 years |

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? No injury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. A. Lorenz, M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89713

**PLACE OF DEATH**
County of Benewah
City of St Maries
Registration District No. 92
Primary Registration District No. 2049
Local Registrar's No. 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

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2. FULL NAME Ermyldean Mamey Poole

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19 32

7. AGE — Years: 1 | Months: 11 | Days: 19 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Benewah Co. Ida

FATHER
13. NAME: Alfred J. Poole
14. BIRTHPLACE (city or town) (State or country): Santa Cruz, Cal

MOTHER
15. MAIDEN NAME: Elsie Myrtle Smead
16. BIRTHPLACE (city or town) (State or country): Rabbit Creek Lafayette Co. Wyo

17. INFORMENT (Address): E. A Cole St Maries Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: July 11, 1934

19. UNDERTAKER (Address): Mitchell & Fitzsimmons St. Maries, Ida

20. FILED 8-6, 1934 Walter Roberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 8 1934

22. ~~I HEREBY CERTIFY, That I attended deceased from~~ ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Internal Injuries | |
| resulting from | |
| Kick of Horse | |

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/8, 1934
Where did injury occur? On Farm near St. Maries Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Farm
Manner of injury Kicked from horse
Nature of injury Fractured Ribs

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Being near horses

(Signed) Geo. A. Mitchell Coroner, M. D.
(Address) St Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89714

**PLACE OF DEATH**
County of Benewah
City of St. Joe
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 4
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John Le Roy Ferguson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie L. Ferguson

6. DATE OF BIRTH (month, day, and year) May 9, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 2 | 2 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) 1914
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Filmore N. Y.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Frank E. Scott St. Joe, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Coeur d' Alene Idaho Date July 13 1934

19. UNDERTAKER Mitchell & Wessa (Address) St. Maries, Idaho.

20. FILED 8-6, 1934 Walter Roberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to July 11, 1934
I last saw alive on July 10, 1934: death is said to have occurred on the date stated above, at 6:00 A. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Senility | |
| Arteria Sclerosis | |

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) Owen D. Platt, M. D.
(Address) St Maries, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89715

**PLACE OF DEATH**

County of Benewah

City of St. Maries

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 5

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME James Albert Cutting

(a) Residence. No. Third Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18, 1920

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|
| 14 | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elk River
(State or country) Idaho

FATHER

13. NAME Albert L. Cutting

14. BIRTHPLACE (city or town) Sanborn
(State or country) Iowa

MOTHER

15. MAIDEN NAME Zillia Bell

16. BIRTHPLACE (city or town) Othena
(State or country) Oregon

17. INFORMENT Albert L. Cutting
(Address) St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 15 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 8-6, 1934 Walter Roberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 1:00P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |
| St. Joe River near | |
| Draw Bridge | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/12/34

Where did injury occur? St. Maries, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. L. Mitchell Coroner, M. D.

(Address) St. Maries, Idaho.

RECEIVED AUG 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock.

City of Pleasanter Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89716

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No.

(No. ) 88a

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James A. Walker.

(a) Residence. No. Pleasanter Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Walker.

6. DATE OF BIRTH (month, day, and year) Aug 3rd 1859.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 11 | 30. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Sec 4 Man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Railroad

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) New Hartford Iowa.

FATHER

13. NAME Calvin A. Walker.

14. BIRTHPLACE (city or town) (State or country) New Hartford Iowa.

MOTHER

15. MAIDEN NAME Don't Know.

16. BIRTHPLACE (city or town) (State or country) Don't Know.

17. INFORMANT Mae Morgan (Address) Pleasanter Daughter Ida

18. BURIAL, CREMATION OR REMOVAL

Place Pleasanter Ida Date July 28 1934

19. UNDERTAKER Mitchell & Hawkins (Address) St. Maries, Ida.

20. FILED 8-6-, 1934 L. Walter Roberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25th 7.50 PM 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 15th, 193 2, to July 25th, 193 4.

I last saw h[illegible] alive on July 23, 1934.: death is said to have occurred on the date stated above, at 7.50 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Involvement of Kidneys and General Debility | |

Name of operation None. Date of

What test confirmed diagnosis? Clinical Diagnosis Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. J. Hemingway, M. D.

(Address) Worley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89717

**PLACE OF DEATH**

County of Benewah

City of St. Maries

Registration District No. 22

Primary Registration District No. 2049

Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Carter

(a) Residence. No. Lotus -- P.O. at St. Maries St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Naoma Carter

6. DATE OF BIRTH (month, day, and year) Aug. 25, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 11 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Mar. 15, 1934

11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Misouri

FATHER

13. NAME Josiah Carter

14. BIRTHPLACE (city or town) (State or country) Misouri

MOTHER

15. MAIDEN NAME Martha McAndrews

16. BIRTHPLACE (city or town) (State or country) Misouri

17. INFORMENT (Address) Naoma Carter St. Maries

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Burial Date July 30 1934

19. UNDERTAKER STAPISH & SON (Address) ST. MARIES, IDAHO

20. FILED 8-6, 1934 Walter Roberts Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to July 27, 1934

I last saw him alive on 7/20/34, 1934; death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 11/1/34 |

Other contributory causes of importance:

| | |
|---|---|
| Anemia | |

Name of operation - Date of -

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury -

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. J. Peart, M. D.

(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89718

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 52
Primary Registration District No. 2049
Local Registrar's No. 8

(No. 940)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Fanny Mullin

(a) Residence. No. 1 st. & Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Albert C. Mullin

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 53 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Hotel Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Hotel

10. Date deceased last worked at this occupation (month and year) Jan. 1, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roumania

FATHER

13. NAME Getzler

14. BIRTHPLACE (city or town) (State or country) Roumania

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMENT (Address) Albert C. Mullin

18. BURIAL, CREMATION, OR REMOVAL
Place St. Maries Date 7-31, 1934

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED 8-6, 1934 Walter Boberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934, to 7/28, 1934
I last saw h[illegible] alive on 7/27, 1934, death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ~ Date of ~
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ....., 193.
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? ~
If so, specify
(Signed) Owen A Reed, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 7 1934

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 89719

Local Registrar's No. 117

77

2. FULL NAME FRANK DWYER

(a) Residence. No. ... St. IDAHO FALLS, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 1847-------

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 87 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) do not know

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) --- (State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) --- (State or country) ---

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ashton, Ida. Date July 10 1934

19. UNDERTAKER Thos Marson Blackfoot Idaho
(Address)

20. FILED July 10, 1934 Mo Yates Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1934, to July 9th, 1934
I last saw h... alive on July 9th, 1934: death is said to have occurred on the date stated above, at 6:35 PM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILE DEMENTIA | 1931 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of ...
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 1934
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ---

(Signed) Chas L Lowrey, M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89720

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 118

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Christensen

(a) Residence. No. Shelley Rt #2 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sophia Christensen

6. DATE OF BIRTH (month, day, and year): June 17, 1848

7. AGE: Years 86 | Months | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER FATHER

13. NAME: Nels Christensen

14. BIRTHPLACE (city or town) (State or country): Denmark

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Joseph Christensen Shelley Rt #2

18. BURIAL, CREMATION OR REMOVAL
Place: Cyprus, Utah Date: July 13, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: July 12, 1934 [illegible] Registrar. [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9th, 1934, to July 10th, 1934. I last saw h... alive on the 9th day of July, 1934, death is said to have occurred on the date stated above, at 3.8...m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | July 1st 34 |
| Old age | |
| General debility | |

Other **contributory causes** of importance: Several yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ....

(Signed) ... M. D.
(Address) Shelley Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89721

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2916

Local Registrar's No. 119

(No. 161a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie Ray

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year)

7. AGE Years | Months | Days | If LESS than 1 day, 2nd hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Ida

PARENTS
10. NAME OF FATHER Archie Snedeger
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pond Creek Okla
12. MAIDEN NAME OF MOTHER Luella Snow
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Richfield Utah

14. Informant Shelley Idaho
(Address) Archie Snedeger Shelley Ida

15. Filed July 14, 1934 Mrs Helen Foster Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 10 (Month) (Day) 1934

17. I HEREBY CERTIFY, That I attended deceased from July 10 1934 to July 10 1934
that I last saw him alive on July 10 1934
and that death occurred, on the date stated above, at 6:45 a.m.
The CAUSE OF DEATH* was as follows:
Pneumonia Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) J. R. Nielsen, M. D.
July 11, 1934 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Shelley Dist Cemetery — Date of Burial: July 11th 1934
20. Undertaker: None Shelley Ida. — Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 7 1934

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89722

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 120

(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Ray Homer Patterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) Mar. 21, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland, Ore.

FATHER

13. NAME Homer G. Patterson

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Nettie Orr

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Records State Hosp. South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Burial Ida. Date July 16, 193 6

19. UNDERTAKER (Address) E. T. Peck Blackfoot

20. FILED July 16, 193 4 Mrs. Walter E. Fouse Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1931, 193..., to July 15, 193 4, 193...

I last saw him alive on July 15, 1934, 193...: death is said to have occurred on the date stated above, at 6-55 m. P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Paralysis of The Insane. | 1929 |

Other contributory causes of importance: none known

Name of operation none Date of none

What test confirmed diagnosis Wassermann on blood

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 193...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) Chas. R. Loseu, M. D.

(Address) St. Hosp. South, blackfoot.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89723

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 121

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Alfred Buttcane

(a) Residence. No. Blackfoot Idaho RFD 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes N. Buttcane

6. DATE OF BIRTH (month, day, and year) May 18 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 56 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raymond Utah

FATHER

13. NAME James Buttcane

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Ferguson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Lloyd Buttcane
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ferron Cemetery Date July 18, 1934

19. UNDERTAKER E. H. Peck
(Address) Blackfoot Idaho

20. FILED July 12, 1934 Mrs. Dale Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 15, 1934.
I last saw him alive on July 15 1934 death is said to have occurred on the date stated above, at 11:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | Jan 1, 1934 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 7 1934

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89724

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 22

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME STEVE KISH

(a) Residence. No. ..... St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ----1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) (State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMENT (Address) Records of State Hosp. So. Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place Pocatello, Idaho Date July 16, 1934

19. UNDERTAKER Byron Pollard Company (Address) Pocatello, Idaho

20. FILED July 16, 1934 Mrs. Dalies E. Lewis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1934, to July 16th, 1934

I last saw him alive on July 15, 1934: death is said to have occurred on the date stated above, at 6:45AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| PARALYSIS AGITANS | at least since June 1927 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ....., 193

Where did injury occur? --
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify

(Signed) Chas. R. Lewis, M. D.
(Address) Supt. State Hosp So. Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Aug 7 1934
PLACE OF DEATH
County of BINGHAM
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89725

Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 123

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MYRTLE UPDIKE

(a) Residence. No. ..... St. Moulton, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Aug 12 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37 | 11 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Yost
(State or country) Utah

FATHER

13. NAME Geroge Bronson

14. BIRTHPLACE (city or town) Huntsville
(State or country) Utah

MOTHER

15. MAIDEN NAME --

16. BIRTHPLACE (city or town) Ogden
(State or country) Utah

17. INFORMENT ~~Sixxexxxp.~~
(Address) Records of State Hosp So Blackfoot, Idaho

18. BURIAL, ~~CREMATION,~~ OR REMOVAL
Place ~~Bingley Idaho~~ Date ---, 193

19. UNDERTAKER W. E. Pattie
(Address) Pocatello Idaho

20. FILED July 16, 1934 By Mrs. W. E. Pattie
Registrar.

Mrs Walter E Pattie

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29th, 1933, to July 16th, 1934

I last saw her alive on July 16th, 1934; death is said to have occurred on the date stated above, at 8:07 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| GENERAL PARALYSIS OF THE INSANE | At least since June 24 1933 |
| Other contributory causes of importance: | |

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Symptoms and wassermann test Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ....., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. A. Lowe, M. D.

(Address) Supt State Hosp South Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89726

**PLACE OF DEATH**

County of Bingham

City of Aberdeen

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hilda Lucille Tinsley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gilbert Tinsley

6. DATE OF BIRTH (month, day, and year) July 26, 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) April, 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Garwin
(State or country) Iowa

FATHER

13. NAME Calvin Grant Burt

14. BIRTHPLACE (city or town) Garwin
(State or country) Iowa

MOTHER

15. MAIDEN NAME Nellie Fuller

16. BIRTHPLACE (city or town) .....
(State or country) Nebraska

17. INFORMENT (Address) Gilbert Tinsley Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen, Ida Date July 22, 1934

19. UNDERTAKER A W Davis
(Address) American Falls, Idaho

20. FILED 7 - 21, 1934 Warren Cannon
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to July 19, 1934

I last saw her alive on July 18, 1934; death is said to have occurred on the date stated above, at 3:30 Am.

*The principal cause of death and related causes of importance* were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast | Apr 1933 |
| Metastatic carcinoma of lungs and liver | Mar 1934 |

Other contributory causes of importance:

Name of operation Excision of R Breast Date 7-17-33

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Warren Cannon, M. D.

(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89727

**PLACE OF DEATH**
County of Bingham
City of Aberdeen
Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 8
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Maria Reece

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Feamle | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Reece

6. DATE OF BIRTH (month, day, and year) Dec. 17, 1847

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | 7 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) July 1933
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME William Garrett
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Marie Maycock
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) John A Parsons Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen, Idaho Date 7-25-34

19. UNDERTAKER A V Davis
(Address) American Falls, Idaho

20. FILED 7-25-34, 193 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-23-34 193

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 193 4, to 7-23-34, 193
I last saw her alive on July 23, 193 4; death is said to have occurred on the date stated above, at 2:30P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | 7-21-34 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) M. C. Mackenzie, M. D.
(Address) Aberdeen, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89728

PLACE OF DEATH
County of Bingham
City of Pingree, Idaho

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 10
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Thompson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day and year) July 29 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ------- | ---- | --- | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pingree, Idaho

PARENTS

10. NAME OF FATHER Floyd C. Thompson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Blackfoot, Idaho
12. MAIDEN NAME OF MOTHER Edith Furnis
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ogden, Utah

14. Informant (Address) Floyd C. Thompson Pingree

15. Filed July 30 19 34 M. McNeil Kinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 29 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1934, to July 29 1934, that I last saw him alive on July 29 1934, and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature (seven Month)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) M. McNeil M. D.
July 30 19 34 (Address) Blackfoot, I

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Thomas Rose Side | July 30 1934 |

20. Undertaker Floyd C Thompson Acting Pingree
Address

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89729

PLACE OF DEATH
County of ~~BLACKFOOT~~ BINGHAM
City of BLACKFOOT
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 121

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

887

2. FULL NAME HUGH KIDD

(a) Residence. No. ... St. Preston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs 8 mos 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of --- MIRA SHARP

6. DATE OF BIRTH (month, day, and year) Apr. 12th, 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 52 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) ---
(State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMENT Records of State Hosp. South
(Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Soda Springs, Idaho Date ..., 193..

19. UNDERTAKER Johnson's Mortuary
(Address) Preston Idaho

20. FILED July 6, 1934 Mrs. W. E. Patrie
By Reed A. Clapp Registrar.
Mrs Nellie B Patrie

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from 1 or 8mo. 4 days-1931 & July 11th, 1934, to July 18th, 1934
I last saw him alive on July 17th, 1934: death is said to have occurred on the date stated above, at 7:15 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CHRONIC MYOCARDITIS | At least since July 20 1931 |
| Other contributory causes of importance: | |
| MANIC DEPRESSIVE PSYCHOSIS DEPRESSED PHASE | |

Name of operation None Date of ...
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify ...

(Signed) Chas. R. Lowry, M. D.
Supt. State Hosp. South
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89732

Registration District No. 12
Primary Registration District No. 2194
Local Registrar's No. 129

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ELLEN CONNELLY

(a) Residence. No. ..... St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | DIVORCED |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ----1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---
(State or country) Iowa

FATHER

13. NAME J.T. ACTON

14. BIRTHPLACE (city or town) Indianapolis
(State or country) Indiana

MOTHER

15. MAIDEN NAME Marg. ~~DeWitt~~ McDewitt

16. BIRTHPLACE (city or town) St Louis
(State or country) Mo

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Groves City Cem. Date July 21, 1934

19. UNDERTAKER E T Pugh
(Address) Blackfoot Ida

20. FILED July 20 1934 By Mrs. Walter E. Patrie
Mrs Walter E Patrie

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to July 20th, 1934

I last saw her alive on July 20th, 1934; death is said to have occurred on the date stated above, at 7:25 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| PNEUMONIA | July 19th 1934 |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas. R. Lowe, M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 7 1934

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No. 2198

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 89733

Local Registrar's No. 129

77

2. FULL NAME ERNEST DITTMAR

(a) Residence. No. (Usual place of abode) St. Boise, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) June 11, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 75 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) (State or country) --

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho Date July 26 1934

19. UNDERTAKER E. T. Peck (Address) Blackfoot, Ida.

20. FILED July 25, 1934 By Mrs. Walter E. Patrie Registrar.

Mrs Walter E Patrie

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from February 18th 1934, to July 24th 1934

I last saw him alive on July 24th 1934: death is said to have occurred on the date stated above, at 4:45 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILE DEMENTIA | Aug 1930 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. --

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify --

(Signed) Elmer R. Lowe, M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89734

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 125

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JOSEPH P. WILSON

(a) Residence. No. ... St. Boise, Idaho 77
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1845

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 88 | 8 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) --- (State or country) Indiana

FATHER

13. NAME John Wilson

14. BIRTHPLACE (city or town) -- (State or country) --

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) --- (State or country) --

17. INFORMENT (Address) Records of State Hosp. South, Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Basin Idaho Date ..., 193..

19. UNDERTAKER E. J. Peck (Address) Blackfoot

20. FILED July 18, 1934 Mrs. Walter E. Patrie (Registrar)
By Mrs Walter E Patrie

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11th, 1934, to July 18th, 1934

I last saw him alive on July 18th, 1934: death is said to have occurred on the date stated above, at 11:10 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILE DEMENTIA | 1932 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ..., 193..

Where did injury occur? -- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ---

(Signed) Chas. R. Love, M. D.

(Address) Supt. State Hosp. South, Blackfoot, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89735

PLACE OF DEATH
County of Fort Hall Reservation
City of
Registration District No. I2I-R
Primary Registration District No. 2I94*R
Local Registrar's No. II3
(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Nola Racehorse

(a) Residence. No. No Hospital St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Bannock 7/8 Shoshone 1/8 | - - - - |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - -

6. DATE OF BIRTH (month, day and year) July 7, I934

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | | | 3 | hrs. or min. |

8. OCCUPATION OF DECEASED - - - -
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

PARENTS

10. NAME OF FATHER John Racehorse

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Fort Hall Reservation

12. MAIDEN NAME OF MOTHER Nettie diggie

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Fort Hall, Idaho

14. Informant Nettie Diggie
(Address) Fort Hall, Idaho

15. Filed Aug. I, I934 Mrs. Walter E. Patric
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July II, I934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 19, to, 19
that I last saw h alive on, 19
and that death occurred, on the date stated above, at 4:00 A m.
The CAUSE OF DEATH* was as follows:

Rabar-T Pneumonia -
July 9 - 1934
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. J. Mattleman, M. D.
19 (Address) Fort Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Presbyterian Mission | July II 19 34 |
| 20. Undertaker None | Address |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

AUG 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89736

Local Registrar's No. II4

**PLACE OF DEATH**

County of Fort Hall Reservation Idaho

City of

Registration District No. I2I-R

Primary Registration District No. 2I94-R

(No. Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Alex Mc.Kee.

(a) Residence. No. Owyhee, Nevada St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice McKee

6. DATE OF BIRTH (month, day and year) I877

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 57 | ( No record ) | | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) C.C.Camp
(c) Name of employer

9. BIRTHPLACE (city or town), (State or country) Duck Valley, Nevada

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Ida Mc-Thatcher
(Address) Duck Valley, Nevada

15. Filed Aug. I, 1934 Mrs Walter E. Patrie
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July I5, I934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1934, to July I5, 1934
that I last saw him alive on July I5, 1934
and that death occurred, on the date stated above, at II:IOP m.
The CAUSE OF DEATH* was as follows:

Prostatitis- Chronic I93I
Carcinoma Prostate I933

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) E. L. Mathiesen, M. D.
(Address) Fort Hall, Idaho
, 19

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Owyhee, Nevada | 19 July I8, I934 |
| 20. Undertaker B.B.Dowmard, | Address Pocatello, Idaho |

AUG 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89737

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 115

(No. Beck Hospital, Eccles Bldg.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Audrey Brown

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 19, 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER

13. NAME Seth W. Brown

14. BIRTHPLACE (city or town) Alpine
(State or country) Utah

MOTHER

15. MAIDEN NAME Cassie Dorn

16. BIRTHPLACE (city or town) Rockville
(State or country) Utah

17. INFORMENT Seth W. Brown
(Address) Blackfoot, Ida RFD

18. BURIAL, CREMATION, OR REMOVAL
Place Riverside Cem Date July 8, 1934

19. UNDERTAKER E S Parker
(Address) Blackfoot Ida

20. FILED July 7, 1934 Mrs Walter E Stout
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to July 4, 1934
I last saw her alive on July 4, 1934; death is said to have occurred on the date stated above, at 10-30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ileo-Colitis | June 24 1934 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89738

**PLACE OF DEATH**
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 116
(No.) No Main Street - Montrose Hotel
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evert Honga

(a) Residence. No. Montrose Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) Aug. 28, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheep tenda

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Findland

FATHER

13. NAME Andrew Honga

14. BIRTHPLACE (city or town) (State or country) Findland

MOTHER

15. MAIDEN NAME Elizabeth Nybundas

16. BIRTHPLACE (city or town) (State or country) Findland

17. INFORMENT (Address) Mattuloda Rae 120 Tonquerista Dr. Long Beach Cal

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Long Beach Cal. Date ....., 193

19. UNDERTAKER E. T. Puk
(Address) Blackfoot, Idaho

20. FILED July 10, 1934 Mrs Dalen E. Hale Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7, 34 193

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934, 193..., to July 7, 1934 193...
I last saw him alive on July 7, 1934 193...; death is said to have occurred on the date stated above, at 12:40 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. W. Mitchell, M. D.
(Address) Blackfoot, Idaho.

44

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89740

**PLACE OF DEATH**

County of Fort Hall Reservation. Registration District No. 121-R

City of ..... Primary Registration District No. 2194-R

Local Registrar's No. 110

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** Mary Tyhee

(a) Residence. No. Fort Hall Reservation, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Bannock 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - - - - -

6. DATE OF BIRTH (month, day and year) 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | - - | - - - | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant Emma Kutch
(Address) Fort Hall, Idaho

15. Filed Aug. 1, 19 34 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 2, 1934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from - - - - - - 19 ..... to - - - - - - 19 .....
that I last saw her alive on No Doctor attending - - - - - - 19 .....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart, June 26, 1934

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) [signature], M. D.
....., 19..... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Butte Cemetery | July 19 34 |
| **20. Undertaker** | **Address** |
| Agency Carpenter | Ft. Hall, Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

AUG 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89741

Local Registrar's No. 111

**PLACE OF DEATH**

County of Fort Hall Reservation.

City of .....

Registration District No. I2I-R

Primary Registration District No. 2I94-R

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. **FULL NAME** Gootoosie Whitehorse (Gootootsie)

(a) Residence. No. Fort Hall Reservation, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Bannock 4/4 | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - Whitehorse

6. DATE OF BIRTH (month, day and year) I862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | - - | - - | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Fort Hall Reservation

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " "

14. Informant Edmo LeClair (Le Claire)

(Address) Fort Hall Reservation

15. Filed Aug. 1, 1934 Mrs. Walter E. Fabrie
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 2, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
No M.D. attending.
- - - - - , 19 - - , to - - - - , 19 .....

that I last saw h..... alive on ....., 19 .....

and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia June 26, 1934

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. F. Whiteman, M. D.

....., 19 ..... (Address) Ft. Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or ~~Removal~~ | Date of Burial |
|---|---|
| Butte Cemetery, | July, 4, 1934 |
| 20. Undertaker P.F. Downard | Address Pocatello, Ida |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89742

PLACE OF DEATH
County of Fort Hall Reservation
City of .....
Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. II2
(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Wilson Pat.

(a) Residence. No. Fort Hall Reservation, Idaho. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day and year) April 2, I9I8

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | I6 | 3 | 7 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Father's farm
(c) Name of employer

9. BIRTHPLACE (city or town) Fort Hall Reservation
(State or country)

PARENTS

10. NAME OF FATHER Jonnie Pat
11. BIRTHPLACE OF FATHER (city or town) Elko County, Nevada
(State or Country)
12. MAIDEN NAME OF MOTHER Annie Drink
13. BIRTHPLACE OF MOTHER (city or town) Fort Hall Reservation
(State or Country)

14. Informant James Clover
(Address) Fort Hall, Idaho

15. Filed Aug. I, 19 34 Mrs. Walter E. Patrick
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 9, I934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 4:00 A m.
The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C. Apr. I934

.....(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) E. L. Nuttleman, M. D.
....., 19... (Address) Fort Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Bannock Creek | July II, I934 |

| 20. Undertaker | Address |
|---|---|
| Agency Carpenter | Ft. Hall, Ida. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 7 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89743

County of Bingham
City of Blackfoot R.F.D. #2
Registration District No. 121
Primary Registration District No. 2196
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Alex Emil Shultz

(a) Residence. No. Blackfoot, Idaho St. R.F.D. #2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Caus | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 18 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aviation School

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 6 mos

12. BIRTHPLACE (city or town) (State or country) Clinton, Mass.

FATHER

13. NAME Alex Shultz

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Emily Schustus

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMENT (Address) Riverside Cem

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Riverside Cem Date July 20 193 4

19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho

20. FILED July 21, 193 4 Wm Hadlock Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 193 4

22. I HEREBY CERTIFY, That I attended deceased from April 30, 193 4, to July 19, 193 4

I last saw him alive on July 19, 193 4; death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Decompensation | July 19-34 |
| Bacterial Endocarditis | Oct 1933 |
| Hypertension | " " |
| Lobar Pneumonia | Feb 1934 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Angus E Miller, M. D.

(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89744

**PLACE OF DEATH**
County of BINGHAM
City of Blackfoot

Registration District No. 121
Primary Registration District No. 8194
Local Registrar's No. 126

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ELEANOR N. FOSTER

(a) Residence. No. ... St. American Falls, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | WIDOWED |

5a. If married, widowed, or divorced
HUSBAND of ---
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 78 | 0 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elizabeth
(State or country) New Jersey

FATHER

13. NAME John Rocklemany

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT Records of State Hosp So.
(Address) Blackfoot, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place American Falls Ida Date ..., 193

19. UNDERTAKER Ann Sales
(Address) Ann Sales Ida

20. FILED July 19, 1934 By Mrs. Walter E Patrie Registrar
Mrs Walter E Patrie

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7th, 1934, to July 19th, 1934

I last saw her alive on July 18th, 1934; death is said to have occurred on the date stated above, at 5:17 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILE DEMENTIA | 1922 |

Other contributory causes of importance:

HAS HAD A VERY IRREGULAR HEART FOR YEARS

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ..., 193

Where did injury occur? --
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ---

(Signed) Wm R. Lawson, M. D.
(Address) Supt. State Hosp. So. Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89745

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 134

(No. Beck Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Elizabeth Tyner

(a) Residence. No. E. Cleveland St. Idaho Falls, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5, 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 13 | 0 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Ida
(State or country)

FATHER

13. NAME Ernest E. Tyner

14. BIRTHPLACE (city or town) Winterset
(State or country) Iowa

MOTHER

15. MAIDEN NAME Mable Labrum

16. BIRTHPLACE (city or town) Idaho Falls,
(State or country) Ida

17. INFORMENT (Address) Ernest E Tyner

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date ....., 193..

19. UNDERTAKER Virgil McCann
(Address) Idaho Falls

20. FILED July 29, 1934 Mrs Hallie Hatch
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1934; to ....., 193..

I last saw h alive on 7-29, 1934; death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Auto Crash | |
| Fractured Skull | |
| Crushed Chest & | |
| Broken right | |
| Thigh. - On highway | |
| Other contributory causes of importance: | |
| Auto collided with | |
| bridge abutement. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 7-29, 1934

Where did injury occur? Blackfoot Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On highway

Manner of injury Auto crash

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Humphreys M.D.

(Address) Blackfoot Ida

AUG 7 1934

# PLACE OF DEATH

County of Bannock

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89746

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 135

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Cavenaugh

(a) Residence. No. 491 North University St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 85 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Henry Budweeks

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Street

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Lilly Darnall
(Address) 491 N University

18. BURIAL, CREMATION OR REMOVAL
Place Lyon City Cem. Date Aug. 2 1934

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Ida

20. FILED Jul 30 1934 Mrs. Blaine E. Adcock
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934., to July 30, 1934.
I last saw her alive on July 30, 1934.; death is said to have occurred on the date stated above, at 12:40 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| [redacted] | [redacted] 1934 |
| Myocarditis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Evans M. D.
(Address) Blackfoot Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89747

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 132

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Telford Brown

(a) Residence. No. 27 Dobel St St.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| M | Caus | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jenny Francis Brown

6. DATE OF BIRTH (month, day, and year) Feb. 11 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) July 27 1934

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Gibsonia Co. Ohio

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Henretta McClaffen

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Rhea Tucker

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place Fairview City Cem Date July 31st, 1934

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED July 29 1934 Mrs Rhea Tucker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to July 27, 1934

I last saw him alive on July 27, 1934: death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | July 27 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) August E. Miller, M. D.

(Address) Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89748

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 133

(No. N. Judicial)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marcus H. Colborn

(a) Residence. No. May, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Colborn

6. DATE OF BIRTH (month, day, and year) July 21, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | - | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) June 1934

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Baraboo (State or country) Wisconsin

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city, or town) (State or country)

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ava Colborn (Address)

18. BURIAL, CREMATION OR REMOVAL

Place L.C. Cem. Blackfoot Date 7-30 193 4

19. UNDERTAKER E.J. Peck (Address) Blackfoot 2nd Idaho

20. FILED Jul. 24, 193 4 M. Matuska Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-28 193 4

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 193 4, to 7-28, 193 4

I last saw him alive on 7-27 193 4 death is said to have occurred on the date stated above, at 3:20 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Prostate + Bladder | 6 mo |
| | |
| | |
| | |
| Other **contributory causes** of importance arteriosclerosis | |
| | |
| | |

Name of operation Urinal Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. C. Hamilton M.D.

(Address) Blackfoot Ida

AUG 7 1934

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89749

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Temperance Dancel

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) March 29-1859

7. AGE: Years 75 | Months 3 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Springfield Mo.

FATHER

13. NAME Asa Fuqua

14. BIRTHPLACE (city or town) (State or country) Springfield Mo.

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMANT (Address) Mat Dancel Hailey Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place F. C. E. Date July 13 1934

19. UNDERTAKER (Address) J. Hamilton Hailey Ida.

20. FILED 8-1..., 1934 P. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-3..., 1934, to 7-12..., 1934
I last saw her alive on 7-11, 1934 death is said to have occurred on the date stated above, at 2:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spotted Fever (tick) | 6-27-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) R. H. Wright M. D.
(Address) Hailey, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89750

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 20

(No. 9 ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George M. Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 8 - 1862

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Haven Michigan

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT E. A. Thompson (Address) Stanley Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Stanley Ida Date July 5 1934

19. UNDERTAKER G. Hamilton (Address) Hailey Ida

20. FILED 8-1, 1934 H. W. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to July 3, 1934.
I last saw him alive on July 1, 1934; death is said to have occurred on the date stated above, at 9.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arthritis Rheumatism | 1929 |
| Arteriosclerosis | |

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. Kirkbride M. D.
(Address) Hailey Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89751

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Augusta Scott

F 7

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Walter Scott.

6. DATE OF BIRTH (month, day, and year): July 12 - 1891

7. AGE — Years: 43 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper -

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

MOTHER FATHER

13. NAME: Richard Bergmon

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Augusta Rosenthal

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Walter Scott Hailey Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Salt Lake City Date July 14 1934

19. UNDERTAKER (Address): L. F. Hanks Hailey Idaho

20. FILED 8-1, 1934 R. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1934, to 7-12, 1934.

I last saw her alive on 7-12, 1934: death is said to have occurred on the date stated above, at 7.15 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1 yr |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Pernicious Anemia | 3 mo |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. W. [illegible] M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89752
State File No.

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 22

(No. ) Fx
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Braase

(a) Residence. No. St. 160
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): X

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ~~Her~~

6. DATE OF BIRTH (month, day and year) July 21 - 1934

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or 22 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** 1

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** X

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hailey
(State or country) Idaho

MOTHER FATHER

13. NAME Henry Braase

14. BIRTHPLACE (city or town) Hailey
(State or country) Ida.

15. MAIDEN NAME Inez Irvie

16. BIRTHPLACE (city or town) Carey
(State or country) Idaho.

17. INFORMANT (Address) H. J. Braase

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place F. O. E. Plot Date July 22, 1934

19. UNDERTAKER L. L. Harris
(Address) Hailey - Ida.

20. FILED Aug. 1, 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to July 21, 1934

I last saw h... alive on ..., 193..: death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Atelectasis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 1 1934

**PLACE OF DEATH**

County of Blaine

City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89753

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Christian Hager

129

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence H. Hunter

6. DATE OF BIRTH (month, day, and year) July 25-1877

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) McKees Port Penn.
(State or country)

MOTHER FATHER

13. NAME Albert C. Hager

14. BIRTHPLACE (city or town) Saxon
(State or country) Germany

15. MAIDEN NAME Ida Schmidt

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Florence H. Hager
(Address) Bellevue

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Bellevue Date Aug 1, 1934

19. UNDERTAKER .....
(Address) Hailey Ida.

20. FILED Aug 1, 1934 R. A. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to July 29 1934.

I last saw h alive on July 27 1934: death is said to have occurred on the date stated above, at 3:45 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic inter Nephritis | 3 days |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | 1 yr |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Hailey M. D.
(Address) Hailey Ida.

RECEIVED JUL 24 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boise

City of Placerville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89754

Registration District No. 1/2

Primary Registration District No. ... Local Registrar's No. ...

(No. Placerville, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha A. Gibbs

(a) Residence. No. ... St. Placerville
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | W. |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Zachariah J. Gibbs

6. DATE OF BIRTH (month, day, and year) Febr. 22, 1847

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 87 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ...

10. Date deceased last worked at this occupation (mo. and yr.) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Elias Baker

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT ... Mrs. J. N. Groomer
(Address) Placerville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Placerville Date 7-20-, 1934

19. UNDERTAKER W. McBratney, Boise.
(Address)

20. FILED 7/23..., 193... Jas E S Robeson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934, to ..., 193...
I last saw her alive on July 9, 1934; death is said to have occurred on the date stated above, at 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Failure of Organic function and Auto-infection | July 8 1934 |

Other **contributory causes** of importance:

Name of operation none Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) Chas H Fairchild, M. D.
(Address) Centerville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Clarksfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89755

Registration District No. 80

Primary Registration District No. 2157

Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1892

2. FULL NAME Roy Koeffel

(a) Residence. No. ..... St. Sandpoint, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Koeffel

6. DATE OF BIRTH (month, day, and year): February 15, 1893

7. AGE: Years 41 | Months 5 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Highway Grader Operator

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: State Highway Dept.

10. Date deceased last worked at this occupation (mo. and yr.): July 1934

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): East Rochester Ohio

MOTHER FATHER

13. NAME: Harvey H. Koeffel

14. BIRTHPLACE (city or town) (State or country): East Rochester Ohio

15. MAIDEN NAME: Martha Weaver

16. BIRTHPLACE (city or town) (State or country): East Rochester Ohio

17. INFORMANT (Address): Mrs. Josephine Koeffe; Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Idaho. Date July 27 1934

19. UNDERTAKER (Address): L. G. MOON Sandpoint, Idaho

20. FILED 7-27-1934 John Larson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Compound Fracture of the Skull from being thrown from drag against truck | 7-27-34 |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-27 1934
Where did injury occur? 1/2 mi. East Clarksfork
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Highway
Manner of injury Compound Fracture of Skull
Nature of injury Contusion as given above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify By working on Highway

(Signed) Dr. Ly Carone Coldwell M. D.
(Address) Sandpoint Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Midas

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89756

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore L. Sutton

(a) Residence. No. ..... St. Midas, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Osborne

6. DATE OF BIRTH (month, day, and year)
June 5, 1862

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 0 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) June25

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Maquoketa
(State or country) Jackson Co., Iowa

MOTHER FATHER

13. NAME Samuel Sutton

14. BIRTHPLACE (city or town) .....
(State or country) Ohio

15. MAIDEN NAME Sarah Fiilchraft

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Rose Osborne
(Address) Midas, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Broten, Idaho. Date July 3, 193.4

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED July 3, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to July 1, 1934.
I last saw him alive on June 27, 1934; death is said to have occurred on the date stated above, at 5.30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1933 |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteria Sclerosis | 1932 |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint, Ida.

AUG 8 1934

Dr. Stackhouse

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89757

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 56

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Grace Gordon

(a) Residence. No. 1208 Oak St. St.

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Pete Gordon

6. DATE OF BIRTH (month, day, and year): May 29, 1873

7. AGE — Years: 61 — Months: 1 — Days: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER FATHER

13. NAME: Edwin C. Wildermuth

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Julia Ann Royals

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Ray Kinsley Vancouver Wn.

18. BURIAL, CREMATION OR REMOVAL: Place Sandpoint Ida. Date July 6, 1934

19. UNDERTAKER (Address): F. G. Moon Sandpoint Idaho

20. FILED July 6, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 3 1934 193

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934 to July 3, 193.... last saw her alive on July 3, 1934; death is said to have occurred on the date stated above, at 6:45 A m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | Many years |
| Auricular fibrillation | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. P. Stackhouse, M. D.

(Address) Sandpoint, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Allen

AUG 8 1934

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89758

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 57

(No. Sunnyside)
(If death occurred in a hospital or institution, give its name instead of street and number)

182

2. FULL NAME Edwin Herman Lund

(a) Residence. No. R.F.D. No. 1 St.
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 21 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) July 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Mullan
(State or country) Idaho

MOTHER FATHER

13. NAME John Herman Lund

14. BIRTHPLACE (city or town)
(State or country) Sweden

15. MAIDEN NAME Tilda Worland

16. BIRTHPLACE (city or town)
(State or country) Finland

17. INFORMANT John H. Lund
(Address) R.F.D.1. Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Idaho. Date July 7, 193.4

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED July 7, 193.4 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4th. 1934. 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4 p...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |
| While Bathing | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 7/4 193.4
Where did injury occur? Sunnyside Dist...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Place
Manner of injury Lake Pend d' Oreille
Nature of injury Accidental Drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. B. Allen M.D. Coroner
(Address) Sandpoint, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 8

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89760
State File No.....

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 5-9

(No. 501 S. First Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Martha Traue

(a) Residence. No. 501 S. First Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

99c

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 22 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missoula (State or country) Montana

MOTHER FATHER

13. NAME Henry Traue

14. BIRTHPLACE (city or town) Indiana (State or country)

15. MAIDEN NAME Louise Johnson

16. BIRTHPLACE (city or town) Wisconsin (State or country)

17. INFORMANT Mrs. H. Traue (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Lincoln Cem. Place Sandpoint, Idaho. Date July 10, 1934

19. UNDERTAKER L. D. Moon (Address) Sandpoint, Idaho.

20. FILED July 9 1934. Viola Allen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1929., to July 8, 1934.
I last saw her alive on July 7, 1934. death is said to have occurred on the date stated above, at 9:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchiectasis | 1932 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F. H. Allen M. D.
(Address) Sandpoint, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 8

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89761

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 60

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Henry Graves

(a) Residence. No. St. Sagle, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Graves

6. DATE OF BIRTH (month, day, and year) March 10, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 71 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1933

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER/FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Laurence Graves (Address) Sagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem. Place Sandpoint, Ida. Date 7/14/34 193..

19. UNDERTAKER L.G.MOON (Address) Sandpoint, Idaho.

20. FILED July 12 193 4 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to July 9, 1934.
I last saw him alive on July 9, 1934; death is said to have occurred on the date stated above, at 3 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate Gland. | ! |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Cancel Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. S. Ross, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7F

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 89762

Local Registrar's No. 61

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Merwin Hayes

(a) Residence. No. 1 Natches City Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13, 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | 1 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yakima Wash

FATHER

13. NAME L. A. Hayes

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Stella Meikle

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) L A Hayes Natches Wash

18. BURIAL, CREMATION, OR REMOVAL Place Yakima Date Shipped July 14 1934

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED July 13, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to July 13, 1934

I last saw him alive on July 13, 1934; death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental burn | July 13-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-13, 1934

Where did injury occur? 2 mi N. Sandpoint Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Tourist park.

Manner of injury Cleaning motor with gasoline

Nature of injury Burning

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. F. Page, M. D.

(Address) Sandpoint Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 62

DO NOT WRITE IN THIS SPACE

State File No. 89763

(No. County Farm)

(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Reuben George

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) —

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country) Canada

FATHER

13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date July 18, 1934

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED July 18, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934, to July 17, 1934

I last saw h— alive on July 17, 1934; death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | July 17, 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cirtosis Sclerosis | 1930 |

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Taylor M.D., M. D.

(Address) Sandpoint Idaho

AUG 3

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 89764

Local Registrar's No. 63

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles J Lang

(a) Residence. No. Pine St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mandman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unobtainable
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Page Hospital Sandpoint
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date July 20, 1934

19. UNDERTAKER Tunnell Co
(Address) Bonners Ferry

20. FILED July 19, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to July 17, 1934

I last saw him alive on July 17, 1934; death is said to have occurred on the date stated above, at 9-15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the liver | ? |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Page, M. D.

(Address) Sandpoint Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89766

**PLACE OF DEATH**
County of Bonner
City of Clagstone
Registration District No. 45
Primary Registration District No.
Local Registrar's No. 9
(No. ●)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Jurgen Mc Daniel

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of William Mc Daniel

6. DATE OF BIRTH (month, day, and year) Sept. 26 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 9 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenfield (State or country) Indiana

FATHER
13. NAME William Jurgen
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Unknow
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT Edward Mc Daniel (Address) Burlington, Wash.
18. BURIAL, CREMATION, OR REMOVAL Place Spirit Lake Memorial Cemetery Date 7/17, 1934
19. UNDERTAKER Casper Funeral Home (Address) Coeur d'Alene Ida.
20. FILED July 16, 1934 a c Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/15 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to July 14, 1934
I last saw her alive on July 14, 1934: death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1) Frank Lobar Pneumonia (R.) | 7-9-34 |
| 2) C. H. D. | |
| 3) Gallstones & Cholecystitis | |
| 4) Hypertension | |

Other contributory causes of importance:
Shingles
Phlebitis L. Leg
Complete Uterus Prolapse

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) John W. Dehart, M. D.
(Address) Spirit Lake, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89767

Registration District No. 73

Primary Registration District No. 2114 Local Registrar's No. 133

(No. Idaho Falls L D S Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helm, Randolph J.

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 8, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

MOTHER FATHER

13. NAME John Lee Helm

14. BIRTHPLACE (city or town) (State or country) Grant, Idaho

MOTHER

15. MAIDEN NAME Hazel Luella Randall

16. BIRTHPLACE (city or town) (State or country) Grant, Idaho

17. INFORMANT (Address) John C. Helm Lake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grant Ida. Date 7/11, 193 4

19. UNDERTAKER (Address)

20. FILED 7/11, 193 4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 193 4

22. I HEREBY CERTIFY, That I attended deceased from July 8, 193 4 to July 9, 193 4

I last saw him alive on July 9 193 4 death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions (6 mos.) | |
| caused by nephritis | |
| and carcinoma mother. | |

Other **contributory causes** of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John C. Helm M. D.

(Address) Idaho Falls, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89768

Registration District No. 73
Primary Registration District No. 2 1 4 - 2 Local Registrar's No. 1 3 4
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hugh Victor Nielsen

(a) Residence. No. Shelley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 16, 1906
7. AGE: Years 28 | Months 3 | Days 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Day Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cozad Nebraska

FATHER
13. NAME: Anton Nielsen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Margaret Vieg
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Ray Nielsen, Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Manti, Utah Date: July 12, 1934

19. UNDERTAKER (Address): Jack A. Ward, Idaho Falls, Idaho

20. FILED 7/11, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9., 1934 to July 10., 1934.
I last saw him alive on July 9., 1934; death is said to have occurred on the date stated above, at 3.a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcic infection originating in the throat | Unknown |
| Other **contributory causes** of importance: | |
| Chronic pericarditis | several years |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? Yes.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Harry K. Nilsson, M. D.
(Address) Idaho Falls, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89769

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls. Registration District No. 13

Primary Registration District No. 2116 Local Registrar's No. 136

(No. L.D.S. Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

189C

2. FULL NAME Lillian Cranor.

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white. | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dewey Cranor.

6. DATE OF BIRTH (month, day, and year) 4-21-1896

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 | 2 | 13. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho.

FATHER

13. NAME William Davidson.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Harriett Burfee

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Dewey Cranor Darby, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Darby Ida. Date 7-15, 1934

19. UNDERTAKER (Address) V. F. McHan. Idaho Falls Ida

20. FILED July 16, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934, to July 16, 1934

I last saw her alive on July 14, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | July 14 |
| | 34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 14, 1934

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Tydom

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carlton, M. D.

(Address) Idaho Falls Ida.

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89770

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 137
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence Ellis Andrew

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (Write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 18 | 9 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** H.S. Student
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Menan Idaho

FATHER
13. NAME Joseph G. Andrew
14. BIRTHPLACE (city or town) (State or country) Salt Lake City

MOTHER
15. MAIDEN NAME Sarah Esther Ellis
16. BIRTHPLACE (city or town) (State or country) North Ogden Ut.

17. INFORMANT J. G. Andrew
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 16 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls Ida.

20. FILED July 16, 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934, to July 12, 1934
I last saw him alive on July 12, 1934; death is said to have occurred on the date stated above, at 4:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Compound basal and vault fracture skull. | July 11/34 |
| Other **contributory causes** of importance: | |
| None | |
| Decompression, re- | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 11, 1934
Where did injury occur? Home Farm
(Specify city or town, county, and state)
Specify whether injury occurred *in* **industry**, *in* **home**, or in **public place** Home
Manner of injury Kicked by horse
Nature of injury Compound basal fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Mellor, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89771

Registration District No. 73

Primary Registration District No. 21 4-0 Local Registrar's No. 138

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nathaniel Gardner

(a) Residence. No. 849 - 10th. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Rosetta B. Gardner

6. DATE OF BIRTH (month, day, and year) July 15, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Teamster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** City of Idaho Falls

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1933

11. Total time (years) spent in this occupation Five

12. BIRTHPLACE (city or town) (State or country) Payson Utah

MOTHER/FATHER

13. NAME Elias Gardner

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Eleantha Hanchett

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs. Rosetta B. Gardner (Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date July 20, 1934

19. UNDERTAKER John C. Shadley (Address) Idaho Falls

20. FILED July 1, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1933 to July 18, 1934

I last saw h[illegible] alive on M[illegible], 1934; death is said to have occurred on the date stated above, at 5:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| [illegible] | |
| Carcinoma | |
| Ulceration of Colon | 1933 |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Exploratory Date of Saturday

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89772

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 72-12
Primary Registration District No. 72-12 Local Registrar's No. 139
(No. Ed A Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Melvin Adolfson

(a) Residence. No. Firth Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 17 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. assistant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Firth Idaho

FATHER

13. NAME Joseph Adolfson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Ingrid O. Lewin
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Joseph Adolfson Firth Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Firth Idaho Date 7-20 1934

19. UNDERTAKER (Address) V. F. McClapp Idaho Falls Idaho

20. FILED July 19, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to July 18, 1934
I last saw him alive on July 17, 1934; death is said to have occurred on the date stated above, at 3:25 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Suppurative Appendicitis | June 9 |
| Other contributory causes of importance: | |
| General Peritonitis | July 10 |

Name of operation Appendectomy Date of June 11
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 1934
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 89773

County of Bonneville
City of Idaho Falls

# CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 214-0 Local Registrar's No. 1-4-0

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvin Olney

(a) Residence. No. ..... St. Blackfoot
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary A. Olney

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 52 | 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Day Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) June 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Utah

MOTHER FATHER

13. NAME Moroni D. Olney

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Louisa Hamilton

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT (Address) Mary A. Olney, Moreland, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rural, Ida. Date July 22 1934

19. UNDERTAKER (Address) John C. Handberg, Idaho Falls

20. FILED July 21, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934, to July 20, 1934
I last saw h-- alive on July 20, 1934: death is said to have occurred on the date stated above, at 6:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis Lethargica | July 8 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation none Date of
What test confirmed diagnosis? Clinical test Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89771

Registration District No. 73

Primary Registration District No. 2 N-D

Local Registrar's No. 141

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helena Jackson

(a) Residence. No. 328 N. Water St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. H. Jackson

6. DATE OF BIRTH (month, day, and year): June 28 1860

7. AGE — Years: 74 — Months: — — Days: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

MOTHER FATHER

13. NAME: Nilo Andrus

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Emma Corent

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Edna J. Johnson Hidden Valley, Calif

18. BURIAL, CREMATION, OR REMOVAL: Place Idaho Falls Date July 25 1934

19. UNDERTAKER (Address): John C. Lundberg Idaho Falls

20. FILED 7/23, 1934 C. E. Greenwood Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to July 21, 1934

I last saw h[illegible] alive on July 20, 1934; death is said to have occurred on the date stated above, at 7 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Diabetes | 1 yrs |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | 1 mo |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89775

Registration District No. 73

Primary Registration District No. 214-0 Local Registrar's No. 142

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Pillotte Jr.

(a) Residence. No. 278 Lomax St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 21 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country)

FATHER

13. NAME Arthur Pillotte

14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER

15. MAIDEN NAME Mildred Amundson

16. BIRTHPLACE (city or town) Minnesotta
(State or country)

17. INFORMANT Arthur Pillotte
(Address) Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 23, 1934

19. UNDERTAKER John C. Handberg
(Address) Idaho Falls.

20. FILED 7/23, 1934 C. Gustafson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to July 22, 1934

I last saw h~~im~~ alive on July 22 1934 death is said to have occurred on the date stated above, at 6:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (5 hrs) | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. O. Mellor M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89776

**PLACE OF DEATH**
County of Bonn
City of Ida. Falls
Registration District No. 23
Primary Registration District No. 2170 Local Registrar's No. 143
(No. Ida. Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel D. Jacobs

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 3 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) June 30
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) .....
(State or country) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMENT W. J. Wade Ida. Falls Ida.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ida. Falls Date 7-23, 1934 Burial

19. UNDERTAKER Virgil F. McGown
(Address) Ida. Falls, Ida.

20. FILED 7/23, 1934 C. J. Jensen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to July 21, 1934
I last saw h— alive on July 20, 1934: death is said to have occurred on the date stated above, at 3:15 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | June 29 |
| Paralysis. | |

Other contributory causes of importance:

old age

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) D. Hirst, M. D.
(Address) Idaho Falls

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89777

Registration District No. 23

Primary Registration District No. 21-2 Local Registrar's No. 144

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Osgood

(a) Residence. No. 306 N. Wale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | 2 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Ida.

MOTHER FATHER

13. NAME Leland Osgood

14. BIRTHPLACE (city or town) (State or country) Oakland Utah.

15. MAIDEN NAME Sylvia Hansen

16. BIRTHPLACE (city or town) (State or country) Lund Idaho

17. INFORMANT (Address) Leland Osgood Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 23 1934

19. UNDERTAKER (Address) John C. Sandberg Idaho Falls

20. FILED July 23, 1934. E. Jay Emmons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) H. D. Gilman, M. D.
(Address) Idaho Falls Ida

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2 1 1 c
Local Registrar's No. 143

DO NOT WRITE IN THIS SPACE
State File No. 89778

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Apgood

(a) Residence. No. 306 N Water St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1612

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): July 23 1934

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida.

FATHER

13. NAME: Leland Apgood
14. BIRTHPLACE (city or town) (State or country): Oakland Utah

MOTHER

15. MAIDEN NAME: Sylvia Hansen
16. BIRTHPLACE (city or town) (State or country): Lund Idaho

17. INFORMANT (Address): Leland Apgood Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 23 1934

19. UNDERTAKER (Address): John C. Handley Idaho Falls

20. FILED July 23, 193 4 C. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity 1 mo | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so specify.....
(Signed) [illegible], M. D.
(Address) Idaho Falls Ida

RECEIVED AUG 13 '34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89779

Registration District No. 73

Primary Registration District No. 21U-0 Local Registrar's No. 146

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jorgen Johannes Johannesen

(a) Residence No. 544 D. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 44 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jensine Johannesen

6. DATE OF BIRTH (month, day and year): Oct. 30 1853

7. AGE — Years: 80 — Months: 8 — Days: 23 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Bookkeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: and Secretary

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Oslo Norway

MOTHER FATHER

13. NAME: Anders Johannesen

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Asta Jones

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): A. A. Johannesen Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls Date: July 26 1934

19. UNDERTAKER (Address): John C. Sandberg Idaho Falls

20. FILED July 27, 1934 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 193.. to July 23, 193..

I last saw him alive on July 23, 193.. death is said to have occurred on the date stated above, at 1145 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | June 16 |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | ? |
| | 1 |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address) .....

RECEIVED JUL 29 1934

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89780

Registration District No. 73

Primary Registration District No. 2 1 7 0 Local Registrar's No. 147

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME McCauley, Samuel Arthur

(a) Residence. No. 254 Lava St. Idaho Falls, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. | min. |
|---|---|---|---|---|
| | | | 6 | 28 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME McCauley, Samuel James

14. BIRTHPLACE (city or town) American Fork
(State or country) Utah

MOTHER

15. MAIDEN NAME Goodwin, Marcella Bywell

16. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

17. INFORMANT Samuel J. McCauley
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Cem. Date July 29, 193 4

19. UNDERTAKER Mann
(Address)

20. FILED 7/29, 193 4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 193 4

22. I HEREBY CERTIFY, That I attended deceased from July 26, 193 4, to July 27, 193 4

I last saw him alive on July 26, 193 4. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| Duration one half months | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) John O. Nelson M. D.

(Address) Idaho Falls, Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89781

**PLACE OF DEATH**
County of Bonneville
City of Ida Falls

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 146

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Soland

(a) Residence No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 70 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) None

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ida Falls Date 7/27, 1934

19. UNDERTAKER Al Byce
(Address) Idaho Falls, Idaho.

20. FILED July 27, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to July 24, 1934
I last saw him alive on July 24, 1934: death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophy of Prostate | |
| Chronic Myocarditis | |
| Other contributory causes of importance: | |
| Arteriosclerosis | |
| Coronary sclerosis. | |

Name of operation Transurethral Resection Date of July 19-34
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. K. Abbott, M. D.
(Address) Idaho Falls, Ida

RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89782

**PLACE OF DEATH**
County of Bonn.
City of Ida. Falls.

Registration District No. 23
Primary Registration District No. 2170 Local Registrar's No. 149

(No. Ida. Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clifton Rush Leonille

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

FATHER

13. NAME Leon Adalbert Leonille

14. BIRTHPLACE (city or town) (State or country) Springville Utah

MOTHER

15. MAIDEN NAME Edith Alene Ainsworth

16. BIRTHPLACE (city or town) (State or country) Odessa Missouri

17. INFORMENT (Address) Leon A. Leonille Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ida. Falls Date 7-25, 1934

19. UNDERTAKER C. Bruce
(Address) Ida. Falls Ida.

20. FILED July 25, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to July 24, 1934
I last saw him alive on July 24, 1934; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart Lesion | |

Other contributory causes of importance:

| | |
|---|---|
| Ruptured Cord in birth | |

Name of operation None Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) L. Hirst, M. D.
(Address) Idaho Falls

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89783

Registration District No. 73
Primary Registration District No. 2 1 V-0 Local Registrar's No. 1 V-0
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darlene Stoner

(a) Residence. No. Rt. #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): July 26 1934
7. AGE: Years | Months: 7 | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls

FATHER
13. NAME: Willard F. Stoner
14. BIRTHPLACE (city or town) (State or country): Milo Idaho

MOTHER
15. MAIDEN NAME: Jane Fredine Andrus
16. BIRTHPLACE (city or town) (State or country): Neon Idaho

17. INFORMANT (Address): Fred J. Stoner Rt #1 Idaho Falls
18. BURIAL, CREMATION OR REMOVAL: Place Idaho Falls Date July 28 1934
19. UNDERTAKER (Address): John C. Lundberg Idaho Falls, Ida.
20. FILED July 27, 1934 Jean Fremmd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 27 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11:15 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature (6-7 mos.) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) John C. Mellor M. D.
(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89784

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 1 N 0 Local Registrar's No. 1 V-1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Fleming.

(a) Residence. No. Irwin Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female white
4. COLOR OR RACE:
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married Wallace W. Fleming

6. DATE OF BIRTH (month, day, and year): Nov 23 1854

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penn.

FATHER

13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Hicks
16. BIRTHPLACE (city or town) (State or country): Indiana.

17. INFORMENT (Address): Chas F Fleming Irwin Idaho,
18. BURIAL, CREMATION, OR REMOVAL: Idaho Falls Place July 29 Date 7-29. 193 4
19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida
20. FILED July 27, 193 4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 26 193 4

22. I HEREBY CERTIFY, That I attended deceased from July 25, 193 4, to July 26, 193 4
I last saw her alive on July 26, 193 4; death is said to have occurred on the date stated above, at 6:40 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | July 21-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Chronic myocarditis
Senility.

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. R. Abbott M. D.
(Address) Idaho Falls, Ida.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89785

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21V-0 Local Registrar's No. 1V-2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Ida Ulrich

(a) Residence. No. 242 — 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Ulrich

6. DATE OF BIRTH (month, day and year): Feb. 24 1880

7. AGE: Years: 54 | Months: 5 | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Altriebegau, Germany.

MOTHER FATHER
13. NAME: Heinrich Fitchner
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Augusta Sommer
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Charles Ulrich Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: July 31 1934

19. UNDERTAKER (Address): John C. Sayer Idaho Falls.

20. FILED July 30, 1934 (Signature) Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934, to July 28, 1934.
I last saw h[illegible] alive on July 28 1934, death is said to have occurred on the date stated above, at 6:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) G. C. Sederquist M. D.
(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89787
State File No.....

Registration District No. 13

Primary Registration District No. 214

Local Registrar's No. 154

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Laura Margaret Weeks

(a) Residence. No. Star Route St. Irwin, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE: Samuel Charles Weeks

6. DATE OF BIRTH (month, day, and year): October 13, 1864

7. AGE: Years 69 | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Smithfield Utah

FATHER

13. NAME: Horatio Merrill

14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER

15. MAIDEN NAME: Janet Harris

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Abram Weeks Star Route Irwin, Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Smithfield Utah Date: Aug 8 1934

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls

20. FILED Aug 7, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 5 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to Aug 5, 1934.
I last saw h[illegible] alive on Aug 5, 1934 death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Heart | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ✓ Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [signature] M. D.
(Address) Idaho Falls Idaho

RECEIVED JUL 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89788

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2/59
Local Registrar's No. 135

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Steven George Workman

(a) Residence. No. St Anthony, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Oct 20, 1933
7. AGE: Years | Months: 7 | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Anthony, Ida

MOTHER/FATHER
13. NAME: Wm L Workman
14. BIRTHPLACE (city or town) (State or country): Parker Idaho
15. MAIDEN NAME: Sarah McArthur
16. BIRTHPLACE (city or town) (State or country): Wilford Idaho
17. INFORMANT (Address): Wm L Workman St Anthony, Idaho
18. BURIAL, CREMATION OR REMOVAL: Place. Parker, Idaho Date June 4, 1934
19. UNDERTAKER (Address): W. M. Hawley St Anthony Idaho
20. FILED July 13, 1934 C. Christiansen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 3, 1934.
I last saw him alive on June 3, 1934.: death is said to have occurred on the date stated above, at 10: P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | ? |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. C. Hatch M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 89789

Registration District No. 59

Primary Registration District No. 2129

Local Registrar's No.

1. PLACE OF DEATH
County of Butte
City of Arco
If death occurs away from usual residence, give facts called for under special information.
(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Peter Richard Merrill

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Male | White | Married |

6. DATE OF BIRTH: November (Month) 24 (Day) 1881 (Year)

7. AGE: 52 Yrs. 8 Mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or established in which employed (or employer): Self employed

9. BIRTHPLACE (State or Country): Smithfield Utah

10. NAME OF Father: Samuel J Merrill

11. BIRTHPLACE OF FATHER (State or Country): Leki, Utah.

12. MAIDEN NAME OF MOTHER: Katherine Brown

13. BIRTHPLACE OF MOTHER (State or Country): Salt Lake City, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Ruth Merrill
(Address): Arco, Idaho

15. Filed July 28th 1934 M. G. Dietrich Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 26 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1934 to July 28 1934, that I last saw h.... alive on July 18 1934, and that death occurred on the date stated above, at 2-40 P.M.
The CAUSE OF DEATH* was as follows: Pericarditis with effusion

(Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary): Adhesive Pericarditis
(Duration) 2 yrs. 5 mos. ..... ds.
(Signed) A. H. Egbert M. D.
(Address) Arco Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Arco Idaho — DATE OF BURIAL: 7-29 1934

20. UNDERTAKER: A Buck — ADDRESS: Ida Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7/30-

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89790

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merrill Andrew Barton

(a) Residence. No. Wilder, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 23 - 1925

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 8 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School boy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Camas, Wash.

MOTHER FATHER

13. NAME L. C. Barton

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Josie Bell Davis

16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT L. C. Barton
(Address) .....

18. BURIAL, CREMATION OR REMOVAL.
Place. Wilder Date Aug. 3., 1934

19. UNDERTAKER C. V. Peckham
(Address) .....

20. FILED ....., 193. J. M. Montgomery
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 193. 4, to Aug. 1, 193. 4.
I last saw h[illegible] alive on Aug 1., 193. 4. death is said to have occurred on the date stated above, at 1:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Appendix | June 27. |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Drainage Date of 7/30 34

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Bell M. D.
(Address) Caldwell Idaho

Mont

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89791

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Nancy Tuckness

(a) Residence. No. R-4 Cal Dwell Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Tuckness

6. DATE OF BIRTH (month, day, and year): March 19- 1859

7. AGE: Years 75 | Months 4 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Missouri Galk County

MOTHER FATHER

13. NAME: Wm Bresheers
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Abigail Batton
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Elmer Tuckness

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Aug. 5, 1934

19. UNDERTAKER (Address): C. V. Beckham

20. FILED 8-6, 1934 H. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934, to Aug. 3, 1934
I last saw ~~her~~ alive on Aug. 3, 1934 death is said to have occurred on the date stated above, at 4:25 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Arterial Sclerosis | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) H. Montgomery, M. D.
(Address) Caldwell Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1006

DO NOT WRITE IN THIS SPACE

State File No. 89792

Local Registrar's No. 77

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank H. Grimmett

(a) Residence. No. 403 Cleve. Blvd. Caldwell, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Freda Opal Grimmett

6. DATE OF BIRTH (month, day, and year) August 5, 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Idaho.

FATHER

13. NAME S. H. Grimmett

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Lola Henderlider

16. BIRTHPLACE (city or town) (State or country) Kelton Utah.

17. INFORMENT (Address) S. H. Grimmett

18. BURIAL, CREMATION, OR REMOVAL Morris Hill
Place Boise, Idaho. Date 7/30, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 7/30, 1934 Mont Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934, to July 28, 1934
I last saw h.. alive on July 28, 1934; death is said to have occurred on the date stated above, at 2:30 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac dilation following acute arthritis | |
| Other contributory causes of importance: Bronchitis, hypertrophied liver. | |

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1934
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. W. Baker, M. D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89793

Registration District No. 1

Primary Registration District No. 1006 Local Registrar's No. 76

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Faris

(a) Residence. No. 523 Cleveland St. Caldwell Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Helen M. Faris

6. DATE OF BIRTH (month, day, and year): October 16 - 1853

7. AGE: Years: 80 Months: 9 Days: 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indianapolis Ind.

FATHER

13. NAME: Eli Faris

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Isabelle Jones

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Jessie B. Anderson

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date July 31, 1934

19. UNDERTAKER (Address): C. V. Peckham

20. FILED Aug 1, 1934 M Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to July 28, 1934

I last saw h....alive on July 26, 1934: death is said to have occurred on the date stated above, at 9:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Vascular | |
| Renal Disease | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) A. J. Newberry M. D.

(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 89795

Local Registrar's No. 74

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Juliette S.David

(a) Residence. No. R F D 1 St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 24 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon Cty
(State or country) Oregon

FATHER

13. NAME Henry Saffarens

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Elmira Day

16. BIRTHPLACE (city or town)
(State or country) Ills

17. INFORMENT Mrs W F Stine
(Address) Nampa Ida R 1

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 7-23-34 193

19. UNDERTAKER Paul L.Case
(Address) Caldwell Idaho

20. FILED 7/23, 193 W Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-21-34 193

22. I HEREBY CERTIFY, That I attended deceased from June, 193 3., to July 21, 193 4
I last saw h alive on July 21, 193 4 death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| senility | |

Other contributory causes of importance:

| | |
|---|---|
| Atrophic arthritis | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Montgomery, M. D.
(Address) Caldwell Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89796

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lauren L Voss.

(a) Residence. No. Mountainair N. Mexico St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 21 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mechanic

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mountainair N Mex

MOTHER FATHER

13. NAME Byron B. Voss

14. BIRTHPLACE (city or town) (State or country) Iyrogene Iowa

15. MAIDEN NAME Mabel L. Bridlow

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Cpl. Lt. Corps Mex

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Mountainair N. Mex Date ....., 1934

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 7/18, 1934 M. Mansfield Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to July 18 1934
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Pneumonia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Caldwell Idaho

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2007

Primary Registration District No. 3

DO NOT WRITE IN THIS SPACE
89797
State File No.

Local Registrar's No. 37

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Elizabeth Beyer

(a) Residence. No. Parma Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) Feb 21 18[illegible]

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | 4 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingston Texas.
(State or country)

FATHER

13. NAME Silvey

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT L J Silvey
(Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Caswell Date July 1st 193[illegible]

19. UNDERTAKER [illegible]
(Address) Caldwell Idaho

20. FILED 9-4, 193[illegible] Ethel Jurries
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 193[illegible], to June 29, 1934

I last saw her alive on June 21, 193[illegible]: death is said to have occurred on the date stated above, at 6-50 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Intersticial Nephritis. | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Senility | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Nyssa Ore

PATION is very important. See instruction on back of certificate.

AUG 5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89799

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 87

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Peggy Joyce Henson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 9th 1934

7. AGE: Years | Months | Days | If LESS than 1 day, 3 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nampa Idaho

FATHER

13. NAME: Sam Henson

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Grassie Orr

16. BIRTHPLACE (city or town) (State or country): Hauer Montana

17. INFORMANT (Address): Sam Henson Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL: Rohrerlawn
Place Nampa Ida. Date 7-11-1934

19. UNDERTAKER (Address): W. O. Talley Nampa Idaho

20. FILED Aug. 6, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-9-6 a.m., 1934., to 7-9-9 P.M., 1934.

I last saw her alive on 7-8, 1934.; death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature delivery | |
| Congestion or other | |
| Covering a due | |
| Cause) | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. O. Reed M. D.
(Address)

AUG 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89800
State File No.

Registration District No.

Primary Registration District No. 2006 Local Registrar's No. 90

(No. 2 miles no. Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James W. Call 89

(a) Residence. No. 2 miles no. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellen Call

6. DATE OF BIRTH (month, day, and year) Sept. 16th 1859

7. AGE: Years 74 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greencastle Indiana

FATHER

13. NAME Volney Call

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Amelia Chism

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Beulah Call
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Rohrbaugh
Place Nampa Ida Date 8—1—, 1934

19. UNDERTAKER Wm. D. Talley
(Address) Nampa Idaho

20. FILED Aug. 6 1934 Lydia Rudyers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-27- 1934

22. I HEREBY CERTIFY, That I attended deceased from January 22 1934, to July 27, 1934.
I last saw him alive on 7-26-, 1934.; death is said to have occurred on the date stated above, at 4:15 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | |
| Arteriosclerosis | |
| | |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) C. C. Bellinger M. D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89801

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Berle Dalman Jordan

(a) Residence. No. 7 mi. Franklin Road St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 28th 1919.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 15 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School boy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

FATHER

13. NAME — Dalman.

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Hasea Jordan
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Caldwell, Ida Date July 8, 1934

19. UNDERTAKER Wm. D. Tally
(Address)

20. FILED Aug. 4, 1934 Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-6 1934

22. I HEREBY CERTIFY, That I attended deceased from ~, 193~, to ~, 193~

I last saw h~~im~~ alive on ~, 193~, death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned while trying to save another life. | |
| Other **contributory causes** of importance: | |

Name of operation ~ Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 7/6 1934

Where did injury occur? Boise River 8 miles N. Nampa
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Boise River 8 miles North of Nampa Ida.

Manner of injury .....

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. D. Tally Coroner M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89802

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 86

(No. Samaritan Hospital) 147

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mirtie Cotton

(a) Residence. No. ..... St. Edgewood, Texas

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. R. Cotton

6. DATE OF BIRTH (month, day, and year) July 15th 1898

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 35 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME ——— Stewart

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Coleta Cochran Nampa
(Address) State Highway

18. BURIAL, CREMATION OR REMOVAL Cohleland
Place Nampa, Ida Date 7-13 ., 1934

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa Idaho

20. FILED Aug. 4 ., 1934. Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-11 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 ., 1934., to July 11 ., 1934.
I last saw her alive on July 11 ., 1934.; death is said to have occurred on the date stated above, at 11:P ..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cyst of Pancreas | Unknown |
| Complicating pregnancy | Jan. 17/34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Secondary anemia | Unknown |
| Bronchial Asthma | " |
| Pulmonary oedema | |

Name of operation ——— Date of ———

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Hall M.D., M. D.
(Address) Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89803

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME William Edward Blazer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie Blazer.

6. DATE OF BIRTH (month, day, and year): October 20th 1864

7. AGE: Years 69. Months 8. Days 22. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Common Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) ..... (State or country) Michigan.

FATHER

13. NAME Carmelles Blazer.

14. BIRTHPLACE (city or town) ..... (State or country) France.

MOTHER

15. MAIDEN NAME Matilda Zealon

16. BIRTHPLACE (city or town) ..... (State or country) Canada.

17. INFORMANT Mr. Bert Haynes (Address) Baker, Oregon

18. BURIAL, CREMATION OR REMOVAL, Interment

Place Nampa, Ida. Date 7-14-, 1934

19. UNDERTAKER Wm. D. Talley (Address) Nampa, Ida.

20. FILED Aug. 6., 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/12/1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to July 12, 1934

I last saw him alive on July 12 1934, death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocarditis, | |
| Nephritis. | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace E. Bellman, M. D.

(Address) Nampa Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89804

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 84

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Mercy Hospital)

2. FULL NAME Joseph Mellon

(a) Residence, No. Emmett Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-15-4

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 43 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cigar Store Clerk

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Mellon

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) Emmett Ida

17. INFORMANT (Address) Mrs. J. Mellon Emmett, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 7-16. 1934

19. UNDERTAKER F. E. Robinson
(Address)

20. FILED Aug 4. 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-15 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27., 1934., to 7-15., 1934.
I last saw him alive on 7-15., 1934.: death is said to have occurred on the date stated above, at 8:35 Am.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of liver | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. C. Wells M. D., M. D.

(Address) Nampa, Idaho

AUG 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89805

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 82

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bruce Arthur Ward

(a) Residence. No. Kurts Add St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W- | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-2-24

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 10 | 6 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colo.
(State or country)

FATHER

13. NAME H. C. Ward

14. BIRTHPLACE (city or town) D. Dak.
(State or country)

MOTHER

15. MAIDEN NAME Saundage

16. BIRTHPLACE (city or town) D. Dak.
(State or country)

17. INFORMANT H. C. Ward
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Kohlmeyers Date. 6/28, 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Aug 4, 1934 Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/24, 1934 to 6/26, 1934

I last saw him alive on 6/26, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonsilar Abcess | 6/19-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Abcess was Opened Date of 6/23-34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) C. D. Hunsaker M. D.
(Address) Nampa Ida

AUG 6

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH** Canyon STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Caldwell

City of Nampa

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89806

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 88

(No. 128 - 14th Ave. No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Caron

(a) Residence No. 128 - 14th ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos 3 ds. How long in U. S., if of foreign birth 4 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pulcherie Caron

6. DATE OF BIRTH (month, day, and year) June 16th 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 64 | 0 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stationery Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Hotel

10. Date deceased last worked at this occupation (mo. and yr.) 5-12-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saint Hubert Province of Quebec

FATHER

13. NAME Charles Caron

14. BIRTHPLACE (city or town) (State or country) Quebec, Can.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Rene Caron Caldwell Ida.

18. BURIAL, CREMATION OR REMOVAL Mt. Calvary
Place Nampa Ida. Date 7-10 1934

19. UNDERTAKER (Address) Wm. D. Talley Nampa Idaho

20. FILED Aug. 6, 1934. Lyda L. Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-8-1934.

22. I HEREBY CERTIFY, That I attended deceased from 3-5-, 1934., to 7-8-, 1934.

I last saw h.. alive on 7-8-, 1934.; death is said to have occurred on the date stated above, at 2:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 10-1-33. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Carcinoma | 7-1-34. |
| | |

Name of operation. Exploratory Date of 3-24-34.

What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. D. Kelly, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89807

**PLACE OF DEATH**

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Bertram McDonald

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. 5 mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Laona McDonald

6. DATE OF BIRTH (month, day, and year) March 15-1898

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 36 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springville (State or country) Utah.

FATHER

13. NAME Angus McDonald.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lula Simmons

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Eva L. McDonald. Aunt. Boise. Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rohlfing Mtn. Date 7/11, 1934

19. UNDERTAKER Wm. D. Gallup. (Address) Nampa

20. FILED 7/12, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ←, 193..., to ←, 193...

I last saw him alive on ←, 193...; death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coroners Jurie's Verdict | |
| He came to his death | |
| by a Gunshot Stab in | |
| Right Side of neck | |
| inflicted by his own Self | |

Other contributory causes of importance:

Was in County Jail for
shop lifting. Had had
Insanity hearing

Name of operation ← Date of ←

What test confirmed diagnosis? ← Was there an autopsy? ←

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury July 9, 1934

Where did injury occur? In County Jail, Caldwell, Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In County Jail

Manner of injury Stabbed Wound in Right neck.

Nature of injury Cutting superficial Carotids

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm D Gallup Coroner M. D.

(Address) Nampa Idaho

AUG 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS S...

State File No. 89808

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 83

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry D. Elliott

(a) Residence. No. 203 Selby St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/3/1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Elliott

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME McKellup

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs H. D. Elliott
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Nampa Ida Date 7/14, 193.4

19. UNDERTAKER F. R. Robinson
(Address) Nampa Ida

20. FILED Aug 4, 1934. Lydia A. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/11 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to July 11, 1934.

I last saw him alive on July 11, 1934: death is said to have occurred on the date stated above, at 7:15 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double Flu | |
| Bronchio Pneumonia | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. E. Wells, M. D.
(Address) Nampa, Idaho

AUG 8 1934

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**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89809

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 91

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Eugenia E. Lees Martin

(a) Residence. No. 220 - 15th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James L. Martin

6. DATE OF BIRTH (month, day, and year) August 1st 1864

7. AGE — Years: 69 | Months: 11 | Days: 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denver Colorado

FATHER

13. NAME: George B. Allen
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Abbie Eldridge
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Annabel Lees 220-15th Ave So Nampa Ida

18. BURIAL, CREMATION OR REMOVAL: Rohrerlawn
Place Nampa, Ida Date 7/17, 1934

19. UNDERTAKER (Address): Mrs. Nina M. Fallen Nampa Ida

20. FILED Aug. 6., 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/14/1934.

22. I HEREBY CERTIFY, That I attended deceased from 3/1/, 1934., to 2/14/, 1934.

I last saw h**er** alive on 2/14/1934.; death is said to have occurred on the date stated above, at 4:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of lung and Mediastinum | Feb. '34. |
| | |
| | |
| | |
| Other **contributory causes** of importance: Carcinoma of breast. | 1932. |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Exam. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. Kinney, M. D.

(Address) Nampa Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89810

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 80

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Miss. Marie G. Lowden

(a) Residence. No. Caldwell, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1842

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 91 | 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburg
(State or country) Pa.

FATHER

13. NAME George Lowden

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Nancy Jane Payne

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT (Address) Mrs. W. J. Boone Caldwell, Idaho ✓

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Aug. 9, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 8/9/, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 193 4; to Aug 7, 193 ; I last saw h alive on Aug 3, 193 4; death is said to have occurred on the date stated above, at 7.4 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Edema | 1 week |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic Nephritis | many yrs |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Case M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Idaho

## PLACE OF DEATH

County of Bannock

City of Pocatello

Soda Springs Registration District No. 8 2

Primary Registration District No. 7159 Local Registrar's No. 75

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Soda Springs Hospital)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89811

2. FULL NAME Clinton Dee Harris

(a) Residence. No. Soda Springs Hospital Pocatello Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 27 1901

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 32 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Truck Driver

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Produce

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marysville Utah

FATHER

13. NAME James Harris

14. BIRTHPLACE (city or town) (State or country) Lewiston Utah

MOTHER

15. MAIDEN NAME Frances Calhoun

16. BIRTHPLACE (city or town) (State or country) Smithfield Utah

17. INFORMANT (Address) George Harris Pocatello Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL Place Pocatello Date June 1 1934

19. UNDERTAKER (Address) T. L. McCann Pocatello Ida

20. FILED July 10, 1934 D. Russell Tyler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 193.4, to June 1, 193.4.

I last saw h. alive on June 1, 193.4: death is said to have occurred on the date stated above, at 2.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | May 7, 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Ventricular Extrasystoles | |
| Paroxysmal Tachycardia | May 31 " |

Name of operation ..... Date of .....

What test confirmed diagnosis? Electrocardiograph Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** No

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Evan M. Hockett, M. D.

(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 13 1934

**PLACE OF DEATH**

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89812

Registration District No. 84

Primary Registration District No. 2159 Local Registrar's No. 24

(No. Gambee Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10/10

2. FULL NAME Blanch Samble

(a) Residence. No. Grant St. Grace, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds, How long in U. S., if of foreign birth? yrs. mos. 2 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frank Samble.

6. DATE OF BIRTH (month, day, and year) Feb 11 1909

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 25 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lago Id.

FATHER

13. NAME John P Fowler.

14. BIRTHPLACE (city or town) (State or country) Lago Ida.

MOTHER

15. MAIDEN NAME Dine Jensen.

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. John P Fowler Grace

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Grand Id. Date July 13 1934

19. UNDERTAKER (Address) M W Hendricks Preston Id

20. FILED July 16, 1934 Dr Russell Tyson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934, to July 10, 1934

I last saw him alive on July 10, 1934; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia - Bilateral | 7-9-34 |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Russell Tyson, M. D.

(Address) Soda Springs, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cambia

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 7159

DO NOT WRITE IN THIS SPACE

State File No. 89813

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eunice Bilsmyer Nelson

(a) Residence. No. Evans Ida Mountain St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. C. Nelson

6. DATE OF BIRTH (month, day and year) Feb 14 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 4 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home-Wife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Manti Utah
(State or country)

FATHER

13. NAME Geo Pearce Bilsmyer

14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER

15. MAIDEN NAME Jerusha Shoemaker

16. BIRTHPLACE (city or town) Ill
(State or country)

17. INFORMANT C. C. Nelson
(Address) Soda Springs

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place Soda Springs Date 7-17 1934

19. UNDERTAKER Jos. L. Smith
(Address) Burial

20. FILED July 17, 1934 Dr Russell Tigert
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/12/34 193

22. I HEREBY CERTIFY, That I attended deceased from 7/8/34, 193..., to 7/12/34, 193...

I last saw h[illegible] alive on 7/12/34, 193...: death is said to have occurred on the date stated above, at ... p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Breast | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |
| | |

Name of operation ..... Date of ...

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) C. C. Nelson M. D.

(Address) Soda Springs Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89814

Registration District No. 82

Primary Registration District No. 7159 Local Registrar's No. 38

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hels Jacobsen

(a) Residence. No. ... Dingle, Idaho St. ...

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 15 — 1859

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT: MARTIN Hansen

(Address) Dingle Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place Dingle Idaho Date Jun 22 1934

19. UNDERTAKER: J. A. Williamson

(Address) Montpelier Idaho

20. FILED 7-7-34, 1934. Dr Russell Tigert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18., 1934, to June 21, 1934.

I last saw him alive on June 21 1934.: death is said to have occurred on the date stated above, at 3 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Age | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. H. Rich ..., M. D.

(Address) Soda Springs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89815

Registration District No. 82
Primary Registration District No. 259 Local Registrar's No. 79

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Larkins Thatcher

(a) Residence. No. ..... St. Thatcher, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Thatcher

6. DATE OF BIRTH (month, day, and year) May 3rd, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Co Pease

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corn & Peas

10. Date deceased last worked at this occupation (month and year) July 31

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Thatcher, Idaho

FATHER

13. NAME William F. Larkins

14. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

MOTHER

15. MAIDEN NAME Dora Woodhead

16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

17. INFORMENT (Address) Mrs. Cora T. Thatcher, Grace, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Thatcher Cem. Date Aug. 7, 1934

19. UNDERTAKER (Address) A. E. Johnson, Burley, Idaho

20. FILED July 31, 1934 D. Russell Tigert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934, to July 31st, 1934

I last saw her alive on 7/30/34, 193..: death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sub-Cutis Bacteriae Endocarditis | |

Other contributory causes of importance: None

Name of operation None Date of -

What test confirmed diagnosis? - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Ellis Karl Ley, M. D.

(Address) 7/31/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canbow

City of Soda Spgs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89816

Registration District No. 57

Primary Registration District No. 7159 Local Registrar's No. 40

(No. Canbow Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willaughby T. Kackley

(a) Residence. No. St. Calif
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Widower |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Malsie Kackley

6. DATE OF BIRTH (month, day, and year) Jan 6, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 78 | 6 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch

10. Date deceased last worked at this occupation (month and year) 1902

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Samuel H. Kackley

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Elizabeth McMinnemee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Ellis Kackley Soda Springs Ida

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Spokane Wash Date 8-5, 1934

19. UNDERTAKER (Address) E. D. Whitmer Soda Springs Idaho

20. FILED 8/1, 1934 D. Russell Tyrrell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/31/34 193

22. I HEREBY CERTIFY, That I attended deceased from 7/26/34, 193..., to 7/31/34, 193...

I last saw h... alive on 7/31/34, 193...: death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| None | |
| | |
| | |

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Ellis Kackley, M. D.

(Address) Soda Springs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89817

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME William Neil Mahoney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1927

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 6 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Albion, Idaho

MOTHER FATHER

13. NAME George Freeman Mahoney

14. BIRTHPLACE (city or town) (State or country) Albion, Idaho

MOTHER

15. MAIDEN NAME Vera Grace Hall

16. BIRTHPLACE (city or town) (State or country) Malta, Idaho.

17. INFORMANT (Address) George F. Mahoney

18. BURIAL, CREMATION OR REMOVAL
Place Albion Date 7/25, 1934

19. UNDERTAKER (Address) Burley Idaho

20. FILED 7/24, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22, ..., 193 4., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Palsy | ..... |
| Cerebral Hemorrhage | ..... |
| Found this child dead in | ..... |
| Crib having retired | ..... |
| Well | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | ..... |
| He was taken back to bed | ..... |
| Soon after | ..... |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury 7/22, 1934

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. B. Rasmussen, M. D.

(Address) Shelley, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89818

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 45

(No. Keggie's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

7401

2. FULL NAME Henry Haworth

(a) Residence. No. 1 Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** X

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** X

10. Date deceased last worked at this occupation (mo. and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Haworth

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT County Officer
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 7/20, 1934

19. UNDERTAKER D. E. Johnson
(Address) Burley Ida

20. FILED 7/19..., 1934 ... Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 193X., to 7/17, 193X.

I last saw h— alive on 7—16—193X.; death is said to have occurred on the date stated above, at 8.30a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| apoplexy | 7/15/34 |
| cerebral | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, what?.....

(Signed) ..... M. D.

(Address) .....

AUG 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89819

Registration District No. 17

Primary Registration District No. 2196 Local Registrar's No. 44

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

161

2. FULL NAME Leurial Poyncher

(a) Residence. No. Rupert Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | X |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day and year) July - 8 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** X

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** X

10. Date deceased last worked at this occupation (mo. and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Burley
(State or country) Ida.

FATHER

13. NAME Allen Smith Poyncher

14. BIRTHPLACE (city or town) Eager
(State or country) Ga.

MOTHER

15. MAIDEN NAME Cordelia Gunter

16. BIRTHPLACE (city or town) Nashville
(State or country) Tenn.

17. INFORMANT Allen Smith Poyncher
(Address) Rupert Ida,

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida Date July 12, 1934

19. UNDERTAKER Johnson & Mahtquay
(Address) Perry McCulloch

20. FILED 7/13..., 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 7—6..., 1934, to 7—10..., 1934.

I last saw h....alive on 7—10, 1934; death is said to have occurred on the date stated above, at 3:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth— | |
| Non assimilation of nourishment | takes |
| **Other contributory causes** of importance: | 4 days |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 19..

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Lelan Frazier, M. D.

(Address) Burley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89820

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 41

(No. Cottage Hospital Burley Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leland Rencher

(a) Residence. No. Rupert Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. 4 da. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | X |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) July 6-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** X

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** X

10. Date deceased last worked at this occupation (mo. and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Burley Ida.
(State or country)

FATHER

13. NAME Olen Smith Rencher

14. BIRTHPLACE (city or town) Eager
(State or country) Ariz.

MOTHER

15. MAIDEN NAME Cordelia Lyntz

16. BIRTHPLACE (city or town) Nashville
(State or country) Tenn.

17. INFORMANT Olen Smith Rencher
(Address) Rupert Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Idg. Date July 8, 1934

19. UNDERTAKER P. C. Johnson
(Address) Burley Ida.

20. FILED 7/7, 1934 Laura Green
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1934, to 7-6, 1934.

I last saw h...alive on 7-6, 1934: death is said to have occurred on the date stated above, at 11.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| Respiratory function | |
| not established | |
| properly | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) ...Ysl. and Traynor..., M. D.

(Address) ...Burley...Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 89821

Local Registrar's No. 43

(No. 118 N. Elba)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Cyrus Dobson

(a) Residence. No. 322 - North Elba St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 87 | 10 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tarlton
(State or country) Ohio

FATHER

13. NAME Oscar Dobson

14. BIRTHPLACE (city or town) Deerfield
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Edna J. Brewer
(State or country) Scotland

17. INFORMENT Mrs. B. Fothergill
(Address) 322 - N. Elba

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 7-19, 1934

19. UNDERTAKER J. J. Teague
(Address) Burley Idaho

20. FILED 7-19, 1934 Laura Green
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-8-, 1934, to 7-9-, 1934

I last saw him alive on 7-9-, 1934; death is said to have occurred on the date stated above, at 9305 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | |
| acute | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. L. Teague, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89822

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 42

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Dick Whiting Hall

(a) Residence. No. Rupert Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | X |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Nov. 22-1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** X

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** X

10. Date deceased last worked at this occupation (mo. and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Rupert Ida.

FATHER

13. NAME David Wm. Hall

14. BIRTHPLACE (city or town) (State or country) McCammon Ida.

MOTHER

15. MAIDEN NAME Luvern Whiting

16. BIRTHPLACE (city or town) (State or country) Mapleton Utah

17. INFORMANT (Address) David Wm. Hall Rupert Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Rupert Ida. Date 7/11..., 1934

19. UNDERTAKER (Address) L. E. Johnson Burley Ida.

20. FILED 7/9/..., 1934 Laura Greer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/9 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6,..., 193 4, to July 9,..., 193 4.

I last saw h....alive on July 7..., 193...; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | July 4-34 |
| Bacteriuria | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so specify.....

(Signed) L. M. Libby, M. D.

(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89823

**PLACE OF DEATH**

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 68

AUG 6

(No. Orofino Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Wing

(a) Residence. No. Lapwia (Usual place of abode) St. Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of — (or) WIFE of Beth

6. DATE OF BIRTH (month, day, and year) June 2 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 1 | 8. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Chas Wing

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Netalda Bradskey

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs C. Sweeney Lapwia

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 8/1, 1934

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 8-30, 1934 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30 193

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1934, to July 30, 1934

I last saw h... alive on July 30, 1934; death is said to have occurred on the date stated above, at 10. A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured bladder | 7/28/34 |
| Fracture pelvis | " |
| Other contributory causes of importance: | |
| Shock | 7/28/34 |

Name of operation Laparotomy Date of 7/28/34

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/28, 1934

Where did injury occur? Near Pierce (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In industry

Manner of injury Struck by falling log

Nature of injury Fracture pelvis - Ruptured bladder

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Logger

(Signed) C. T. Hopkins, M. D.

(Address) Orofino, Idaho

Over

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89824

**PLACE OF DEATH**

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 67

AUG 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Edward Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 24 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Ill

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) Ingland (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Irland (State or country)

17. INFORMENT John Smith (Address) Winchester Ida

18. BURIAL, CREMATION, OR REMOVAL Place Gilbert Ida Date July 29 1934

19. UNDERTAKER V. A. Eshelman (Address) Orofino

20. FILED 7-28, 1934 V. A. Eshelman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 193

22. I HEREBY CERTIFY, That I attended deceased from May 18 th, 1934, to July 26 th, 1934

I last saw h[illegible] alive on 7/26, 1934: death is said to have occurred on the date stated above, at 11.40 m. P

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Liver | unknown |

Other contributory causes of importance:

Typhoid Fever - May 18th to June 20th 1934

Name of operation ✓ Date of ✓

What test confirmed diagnosis? X Rays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. F. Robertson, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89825

**PLACE OF DEATH**
County of Clearwater
City of
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 66
AUG 6 [illegible]
(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edna Pearl Sutley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of S. R. Sutley

6. DATE OF BIRTH (month, day, and year) July 22 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 8 | 2 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Dak.
(State or country)

FATHER
13. NAME Chas Bishop
14. BIRTHPLACE (city or town) Mich.
(State or country)

MOTHER
15. MAIDEN NAME Alice Thurston
16. BIRTHPLACE (city or town)
(State or country) Ind

17. INFORMENT S. R. Sutley
(Address) Alm, Alberta, Leanda

18. BURIAL, CREMATION, OR REMOVAL
Place Alberta Cemetery Date , 193

19. UNDERTAKER W. A. Phillips
(Address) Orofino Idaho

20. FILED 7/21, 1934 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to July 20, 1934
I last saw h[illegible] alive on July 19, 1934: death is said to have occurred on the date stated above, at 6:35 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma | |
| Other contributory causes of importance: Jaundice and Ascites | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Robertson, M. D.
(~~Address~~) Harlan P. Kahler M.D
Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Grangemont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89826

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 65

AUG 1934

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank R. Slocum

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara A. Slocum

6. DATE OF BIRTH (month, day, and year) Jan 3 1859

7. AGE: Years 75 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm Work
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Slocum
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jesse D. Slocum (Address) Grangemont Ida
18. BURIAL, CREMATION OR REMOVAL Place. Orofino Ida Date. 7-16., 1934
19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida
20. FILED 7.16., 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4.00 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Wayne D. Nerves Coroner M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kearnaver

City of Orofino

AUG 6 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89827

Registration District No. 90

Primary Registration District No. 2157 Local Registrar's No. 64

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edison Thompson

(a) Residence. No. 1008 - 7th Street St. Lewiston, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) July 20, 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallock (State or country) Minnesota

MOTHER FATHER

13. NAME Stuart Thompson

14. BIRTHPLACE (city or town) Quebec (State or country) Canada

15. MAIDEN NAME Emily Margaret Kemp

16. BIRTHPLACE (city or town) Waterford (State or country) Ontario

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Lewiston Idaho Date 7/14, 1934

19. UNDERTAKER Bower - Mann Co. (Address) Lewiston Idaho

20. FILED 7/15, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1928, to July 14, 1934.

I last saw him alive on July 14 1934; death is said to have occurred on the date stated above, at 5.25 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy | 1908 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify?

(Signed) John Norris McKelvey M. D.

(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 89828

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 69

(No. Orofino Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Devereux

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | ? |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1847

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 87 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Orofino Hotel Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date 7-12, 1934

19. UNDERTAKER V. A. Shaw
(Address) Orofino Ida

20. FILED 7-11, 1934 V. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-10 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1934 to July 10, 1934
I last saw him alive on July 10, 1934; death is said to have occurred on the date stated above, at 12 30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterial sclerosis | Unknown |
| | |
| | |
| | |
| Other contributory causes of importance: Myocarditis, chronic | Unknown |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) P. J. Hopkins, M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Nezperce
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89829

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 6a

(No. Vale Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Katherine Cox

(a) Residence. No. 925-7th Avenue St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clifford Cox

6. DATE OF BIRTH (month, day, and year) Unascertained -

7. AGE — Years: 38 — Months: ? — Days: ? — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington

MOTHER FATHER
13. NAME: Isaac Whealdon
14. BIRTHPLACE (city or town) (State or country): Illinois
15. MAIDEN NAME: Emma Slingerland
16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Records State Hospital North Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston Ida Date: 7-9, 1934

19. UNDERTAKER (Address): Brosper Mann Co Lewiston Ida

20. FILED: 7-9, 1934. M. A. Thorn Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 8 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to July 8, 1934.
I last saw her alive on July 7, 1934; death is said to have occurred on the date stated above, at 1.45 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy | Years |
| Accidental burns of face, arms & back | 2 weeks |
| | |
| | |
| | |
| Other **contributory causes** of importance: Epileptic psychosis | Years |
| | |
| | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following: Accident 2 wks.
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? Lewiston Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Fell on stove
Nature of injury Burns of face, arms, hands, back

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Erwin McKelvey M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89830

Registration District No. 90

RECEIVED AUG 6 [illegible]

Primary Registration District No. 2157 Local Registrar's No. 61

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margarete A Noyes

(a) Residence. No. Orofino Idaho R.F.D. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Noyes

6. DATE OF BIRTH (month, day, and year) Dec 16-1880

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 53 | 6 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home Work

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Thomas Calvert

14. BIRTHPLACE (city or town) (State or country) New Brunswick

MOTHER

15. MAIDEN NAME Elida Preston

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Moses Noyes Orofino Idaho

18. BURIAL, CREMATION OR REMOVAL

Place. Orofino Ida. Date 7-5 ..., 1934

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 7-5 ..., 1934 .... W. A. Hall Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-2 1934

22. I HEREBY CERTIFY, That I attended deceased from None, 193..., to ....., 193....

I last saw h... alive on ....., 193.... death is said to have occurred on the date stated above, at 9:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute cardiac failure | 7-2-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Unknown | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) A. S. Hopkins, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Custer

City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 70

Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE
State File No. 89831

Local Registrar's No. 187

(No. 882)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mapeal Henning Lundberg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. Hazel Lundberg

6. DATE OF BIRTH (month, day, and year): May 12, 1888

7. AGE: Years 46 | Months 2 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): July 7, 1934

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Mt Pleasant, Utah

FATHER

13. NAME: August Lundberg

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Mrs Hazel Lundberg Mackay, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Mackay, Ida. Date: 7-19, 1934 Burial

19. UNDERTAKER (Address): A. L. Buck Ida. Falls, Ida

20. FILED: July 18, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/10/34, 193..., to 7/15/34, 193...

I last saw h[illegible] alive on 7/15/34, 193...: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | 1 day |
| Other contributory causes of importance: Chronic Endocarditis | Several years |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. P. Richards, M. D.

(Address) Mackay - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Custer
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76
Primary Registration District No. 2125-3

DO NOT WRITE IN THIS SPACE
89832
State File No.

Local Registrar's No. 188

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Bruce Fitzgarrald. 885

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 5 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Mine

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Jim Fitzgarrald Mackay, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Mackay Ida. Date 7-18, 1934 Burial

19. UNDERTAKER (Address) Otto Bruce Ella-Bruce Mackay Ida.

20. FILED July 18, 1934 Rose Nawoc Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/15/34, 193.., to 7/15/34, 193..

I last saw him alive on 7/15/34, 193..; death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 5 yrs ago — |
| Other contributory causes of importance: | |
| Chronic Arthritis | 10 yrs ago |

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Quartz Mining

(Signed) F. P. Reynolds M. D.

(Address) Mackay - Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89833

**PLACE OF DEATH**
County of Custer
City or Village Loon Creek Summit
Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 174
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Rudolph Rounds

(a) Residence. No. St. Ogden, Utah.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances E. Cowlishaw

6. DATE OF BIRTH (month, day and year) July 28th, 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 67 | 11 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Mgr. Soft Drink Parlor
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minneapolis, Minn.

PARENTS

10. NAME OF FATHER Mont Rounds,

11. BIRTHPLACE OF FATHER (city or town) (State or Country) U.S.

12. MAIDEN NAME OF MOTHER Lois Viola,

13. BIRTHPLACE OF MOTHER (city or town) (State or County) U.S.

14. Informant Mrs. F.R.Rounds
(Address) 2561 Orchard Ave. Ogden, Utah

15. Filed July 26, 1934. Elma McKinney Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 26th, (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cat led to scene of accident where I found him dead
Killed in Car accident -
Injuries about head - back
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) legs broken
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. L. Kirstine, M. D.
....., 19..... (Address) C.K. Office Ida

19. Place of Burial, Cremation, or Removal: Ogden, Utah — Date of Burial: July 29 1934
20. Undertaker: D. E. Johnson # 129 — Address: Burley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 89834

Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Carolina Sant

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of John Geo Sant

6. DATE OF BIRTH (month, day, and year) Feb 8 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mendon Utah

FATHER

13. NAME Christen Sornesen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Carolina Halverson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) John Geo Sant Clifton

18. BURIAL, CREMATION, OR REMOVAL Place Clifton Idaho Date July 6, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Aug 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to July 4, 1934
I last saw h[illegible] alive on June 20, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Heart Disease | |
| Chronic Parenchymatous Nephritis. | |

Other contributory causes of importance:

| | |
|---|---|
| Diabetis Melitis | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Eugene T. Bolles, M. D.
(Address) Preston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 8985

State File No. 8985

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A. Westerberg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Anna C. Westerberg

6. DATE OF BIRTH (month, day, and year): July 8 1876

7. AGE: Years 57 | Months 11 | Days 25 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Erick Westerberg
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Carolina Westerberg
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Anna C. P. Westerberg, Preston

18. BURIAL, CREMATION, OR REMOVAL
Place Minkcreek Date July 6, 193 34

19. UNDERTAKER: M. W. Hendricks
(Address)

20. FILED Aug 8, 1934 G. W. State Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 3 34

22. I HEREBY CERTIFY, That I attended deceased from 6-24-, 193 4., to 7-3, 193 4
I last saw h[illegible] alive on 7-3, 193 4.: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Jan-1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebral Hemorrhage | June 23-1934 |

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. R. Parker, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Franklin

City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 3119

DO NOT WRITE IN THIS SPACE

State File No. 89836

Local Registrar's No. 3

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John N. Booth

(a) Residence. No. Weston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Norton Booth, de

6. DATE OF BIRTH (month, day, and year) Mar 6 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 56 | 3 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bingham Utah

FATHER

13. NAME willis Booth

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Susannah Neff

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Neff Booth Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weston Idaho Date July 8, 1934

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED Aug 8, 1934 G. W. Yates Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept ....., 193 2, to July 5, 193 4

Last saw h[im] alive on July 5 193 4; death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocardial degenerations & decompensation | 1926 |
| Other contributory causes of importance: | |
| Arteriosclerosis & hypertension | 1924 |

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orson L. Downes, M.D.

(Address) Weston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89837

**PLACE OF DEATH**
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2114
Local Registrar's No. 4

(No. 2)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gilbert Waren Cafferty

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 8 1929

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairview Idaho

FATHER

13. NAME Gilbert Cafferty

14. BIRTHPLACE (city or town) (State or country) Fairview

MOTHER

15. MAIDEN NAME Ida Nuffer

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Gilbert Cafferty Fairview

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Idaho Date July, 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Aug 8, 1934 G. W. State Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934 to July 6, 1934
I last saw him alive on July 6, 1934, death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra-Cranial Hemorrhage accidental. | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Spinal puncture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 5, 1934
Where did injury occur? Fairview, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Horse kick angle of left jaw
Nature of injury Contusion left jaw & shoulder

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Orson L. Davis M. D.
(Address) Preston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Franklin
City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 219

DO NOT WRITE IN THIS SPACE
State File No. 89838

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aron James Chatterton

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Chatterton

6. DATE OF BIRTH (month, day, and year) June 27 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER

13. NAME Joseph Chatterton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Stone

16. BIRTHPLACE (city or town) (State or country) Illinoise

17. INFORMENT (Address) Sarah Chatterton wife Franklin Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Franklin, Id. Date July 14 193[illegible]
M. W. Hendricks

19. UNDERTAKER (Address) Preston Idaho

20. FILED Aug 8, 193[illegible] G. O. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1934, to July 10, 1934
I last saw h[illegible] alive on July 10, 1934 death is said to have occurred on the date stated above, at 1 P. m. (about)
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | June 10 '34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Senile Melancholia Dementia | 7 Mo |
| Paralysis | 6 mo |
| Decubitus Ulcers | 6 Mo |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) O. Wendell Budge M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89840

Registration District No. 99

Primary Registration District No. 3177

Local Registrar's No. 147

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Don Leo Hyatt

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2 - 1919

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 15 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

MOTHER'S FATHER'S

13. NAME George Amasa Hyatt

14. BIRTHPLACE (city or town) (State or country) Fairview Utah

15. MAIDEN NAME Lina Ann Howard

16. BIRTHPLACE (city or town) (State or country) Weaver Utah

17. INFORMANT (Address) Lina Ann Hyatt St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 9/10..., 1934

19. UNDERTAKER (Address) W. W. Hansen St. Anthony Idaho

20. FILED Aug. 9..., 1934 Sarah B. Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1934, to Aug., 193..

I last saw him alive on Aug. 7, 1934 death is said to have occurred on the date stated above, at 9:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra Cranial Hemorrhage | |
| from Skull fracture | 8/7/34 |
| involving bath vault & base | |
| Other **contributory causes** of importance: | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/7 1934
Where did injury occur? St. Anthony Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Public Swimming place
Manner of injury Struck head on rock
Nature of injury Fracture Vault & base of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89841

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 149

(If death occurred in a hospital or institution, give its name instead of street and number)

(No. )

2. FULL NAME Ruth Stoddard

(a) Residence. No. St Anthony Idaho St. 161 N

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25th 34

7. AGE — Years — Months 1 Day — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony Ida

MOTHER FATHER

13. NAME Wyman Mervin Stoddard

14. BIRTHPLACE (city or town) (State or country) Camas Idaho

15. MAIDEN NAME Annie Louisa Brown

16. BIRTHPLACE (city or town) (State or country) Parker Idaho

17. INFORMANT Wyman M Stoddard
(Address) St. Anthony

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 7/26 1934

19. UNDERTAKER C.M. Hanson
(Address) St. Anthony

20. FILED 7/26, 1934 Sarah B Wunsch
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934, to July 26, 1934.

I last saw her alive on July 25, 1934: death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) B. W. Kelly M D

(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89842

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 148

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elijah Allyn

(a) Residence. No. St. Anthony Idaho St. St. Anthony Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 28, 1857

7. AGE — Years: 77 Months: 3 Days: 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1924

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Liverpool England

MOTHER FATHER

13. NAME: Christopher Allen

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Elizabeth

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Dora McArthur St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Weeford Date: 7/16, 1934

19. UNDERTAKER (Address): Lon Hansen St. Anthony Idaho

20. FILED: Aug. 9, 1934 Sarah B. Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to July 12, 1934.

I last saw him alive on July 11, 1934; death is said to have occurred on the date stated above, at 2 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | |
| following Influenza | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis?.... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) T. A. Allyson M. D.

(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89844

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 145

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME Mary Ann Oakey

(a) Residence. No. Egin Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of ~~(or)~~ WIFE of Ernest Oakey

6. DATE OF BIRTH (month, day, and year) July 21-1890

7. AGE — Years: 43 — Months: 10 — Days: 15 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER
13. NAME Joseph Thomas Roberson
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Ozenath Moon
16. BIRTHPLACE (city or town) (State or country) St. George Utah

17. INFORMANT Ernest Oakey
(Address) St. Anthony Idaho Route 3

18. BURIAL, CREMATION OR REMOVAL
Place Clarion Date June 8, 1934

19. UNDERTAKER W. W. Hansen
(Address) St. Anthony Idaho

20. FILED 6/7, 1934 Sarah B. Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ...Nov....., 193.3, to ...June...5., 1934.
I last saw her alive on June 5., 1934: death is said to have occurred on the date stated above, at 5.12 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subphrenic abscess | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| General debility from long illness | |
| | |

Name of operation Cholecystectomy Date of 5/30/34
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. A. Gilbraith M. D.
(Address) St. Anthony Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89845

**PLACE OF DEATH**
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 944

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Otto A. Ruthardt

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 7-1869

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Henry Ruthardt
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Jona Aberhdelt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Otto A Ruthardt St Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rivirview Date 8/2, 1934

19. UNDERTAKER (Address) W. W. Hansen St. Anthony Idaho

20. FILED Aug 1..., 1934. Sarah B. Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31., 193.4., to ....., 193....
I last saw him alive on July 31 193.4: death is said to have occurred on the date stated above, at 12 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia from urinary obstruction due to prostatic hypertrophy | |
| Other **contributory causes** of importance: Umbilical hernia strangulated | |

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) T. A. Ellison M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89846
State File No.

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 143

(No. 182 E)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Hansen

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 6-1916

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 17 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milford Idaho

MOTHER FATHER

13. NAME Christian Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Sarah Ann Trenkaligh

16. BIRTHPLACE (city or town) (State or country) Bearlake Idaho

17. INFORMANT (Address) Mrs Sarah Ann Hansen St. Anthony Route 1

18. BURIAL, CREMATION OR REMOVAL
Place Milford Date June 21, 1934

19. UNDERTAKER (Address) Lon Hansen St. Anthony Idaho

20. FILED 6/21, 1934 Sarah B. Munch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 17 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17 193 4., to June 17, 193 4, I last saw him alive on June 17, 193 4: death is said to have occurred on the date stated above, at 5 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strain Contusion | |
| Following Automobile Bicycle Collision | 7/17/34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/17 1934
Where did injury occur? Yellowstone Hi way 17 near Ashton Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury Automobile-bicycle Collision
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jackson M. D.
(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89847
State File No.....

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 142

(No. Boyd A ; If death occurred in a hospital or institution, give its name instead of street and number)

182

2. FULL NAME Boyd Mrs Tolley

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 3 1932

7. AGE: Years 1 | Months 7 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, of particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): St. Anthony Idaho

MOTHER FATHER

13. NAME: Fred Tolley

14. BIRTHPLACE (city or town) (State or country): Teton Idaho

15. MAIDEN NAME: Elida Greenhalgh

16. BIRTHPLACE (city or town) (State or country): Rexford Idaho

17. INFORMANT (Address): Fred Tolley St. Anthony Idaho R.F.D 1

18. BURIAL, CREMATION OR REMOVAL
Place Rexford Idaho Date 7/3, 1934

19. UNDERTAKER (Address): W. M. Stanner St. Anthony Idaho

20. FILED 7-3, 1934 Sarah Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 7/2/1934, to 7/2/1934.

I last saw him alive on 7/2/, 1934.; death is said to have occurred on the date stated above, at 11:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned (Accidental) | 7/2/'34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? 7/2 Date of injury.., 1934

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home

Manner of injury..... Drowned

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.

(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of Teton Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89848

Registration District No. 99

Primary Registration District No. 9177 Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet M. Bird

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND (or) WIFE of: Charles Bird deceased
6. DATE OF BIRTH (month, day, and year): 1855
7. AGE: Years 78 | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country):

FATHER
13. NAME: Elisaha Clifford
14. BIRTHPLACE (city or town) (State or country): Ky -

MOTHER
15. MAIDEN NAME: Deborah Campbell
16. BIRTHPLACE (city or town) (State or country): Ill -

17. INFORMANT (Address): A M Bird

18. BURIAL, CREMATION OR REMOVAL
Place: Teton City Date: July 24, 1934

19. UNDERTAKER: Vern J. Kelly
(Address): Driggs Idaho

20. FILED July 27, 1934 Sarah B. Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1934, to 7-24, 1934.
I last saw her alive on 7-23, 1934: death is said to have occurred on the date stated above, at 5:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 7-16 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chr. Endocarditis | |
| | |
| | |

Name of operation: none Date of: .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. M. Reilly, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 6

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89849
State File No.....

County of Ada
City of Emmett

Registration District No. 6

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Garrett Forbes

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | wht | widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 14 - 1853

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Council Bluffs
(State or country) Iowa

MOTHER/FATHER

13. NAME Garrett Forbes

14. BIRTHPLACE (city or town) New York
(State or country)

15. MAIDEN NAME Parker

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Lee Charles Forbes
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 7/23, 1934

19. UNDERTAKER C O Buckmaster
(Address) Emmett Idaho

20. FILED 7/23, 1934 J K Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/21 1934

22. I HEREBY CERTIFY, That I attended deceased from April ....., 1934., to July 21....., 1934.
I last saw h alive on July 20 1934.: death is said to have occurred on the date stated above, at 8.9..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| old age and | ..... |
| Arteria Sclerosis | ..... |
| ..... | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J K Reynolds M. D.
(Address) Emmett Ida

RECEIVED AUG

#12,#15 & #21 AMENDED 6/11/98TLC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 89850

State File No.

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6

Primary Registration District No. Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Middleton Cooper

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | white | divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9 - 1911

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 23 | - | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah PENNSYLVANIA

MOTHER/FATHER

13. NAME John L. Middleton

14. BIRTHPLACE (city or town)
(State or country) Penn

15. MAIDEN NAME Mary Frykander BERTHA B. CRIGGS

16. BIRTHPLACE (city or town)
(State or country) Penn

17. INFORMANT J. L. Middleton
(Address) Olympia Wash

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 7/5, 1934

19. UNDERTAKER C. D. Buckheuer
(Address) Emmett Idaho

20. FILED ....., 193... J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) ~~JULY 1,~~ 7/5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental drowning | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....
(Signed) C. D. Buckheuer Coroner
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

6/11/98

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

# AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. #34-89850
Date Filed AUG. 6, 1934

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for MARGARET MIDDLETON CASPER (Name on Original Certificate) who DIED (Was Born, Died, etc.) on JULY 5, 1934 (Date of Event)

in EMMETT, IDAHO (GEM) (Place of Event) are erroneous or were omitted:

| ITEMS TO BE CORRECTED | FROM | TO |
|---|---|---|
| #12 BIRTHPLACE | OGDEN, UTAH | PENNSYLVANIA |
| #15 MOTHER'S MAIDEN NAME | MARG. LIGHTENER | BERTHA GRIGGS |
| #21 DATE OF DEATH | JULY 5, 1934 | JULY 1, 1934 |
| | | |
| | | |

Subscribed and sworn to before me this 11 day of June, 1998

Notary Public, Theresa L. Cleverley

Residing at Boise Idaho

My commission expires April 3, 2003

(Seal)

Gloria D Jones
Signature of Applicant

X 111 So Anderson St Kennewick WA
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___ )
(Is not necessary ___ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of.....

City of.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89851
State File No.....

Registration District No. 24

Primary Registration District No..... Local Registrar's No. 285

(No. Gooding Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Eugene Lufkin

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding
(State or country)

FATHER

13. NAME L R Lufkin

14. BIRTHPLACE (city or town) Oklahoma
(State or country)

MOTHER

15. MAIDEN NAME Emma Koonce

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT L R Lufkin
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 7-22-1934

19. UNDERTAKER A E Thompson
(Address)

20. FILED 7-31, 1934 J H Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 193.4, to 7-21, 193.4.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3.45 p m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| dysentery | |
| (cholera infantum) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J H Cromwell, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24

DO NOT WRITE IN THIS SPACE
State File No. 89852

Primary Registration District No. ..... Local Registrar's No. 984

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Addie M. Gaughey Reed

(a) Residence. No. Gooding Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | M |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of A G Reed

6. DATE OF BIRTH (month, day and year) Aug 2 - 1872

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 61 | 11 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Springfield Mo

FATHER
13. NAME J W. McGaughey
14. BIRTHPLACE (city or town) (State or country) Anderson Co Ky

MOTHER
15. MAIDEN NAME Margaret Carpenter
16. BIRTHPLACE (city or town) (State or country) Shelbyville Ky

17. INFORMANT Ruth Reed (Address) Gooding Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Ida. Date 7-20 1934

19. UNDERTAKER A E Thurman (Address) .....

20. FILED 7-31 ..., 1934 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18-1934 193

22. I HEREBY CERTIFY, That I attended deceased from 7-14 ..., 1934 ..., to 7-18 ..., 193 4 ..
I last saw her alive on 7-15 ..., 193 4 .: death is said to have occurred on the date stated above, at 3.45P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| [redacted] | |
| Metastatic carcinoma | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | |
| marked cachexia | |
| Myocardial weakness | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) J H Cromwell ....., M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89853

**PLACE OF DEATH**

County of Idaho

City of Stites

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 369

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Calvin Austin

(a) Residence. No. ..... St. Grangeville Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. — mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) June 22-34

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or 20 min. |
|---|---|---|---|
| — | — | — | 13 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Stites Idaho

FATHER

13. NAME Stanley Howard Austin

14. BIRTHPLACE (city or town) (State or country) Moran Prairie Washington

MOTHER

15. MAIDEN NAME Lenah Rosie Halford

16. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

17. INFORMENT (Address) Lenah Rosie Halford Grangeville Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Stites Date June 23, 1934

19. UNDERTAKER (Address) Family

20. FILED June 25, 1934 J. M. Seubert Kuns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934, to 12 PM - 22nd, 1934

I last saw him alive on June 22, 193.. : death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth 6 3/4 mo. | |

Other contributory causes of importance:

Mother acidosis and whooping cough

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wentworth, M. D.

(Address) Stites Idaho

AUG 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89854

Registration District No. 10 3

Primary Registration District No. 1 0 0 1 Local Registrar's No. 94

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

205-b

2. FULL NAME Lena Louise Markham

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amis Markham

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) June 24

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gotzinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Amis Markham
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date June 30, 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED 7-12, 1934 B. Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause not known only saw Corpse | 6-20-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Not known | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 8 1934

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89855

County of Idaho
City of Grangeville
Registration District No. 105
Primary Registration District No. 1001 Local Registrar's No. 98
(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Bert Hawes

(a) Residence. No. Whitebird, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place. Grangeville, Date. 7/2/34 193..

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED. Aug. 1, 1934 H. Chipman (B.H.) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 193

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934, to July 1, 1934
I last saw him alive on July 1, 1934, death is said to have occurred on the date stated above, at 8.9 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 6-28-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arterio Sclerosis | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. Chapman M. D.
(Address) Grangeville, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 8 1934

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89856

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 97

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Ellen Conners 57

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 22, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Sam McMeeken

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Rebecca Ross

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Sam McMeeken Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date June 24 34

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 8-1, 1934. B. Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 193

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to 6-21-, 1934.
I last saw h[illegible] alive on 6-21-, 193 4: death is said to have occurred on the date stated above, at [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | 1925 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 8 1934

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89857

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 96

(No. County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Owen Laswell

(a) Residence. No. Grangeville, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| About 65 | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 7/6/ 4

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 8/1, 1934 B. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to 7-7-, 1934.
I last saw h— alive on 7-7-, 1934 death is said to have occurred on the date stated above, at 3.9 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitis | 1-10-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) B. Chapman M. D.

(Address) Grangeville Ida.

RECEIVED AUG 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89858

## PLACE OF DEATH

County of Idaho
City of Whitebird

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 102

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dan W. Little 169

(a) Residence. No. Whitebird, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | W hite | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| about 84 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Shell Delmage
(Address) Whitebird, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 7/19, 1934

19. UNDERTAKER Glenn Culver
(Address) Grangeville Ida

20. FILED 8-1, 1934 J. B. Chipman (B. H.)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Jumped from W hitebird | |
| bridge into Salmon | |
| River drowning | |
| herself | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-17 1934

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Feeney, M. D.

(Address) Cornw. Ida. Co.

Grooken Ida

AUG 8 1934

**PLACE OF DEATH**
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8985 9

Registration District No. 103
Primary Registration District No. 1201 Local Registrar's No. 95
(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William David Hogan

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

129

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lulilla Hogan

6. DATE OF BIRTH (month, day, and year)
Nov 10, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 7 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) June 5

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Harlod Hogan Orgrande, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date June 12, 1934

19. UNDERTAKER (Address) Glenn Ailor Grangeville, Idaho.

20. FILED Aug. 1, 1934 B. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to June 10, 1934.
I last saw him alive on June 10, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy Cerebral Hem | June 10-34 |
| Heart | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Diabetes | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. D. Shamick M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 6 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89860

**PLACE OF DEATH**

County of Idaho

City of Riggins

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 101

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Thomas

175

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4, 1906

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 28 | 0 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)... California.....
(State or country)

FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town).... Ind.
(State or country)

MOTHER

15. MAIDEN NAME Gerty Rhineheart

16. BIRTHPLACE (city or town).... Ind
(State or country)

17. INFORMANT ... Ed Thomas
(Address) Riggins, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Grangeville Date. 6/30.., 193.4

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED. 8-1...., 193.4 B. Chipman
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ptomaine Poison | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) Geo. W. Freeburg, M. D.
(Address) Cannon Ida. Co. Grooka Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19..

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
(No. Our Lady of Consolation Hosp.)
File No. 89861
Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

**1. PLACE OF DEATH**

County of Kootenai
City of Cottonwood

**2. FULL NAME** Mrs. B. A. James. Bert

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED |
|---|---|---|
| F. | White | Married (Write the word.) |

**6. DATE OF BIRTH**

Dec. (Month) 3 (Day) 1890 (Year)

**7. AGE**

43 Yrs. 7 Mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

**8. OCCUPATION**

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business or establishment in which employed (or employer):

**9. BIRTHPLACE** (State or Country) Kansas.

**10. NAME OF FATHER** Fredrick H. Hansen

**11. BIRTHPLACE OF FATHER** (State or Country) Germany

**12. MAIDEN NAME OF MOTHER** Mary Hofschulte

**13. BIRTHPLACE OF MOTHER** (State or Country) Germany

**14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Mr. L. A. Hansen

(Address) Cottonwood, Idaho.

**15.**

Filed July 5 1934 — W. F. Orr — Local Registrar

## MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH**

July (Month) 2. (Day) 1934 (Year)

**17. I HEREBY CERTIFY,** That I attended deceased from June 25 1934, to July 2. 1934, that I last saw her alive on July 2. 1934, and that death occurred on the date stated above, at 8:40 P.M.

The CAUSE OF DEATH* was as follows:

Toxemia following Acute Obstruction of Ileum

(Duration) Yrs. 0 mos. 5 ds.

Contributory (Secondary) Resection of bowel.

(Duration) yrs. mos. 8 ds.

(Signed) Wesley F. Orr M. D.

7/5 1934 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18. LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

**19. PLACE OF BURIAL ~~OR REMOVAL~~** Ferdinand, Idaho — **DATE OF BURIAL** 7/5 1934

**20. UNDERTAKER** Glenn Tutor — **ADDRESS** Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-25 M. 1-16-13

# CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 89862
Registered No. 14

1. PLACE OF DEATH.
County of Idaho
City of Green Creek
(No. ..... ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Francis H. Russell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH. April (Month) 4 (Day) 1862 (Year)

7. AGE: 72 Yrs. 3 Mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Green Creek, Ida.

10. NAME OF FATHER: Herman H. Russell

11. BIRTHPLACE OF FATHER: Province Oldenburg (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Bernadina Eusman

13. BIRTHPLACE OF MOTHER: Province Oldenburg (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)
(Address): Green Creek, Idaho

15. Filed July 16 1934 — W. F. Orr, Local Registrar for D. B.

SYMS-YORK CO., PTRS. & BORS. 24658

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 15 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1934, to July 15 1934, that I last saw h[illegible] alive on July 15 1934, and that death occured on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH* was as follows:
Chronic Hypertonditis with valvular Lesions.

(Duration) 25 Yrs. mos. 7 ds.
Contributory (Secondary): Chronic Interstetial Nephritis

(Duration) 7 yrs. mos. ds.
(Signed) Shelley F. Orr M. D.
7/16 1934 (Address) Castleford, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Green Creek, Ida. DATE OF BURIAL: July 18 1934

20. UNDERTAKER: Brower-Vann, Lewiston, Ida. ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 6

PLACE OF DEATH

County of Idaho

City of Ella City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89863

Registration District No. 10 3

Primary Registration District No. 2181 Local Registrar's No. 100

(No. at Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME C. A. Jones

(a) Residence. No. Ella City Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

12 2

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | unknown | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Lewiston Ida Date ....., 1934

19. UNDERTAKER (Address)

20. FILED 8-1, 1934 B. Chapman (BN) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1933 to 7-7, 1934.

I last saw h— alive on 7-7, 1934; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |
| Complications of Old Age | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B. Chapman M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89864

**PLACE OF DEATH**

County of Idaho

City of Grangeville,

Registration District No.

Primary Registration District No. Local Registrar's No. 99

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Erwin Frazier

(a) Residence. No. Whitebird, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date July 26, 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 8-1, 1934 B. Chapman (BM)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1934, to 7-24, 1934
I last saw him alive on 7-24 1934 death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7-23-34 |
| | |
| | |
| | |
| Other contributory causes of importance: Arterio Sclerosis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

RECEIVED AUG [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89865

## PLACE OF DEATH

County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 104

(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olivie Hokanson

(a) Residence. No. ..... St. Salt Lake City, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of G A Hokanson

6. DATE OF BIRTH (month, day, and year) Oct 22 29 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) July 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

MOTHER

13. NAME Sarah Zucket

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. NAME A N Ireson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT G A Hokanson
(Address) 214 South 8 East Salt Lake

18. BURIAL, CREMATION OR REMOVAL
Place Removal Date 7-30, 1934

19. UNDERTAKER C A Hanson & Co
(Address) Grangeville

20. FILED 7-30, 1934 B S Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1934, to 7-29, 1934.
I last saw h~~e~~r alive on 7-29, 1934. death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | |
| Bronchial Pneumonia | 7-27-34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) B S Chapman M. D.
(Address) Grangeville Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89866

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 27

**PLACE OF DEATH**

County of Jefferson
City of Rigby
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Robbins.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 24, [redacted] 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 0 | 0 | 4 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Daniel C. Robbins.

11. BIRTHPLACE OF FATHER (city or town) Rigby, Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Louise Bush.

13. BIRTHPLACE OF MOTHER (city or town) Rigby, Idaho.
(State or Country)

14. Informant Dan Robbins
(Address) Rigby, Idaho. R. #3

15. Filed June 26, 1934 C. B. Eckersell
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 25 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1934 May 25, 1934
that I last saw him alive on May 25, 1934
and that death occurred, on the date stated above, at 6: A m.

The CAUSE OF DEATH* was as follows:
Non-closure of Tricuspid
Heart & alve.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted ✓ if not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) A. A. Anderson M. D.
June 26, 1934 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Rigby, Idaho. | 6/2/34 19 |

| 20. Undertaker | Address |
|---|---|
| None | Rigby |

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Bovill (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89867
State File No.....

Registration District No. 66

Primary Registration District No. 2145 Local Registrar's No. 205

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Malady

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 15, 1854

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | 4 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Potsville
(State or country) Pen.

FATHER

13. NAME Thomas Malady

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fitzpatrick

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT Tom Malady
(Address) Bovill, Ida.

18. ######## OR REMOVAL
Place Moscow, Ida. Date 5/31, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED May 31, 1934. E. B. Flaskatt
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 Pm.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| No M.D. in attendance. | ..... |
| Probably Chronic Myocarditis | ..... |
| ..... | ..... |
| ..... | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify .....

(Signed) H.R. Short Coroner M. D.

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89869

**PLACE OF DEATH**
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Eugene Gray.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5, 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 13 | 3 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lincoln, Idaho.

FATHER

13. NAME Jesse Silas Gray.

14. BIRTHPLACE (city or town) (State or country) Lehi, Utah.

MOTHER

15. MAIDEN NAME Della Lee.

16. BIRTHPLACE (city or town) (State or country) Milton, Utah

17. INFORMENT (Address) J. E. Gray Rigby, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rigby, Ida. Date 7/17 193 4

19. UNDERTAKER A B Eckersell. (Address) Rigby, Idaho.

20. FILED 7-17, 1934 A B Eckersell. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 193 4

22. I HEREBY CERTIFY, That I attended deceased from July 6, 193 4, to July 14, 193 4

I last saw him alive on July 14, 193 4; death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | July |

Other contributory causes of importance: None

Name of operation None Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193.

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H. J. Anderson, M. D.

(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89870

**PLACE OF DEATH**
County of Jefferson
City of Grant.

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Webster.

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Lydia Almeda Webster.

6. DATE OF BIRTH (month, day, and year) May 5, 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Isaac Webster.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Elizabeth Glover.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Jas H. Ellis Idaho Falls, R. #5

18. BURIAL, CREMATION, OR REMOVAL Place Grant, Idaho. Date 7/22, 1934

19. UNDERTAKER (Address) A B Eckersell Rigby, Idaho.

20. FILED July 21 1934 A B Eckersell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to July 18, 1934
I last saw him alive on June 12, 1934; death is said to have occurred on the date stated above, at 8:45A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1932 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Orville Idaho Falls, Idaho. M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jefferson
City of Annis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 89871

Local Registrar's No. 39

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gilda Loree Brown.

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 9, 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 4 | 11 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc ....
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Annis, Idaho.

FATHER
13. NAME Reed Smith Brown.
14. BIRTHPLACE (city or town) (State or country) Annis, Idaho.

MOTHER
15. MAIDEN NAME Zirie Hatch.
16. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

17. INFORMENT (Address) Reed S. Brown Lorenzo, Idaho. R. #1

18. BURIAL, CREMATION, OR REMOVAL Place Annis, Idaho. Date 8-1, 1934

19. UNDERTAKER (Address) C. E. Bennett Rigby, Idaho.

20. FILED 8-1, 1934 C. E. Bennett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/27, 1934, to 7/29, 1934
I last saw h alive on 7/29, 1934: death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | 7/29/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Measles - some bronchio pneumonia
not under my care

Name of operation .... Date of ....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Earl Jones, M. D.
(Address) Rigby, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89872

**PLACE OF DEATH**
County of Jefferson
City of Menan

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 4D

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Gray

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Babe |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 31, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, 3 hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Menan
(State or country) Idaho

FATHER
13. NAME James G. Gray
14. BIRTHPLACE (city or town) Menan, Idaho
(State or country)

MOTHER
15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (city or town) Burton
(State or country) Idaho

17. INFORMENT (Address) Jeannie W. Gray Menan

18. BURIAL, CREMATION, OR REMOVAL
Place Annis, Idaho Date Aug. 1, 1934

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Ida.

20. FILED Aug. 1, 1934 A. B. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/31, 1934, to 7/31, 1934
I last saw her alive on 7/31, 1934; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth, Heart | |
| 6½ mo. Gestation | |
| | |
| | |
| Other contributory causes of importance: | |
| None known | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Carl D. Jones, M. D.
(Address) Roberts Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 89873

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME Albey Merwin Prentice

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Emely Evelin Prentice

6. DATE OF BIRTH (month, day, and year): Jan 31. 1884

7. AGE — Years: 50 — Months: 5 — Days: 22 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: assistat miller

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Jerome Flour Mill

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Warn Prentice

14. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER

15. MAIDEN NAME: Mary Jane Carter

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Floyd Prentice

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place: Torrington Wyo. Date: July 25 1934

19. UNDERTAKER (Address): J.R. Wiley Jerome Idaho

20. FILED: 7/30, 1934 Chas. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to July 23, 1934.
I last saw him alive on July 22 1934; death is said to have occurred on the date stated above, at 7:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ludwigs Angina | July 23, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Tonsillitis | |
| Peritonsillar Abscess | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so specify .....

(Signed) Reuben C. Matson M. D.

(Address) Jerome Idaho

AUG 7 1934

# PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89871

10 10

2. FULL NAME George H Graves

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie J Graves

6. DATE OF BIRTH (month, day, and year) Feb 9 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 86 | 5 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER

13. NAME ——— Graves

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Not Known

FATHER

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Hattie J Graves Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date July 22, 1934

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 7/24, 1934 Chas. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to July 20, 1934.
I last saw him alive on July 20, 1934; death is said to have occurred on the date stated above, at 8:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | July 19, 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| General Debility for Several Years | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Reuben C. Matson M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6.8

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89875

49

2. FULL NAME Lillie May Fields

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W J Fields

6. DATE OF BIRTH (month, day, and year) May 8 1876

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 2 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Warm Fall
(State or country)

FATHER

13. NAME Frederick Rembe

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Emma Baker

16. BIRTHPLACE (city or town) .....
(State or country) Ohio

17. INFORMANT W. J. Fields
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date July 16, 1934

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED 7/16/ 1934 Chas. F. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to July 14, 1934.

I last saw her alive on July 5, 1934; death is said to have occurred on the date stated above, at 4:50 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid | Sept 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Colostomy Date of May 26, 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben E. Matson, M. D.

(Address) Jerome Idaho

AUG 7 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89876

2. FULL NAME Heber James Carlisle

(a) Residence. No. 6 mi S W. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME Heber John Carlisle

14. BIRTHPLACE (city or town) (State or country) Logen Utah

MOTHER

15. MAIDEN NAME Lizzie Ohara

16. BIRTHPLACE (city or town) (State or country) Aberdeen Washington

17. INFORMANT H. J. Carlisle
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date July 26, 1934

19. UNDERTAKER F. R. Wiley
(Address) Jerome Idaho

20. FILED 7/29 1934 C. A. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to July 23, 1934
I last saw h... alive on July 23, 1934 death is said to have occurred on the date stated above, at 5:10 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro-Enteric | |
| Intoxication | |
| with convulsions | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify? .....

(Signed) Chas. A. Zeller, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8987

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

**PLACE OF DEATH**

County of Jerome

City of Jerome

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME C. Wesley Gill

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Sarah Conger

6. DATE OF BIRTH (month, day, and year) Feb 22, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 4 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Transfer Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frankfort Kansas

FATHER

13. NAME Jackson Gill

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Jane Grimes

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Ed. Gill Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date July 24, 1934

19. UNDERTAKER D. A. L'Heureux (Address) Jerome, Idaho

20. FILED 7/24, 1934 Chas. T. Zeller Registrar. Jme

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to July 21, 1934

I last saw h.. alive on July 20, 1934; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mesenteric Thrombosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation 220 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter.l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas. T. Zeller, M. D.

(Address) Jerome, Ida.

AUG 7 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE

State File No. 89878

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Samuel Rodd.

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mabel Rodd

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 29 | 2 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Carthage South Dakota

FATHER

13. NAME Henry Rodd

14. BIRTHPLACE (city or town) (State or country) Wisconsin.

MOTHER

15. MAIDEN NAME Kate Tonner

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mabel, Rodd. Jerome Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date March 9, 1934

19. UNDERTAKER D. A. L. Henrisson (Address) Jerome

20. FILED 3/12, 1934 Chas. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7. 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Mar 7, 1934

I last saw him alive on Mar 6, 1934: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1930 |

Other contributory causes of importance:

Name of operation no Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Reuben C. Matson, M. D.

(Address) Jerome Idaho

RECEIVED JUL 2[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89879

Registration District No. 3a

Primary Registration District No. 1050

Local Registrar's No. 256

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clent M Chas. O'Bourne

(a) Residence. No. Mullan Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Elizabeth Akers

6. DATE OF BIRTH (month, day, and year) 7-29-1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Policeman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Goodyear Rubber Co.

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME Peter O'Bourne

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Anna Hartshorn

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. K. O'Bourne Wife
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest, Ida. Date 7-23 1934

19. UNDERTAKER Mowrys
(Address)

20. FILED 7-25-, 1934. E. L. Apsley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934, to July 20, 1934.
I last saw him alive on July 20 1934: death is said to have occurred on the date stated above, at 3:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 5 wks |

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Apsley, M. D.
(Address) Coeur d'Alene Ida

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N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89880

Registration District No. 30

Primary Registration District No. 1056 Local Registrar's No. 245

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonora Josephine Simpson

(a) Residence. No. 31 Best Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 2 mos. — (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: LeRoy Simpson

6. DATE OF BIRTH (month, day, and year): 1892 - Dec. 7

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 41 | 6 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): July 1933

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jumbrota Minn.

MOTHER FATHER

13. NAME: Michael J. Olson

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Lena Foss

16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMANT (Address): LeRoy Simpson

18. BURIAL, CREMATION OR REMOVAL: Forest - Place Coeur d'Alene Idaho Date 7-2, 1934

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene, Idaho

20. FILED 7-5-, 1934. E. L. Crothy, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933 to June 30, 1934.

I last saw her alive on June 29, 1934.: death is said to have occurred on the date stated above, at 5.9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Alexander Barclay, M. D.

(Address) C. d'A.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Kootenai

City of State Line.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89882

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 248

(No. 196)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Cobb

(a) Residence. No. 320 1. Way; Coeur d'Alene, Idaho St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S. if of foreign birth? 5 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rose Cobb.

6. DATE OF BIRTH (month, day, and year) Nov. 15-1897

7. AGE: Years 36; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lineman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Wash. Water

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 1918

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Washington C. Cobb

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Aberenthy

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Rose Cobb Spokane, Wash.

18. ~~BURIAL, CREMATION OR~~ REMOVAL Place White Pine, Montana Date July 3-1934

19. UNDERTAKER (Address) Smith and Company Spokane, Wash.

20. FILED 7-16-, 1934. C. L. Spokane M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3- 1934

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ..., 193..., to ..., 193....

I ~~last saw~~ did not see him alive on 7-3..., 1934; death is said to have occurred on the date stated above, at 9 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Electrocuted by Contact with high tension Wire | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-3, 1934

Where did injury occur? 1 mi E. Ida-Wash State Line
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry on power line

Manner of injury .....

Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify .....

(Signed) ..... C. L. Reed Coroner M. D.

(Address) Coeur d'Alene Ida.

RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89883

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 249

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin D Best

(a) Residence. No. 9th & Best St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie B. Best

6. DATE OF BIRTH (month, day, and year): August 1, 1856

7. AGE: Years 78 | Months 11 | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: (Farmer)

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): New Haven Adams Co. Wisconsin

FATHER

13. NAME: Alexander Best

14. BIRTHPLACE (city or town) (State or country): Do not know

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Vernon Best Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL. Place: Forest Cemetery Date: 7/8, 1934

19. UNDERTAKER (Address): Casady Funeral Home Coeur d'Alene

20. FILED 7-16, 1934. E. L. Dahmy M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to July 6, 1934.

I last saw him alive on Apr 8, 1934; death is said to have occurred on the date stated above, at 8 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bright's Disease | |
| Chronic Myocarditis | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... C. A. Reed, M. D.

(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 89884

Local Registrar's No. 253

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Albert DeLuca

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 46 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1890-10-30

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 7-3-1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harley Wis

FATHER

13. NAME Baptist-DeLuca

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Cristena Fasoltoni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) John DeLuca Harrison Ida

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Ida Date 7-6-, 1934

19. UNDERTAKER Casredy Figured Home
(Address) Harrison Idaho

20. FILED 7-17-, 1934 E. L. Sparks, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 7-3, 1934; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wound | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 7-3, 1934
Where did injury occur? Harrison Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Gunshot
Nature of injury Gunshot

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) C. A. Reed Coroner, M. D.
(Address) Coeur d'Alene Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89885

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 255

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard S. Glenn

(a) Residence. No. 1222 Pennsylvania Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Margaret Glenn

6. DATE OF BIRTH (month, day, and year) 1880 12-25

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER FATHER

13. NAME Geo. Glenn

14. BIRTHPLACE (city or town) (State or country) Don't Know

15. MAIDEN NAME —— Barnes

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT (Address) Margaret Glenn

18. BURIAL, CREMATION OR REMOVAL Forest - Place Coeur d'Alene Ida. Date 7-17-, 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 7-20-, 1934 E. L. Sparks, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-15- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to July 15, 1934

I last saw him alive on 7/10, 1934; death is said to have occurred on the date stated above, at 1:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis decompensated from | 6/20/34 |
| Other **contributory causes** of importance: Kidney stones and acute infection left kidney. | about May 1934 |

Name of operation None Date of .....

What test confirmed diagnosis? Was cancer or tumor present?

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, so specify .....

(Signed) E. L. Sparks, M. D.
(Address) Kathleen Apts

RECEIVED

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89886

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 252

(No. 417 Garden)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Young 164

(a) Residence. No. Mattheton Gulch, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane

6. DATE OF BIRTH (month, day, and year) 9-9-1849

7. AGE Years 91 Months 9 Days 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Nova Scotia Can

MOTHER FATHER

13. NAME — Young

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary Gray

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Ray C. Young Coeur d'Alene

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Date 7-16, 1934

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene

20. FILED 7-16-, 1934. E. L. Larkin, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14., 193.4., to July 14., 193.4.

I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at 7:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old Age 91 years | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance: Gastric indigestion 3-5 years

Assembly Ca of Stomach

Name of operation. None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury No

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. L. Larkin, M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Kootenai

City of Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 89887

Local Registrar's No. 253

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Frank H. Williams

(a) Residence. No. Rural Route #1 - Hayden Lake St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred E Williams

6. DATE OF BIRTH (month, day, and year) November 28, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) July 5 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Al Williams

14. BIRTHPLACE (city or town) Cleveland (State or country) Dont know Ohio

MOTHER

15. MAIDEN NAME Jennie Clark

16. BIRTHPLACE (city or town) [illegible] (State or country) Iowa

17. INFORMANT Robert H. Williams (Address) Hayden Lake Idaho

18. BURIAL, CREMATION OR REMOVAL Place Forest Cemetery - Athol Date 7/8 ..., 1934

19. UNDERTAKER Cassidy Funeral Home (Address) Coeur d'Alene Ida

20. FILED 7-16-, 1934. E. L. Spokes, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from did not see ....., 193..., to ....., 193....
I last saw him alive on 7-5., 1934: death is said to have occurred on the date stated above, at 6 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation of Heart | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. H. Teed Coroner M. D.
(Address) Coeur d'Alene Ida

AUG 10 [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89888

146

2. FULL NAME Katherine Wolf Medutis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Medutis

6. DATE OF BIRTH (month, day, and year) Do not know 1902

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 32 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Meurweisl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter Medutis (Address) Spirit Lake Idaho

18. BURIAL, CREMATION OR REMOVAL Spirit Lake Cemetery

Place Spirit Lake - premiere Date 7/5 ..., 1934

19. UNDERTAKER Cassidy Funeral Home (Address) Pittsburg Pa

20. FILED July 7, 1934 A. C. Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to July 1, 1934

I last saw her alive on July 1, 1934: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxemia of pregnancy | |
| (no convulsions) | |

Other **contributory causes** of importance:

| | |
|---|---|
| Shock caused by a fall striking head | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. C. Spooner M. D.

(Address) Spirit Lake Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89889

PLACE OF DEATH,
County of Kootenai
City of Spirit Lake

Registration District No. 41-
Primary Registration District No.
Local Registrar's No. 10

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie E. Ruedi

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of George W. Ruedi

6. DATE OF BIRTH (month, day, and year) Aug. 11-1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Illinois

FATHER

13. NAME Dietrich Gieseler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frederica Ratz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) George W. Ruedi Spirit Lake Ida

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Cemetery Date July 19, 1934

19. UNDERTAKER Farrell Funeral Home (Address) Rathdrum Ida

20. FILED July 19, 1934 A C Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 18, 1934

I last saw her alive on July 18, 1934; death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1) Acute Bronchial Pneumonia | 7-15-34 |
| 2) | |

Other contributory causes of importance:

1) Ponible intestinal Obstruction
2) Combined Lateral Sclerosis - about 1916

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Schaaf, M. D.

(Address) Spirit Lake, Ida.

RECEIVED JUL 21 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89890

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 254

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Mary Frickey

(a) Residence. No. 1619- Pennsylvania St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Lewis K. Frickey

6. DATE OF BIRTH (month, day, and year) 1869 - 9-9

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 64 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) May 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME — Corbett

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Hannah Hanley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Lewis K. Frickey

18. BURIAL, CREMATION OR REMOVAL Forest- Place Coeur d'Alene Date 7-19-, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 7-20-, 1934. E. L. Upohn, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/18-1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933 to July 18, 1934
I last saw h[illegible] alive on June 23 1934 death is said to have occurred on the date stated above, at 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast | ? |
| Other **contributory causes** of importance: | |
| Diabetes Mellitus | ? |

Name of operation none Date of
What test confirmed diagnosis? clinical Observation Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. McHunter, M. D.
(Address) Coeur d'Alene Idaho

RECEIVED JUL 27 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89891

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 244

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

99C

2. FULL NAME Louis B. Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 54 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Anderson

6. DATE OF BIRTH (month, day, and year) Oct. 4 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 76 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER FATHER

13. NAME Andrew Anderson

14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER FATHER

15. MAIDEN NAME Kristina Hoger

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT Albin Anderson
(Address) R. 3.

18. BURIAL, CREMATION OR REMOVAL Idaho Forest - Place Coeur d'Alene Date 6-30, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 7-3-..., 1934. E. L. Lyons, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10., 1934., to June 28., 1934.
I last saw him alive on June 24 1934. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chron Bronchiectasis of both lungs | undetermined |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Dmaintion | 6-10-34 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no. Date of injury .., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury none.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. M. Lustet M. D.
(Address) Coeur d'Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 6 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89892

County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 60

(No. ) 119
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Olaf Nelson

(a) Residence. No. St. Troy, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Angela Nelson
6. DATE OF BIRTH (month, day and year): [illegible] 9 18 77
7. AGE: Years 67 | Months 0 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Lenard Nelson Troy Ida

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Troy Ida Date July 31 1934

19. UNDERTAKER (Address): John Puckett

20. FILED 8/2 ..., 1934. Harry Eubanks Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26 ..., 193 4 to July 30 ..., 193 4
I last saw him alive on July 30 193 4 death is said to have occurred on the date stated above, at 11.40 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Neurosis | July 26-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: General peritonitis | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Chas. J. Miller, M. D.
(Address) Troy Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89893

## PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 55
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nona Joyce Hays

(a) Residence. No. Bovill, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22, 1932

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bovill, Idaho
(State or country)

FATHER

13. NAME Clair I. Hays

14. BIRTHPLACE (city or town) Junction City,
(State or country) Oregon

MOTHER

15. MAIDEN NAME Nora Hall

16. BIRTHPLACE (city or town) Cedarville, Kentucky
(State or country)

17. INFORMANT Clair I. Hays
(Address) Bovill, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Moscow, Ida. Date 7/7, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 7/7, 1934 Johnny Erickson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934, to July 5, 1934
I last saw her alive on July 5, 1934: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Pyelitis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Measles | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. Lamborn, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89894

**PLACE OF DEATH**
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 56
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Wallace Morris

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 60 yrs. ... mos. ... ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of R. W. Morris

6. DATE OF BIRTH (month, day, and year)
May 10, 1869

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 65 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). London, Ontario
(State or country) Canada

FATHER

13. NAME William Wallace

14. BIRTHPLACE (city or town). Glasgow
(State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Fergeson

16. BIRTHPLACE (city or town). Irvine
(State or country) Scotland

17. INFORMANT Robert W. Morris
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Tacoma, Wash. Date 7/11, 193 4

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 7/11, 193 4 Harry Erickson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/10 193 4

22. I HEREBY CERTIFY, That I attended deceased from April 25, 193 4, to July 10, 193 4
I last saw alive on July 10, 193 4; death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Chronic cholecystitis | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) A. Armstrong M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

# PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89895

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Peterson

(a) Residence. No. ..... St. Genesee, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced
HUSBAND of Dollie Peterson
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. *Industry* or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Vermilion S. Dak.

FATHER

13. NAME Frick Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Christina Peterson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Dollie Peterson
(Address) Genesee, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Genesee Valley Date 7/15, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 7/14, 1934 Galaney Erickson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/1/34, 193..., to 7/13/34, 193...
I last saw him alive on 7/12, 1934; death is said to have occurred on the date stated above, at 2.30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Complicated with | |
| Cerebral Concussion | |
| Fall | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so specify .....
(Signed) Doyle W. Loehr, M. D.
(Address) Moscow Idaho

RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89896
State File No.

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 58

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Y. Atkins

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie Atkins

6. DATE OF BIRTH (month, day, and year)
Oct. 27, 1839

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 94 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumberman

10. Date deceased last worked at this occupation (mo. and yr.) 1894

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clyde, Mich.

FATHER

13. NAME WM. Atkins

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Young

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Fred Veatch
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Cemetery Date 7/23, 193 4

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 7/21, 1934 Johnny Eustace
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to July 20, 1934.
I last saw him alive on July 20, 1934; death is said to have occurred on the date stated above, at 6:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |

Other **contributory causes** of importance:

| | |
|---|---|
| La Grippe | |

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. Cunningham, M. D.
(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89897

**PLACE OF DEATH**

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 54

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Sanders

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1, 1934

7. AGE

| Years | Months | Days | If LESS than 1 day, 15 hrs. or 15 min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Ida.

FATHER

13. NAME Sheldon Sanders

14. BIRTHPLACE (city or town) Bassett
(State or country) Ida.

MOTHER

15. MAIDEN NAME Violet Fleiger

16. BIRTHPLACE (city or town) Moscow.
(State or country) Ida

17. INFORMANT Sheldon Sanders
(Address) Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wn. Date ....., 193..

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 7/4, 193.4 Johanny Eichhorn
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/1 193.. to 7/2 193.., 193..
I last saw ~~him~~ alive on 7/1 193..: death is said to have occurred on the date stated above, at 4 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Not known | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....
(Signed) C. A. Armstrong, M. D.
(Address) Moscow, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89898

Registration District No. 63

Primary Registration District No. 2193

Local Registrar's No.

**PLACE OF DEATH**

County of Latah

City of Kendrick

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph S. Graves

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma Graves

6. DATE OF BIRTH (month, day, and year) June 14 - 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 37 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Paul Minnesota

FATHER

13. NAME William Douglas Graves

14. BIRTHPLACE (city or town) (State or country) Waterville Maine MAINE

MOTHER

15. MAIDEN NAME Harriet M Tinkey

16. BIRTHPLACE (city or town) (State or country) Hastings Minnesota

17. INFORMENT (Address) William D. Graves Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date July 26 1934

19. UNDERTAKER (Address) John D. Eckert Troy, Idaho.

20. FILED July 24, 1934 B. F. Nesbit, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/23 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis (Instantaneous death) | |
| Other contributory causes of importance: Hypertension | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. R. Christenson M.D.

(Address) Kendrick, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89899

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

**PLACE OF DEATH**

County of Latah
City of Kendrick

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Belveal

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | 1 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kendrick, Idaho
(State or country)

FATHER

13. NAME Fred L. Belveal

14. BIRTHPLACE (city or town) Ottumwa
(State or country) Iowa

MOTHER

15. MAIDEN NAME Thora Heggland

16. BIRTHPLACE (city or town) Fisher
(State or country) Minnesota

17. INFORMENT Fred L. Belveal
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kendrick Date July 23, 1934

19. UNDERTAKER None
(Address)

20. FILED July 23, 1934 B. F. Nesbit
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (7½ mo.) | |
| Neonatal birth (2 mins) | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D. H. Christensen, M. D.

(Address) Kendrick, Idaho

RECEIVED AUG 1 0 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89900

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

161a

**PLACE OF DEATH**
County of Latah
City of Kendrick

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Belveal

(a) Residence. No. Kendrick St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | 1 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kendrick Idaho

FATHER

13. NAME Fred C. Belveal

14. BIRTHPLACE (city or town) (State or country) Ottumwa Iowa

MOTHER

15. MAIDEN NAME Thora Heglund

16. BIRTHPLACE (city or town) (State or country) Fisher Minnesota

17. INFORMENT (Address) Fred C. Belveal

18. BURIAL, CREMATION, OR REMOVAL Place Kendrick Date July 23, 1934

19. UNDERTAKER None (Address)

20. FILED July 23, 1934 B. G. Marker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity 7½ mos. | |
| Placenta Previa (total) | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) D. A. Shorteneger, M. D.

(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STAT F ID
DEPARTMENT F PUBLIC W FARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89901

County .....
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 59
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sophronia Aveline Hill

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. H. Hill

6. DATE OF BIRTH (month, day, and year)
Mar. 22, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ashville, N. C.
(State or country)

MOTHER FATHER

13. NAME Ivrine West

14. BIRTHPLACE (city or town) Ashville, N. C.
(State or country)

15. MAIDEN NAME Dover

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Mrs. G. W. Sheppard
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place... Moscow ..... Date 7/28, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 7/26, 1934 Harry Cushman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. ....., 1932, to July 25, 1934
I last saw her alive on 7/22, 1934; death is said to have occurred on the date stated above, at 2 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of vaginal vault. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |

Name of operation Hysterectomy Date of 11/24/25
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. E. Simmons M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 89902

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME John Mantach

(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs C Doeleke Salmon

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 7/10", 1934

19. UNDERTAKER Mrs C Doeleke (Address) Salmon Ida

20. FILED Aug 2, 1934 Alvo E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/8th 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1934, to July 8, 1934

I last saw him alive on July 8, 1934; death is said to have occurred on the date stated above, at 11:4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. D. Wright, M. D.

(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

ADC

**PLACE OF DEATH**
County of Lemhi
City of Tendoy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 89903

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME George Gilford Holbrook

(a) Residence. No. Tendoy St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Joseph F. Holbrook

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Harriet Myria Dagger

16. BIRTHPLACE (city or town) (State or country) Bath England

17. INFORMANT (Address) Chas. Holbrook Tendoy

18. BURIAL, CREMATION, OR REMOVAL Place Tendoy Date 7/8, 1934

19. UNDERTAKER Wm C. Deckebach (Address) Salmon Idaho

20. FILED Aug 7, 1934 Clio E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to July 7, 1934
I last saw him alive on July 2, 1934; death is said to have occurred on the date stated above, at 6:35 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F S Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 89904

Local Registrar's No.

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Kay Hawley

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Merton Hawley

6. DATE OF BIRTH (month, day, and year) April 27th 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 3 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Robert Kay

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Wallace Hawley Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Cemetery Date 8/2/, 1934

19. UNDERTAKER Mrs. Nicholls (Address) Salmon Idaho

20. FILED Aug 7, 1934 Alice C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to July 10, 1934
I last saw her alive on July 10, 1934. death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J S Wright M. D.
(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lemhi
City of Shoup

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2114

DO NOT WRITE IN THIS SPACE
State File No. 89905

Local Registrar's No. 1

2057

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ed. Swyther

(a) Residence. No. Shoup Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live Stock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranches

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wm. C. Doebler
(Address) Salmon

18. BURIAL, CREMATION, OR REMOVAL
Place Lake Creek Date 8/4", 1934

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon Idaho

20. FILED Aug 7, 1934 Chas. C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Natural cause, probably due to heart trouble. The body was not discovered until five days from date of death. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William C. Doebler

(Address) Salmon, Lemhi County Idaho.

RECEIVED JUL 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89906

PLACE OF DEATH
County of Lemhi
City of Baker
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No. 133)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Cheney
(a) Residence. No. Baker Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Not known
7. AGE: Years: about 75 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portugal.

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): William C. Hoeble Salmon Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Salmon Cemetery Date: 6/5/, 1934
19. UNDERTAKER (Address): Wm C. Hoeble Salmon Ida.
20. FILED: July 5, 1934 Otis C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 4th 1934
22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 3, 1934
I last saw him alive on June 3, 1934; death is said to have occurred on the date stated above, at 9-15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infection Urinary bladder | |
| Other contributory causes of importance: | |
| Arterio Sclerosis Age - Senility | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) F. S. Wright, M. D.
(Address) Salmon

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 21 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89907

PLACE OF DEATH

County of Lemhi

City of Salmon

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Theodore M. Holland

(a) Residence. No. (Usual place of abode) Salmon Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Born

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Wm C. Taebler
(Address) Salmon Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Salmon Ida. Date 6/29" 1934

19. UNDERTAKER William C. Taebler
(Address) Salmon Idaho

20. FILED July 15, 1934 Chris C. Bellamy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 12 ... m.

The principal cause of death and related causes of importance were as follows: Gun Shot Wound on Right Side of Head.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/26 1934

Where did injury occur? Lemhi County Kirtley Creek
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Gun away Cabins

Manner of injury Shot in right side

Nature of injury of head 38 Colts Revolver

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) William C. Taebler Coroner

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89908

**PLACE OF DEATH**
County of Lemhi
City of Leadore

Registration District No. 47
Primary Registration District No. 2116
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza Freeland

(a) Residence. No. Leadore Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Henry Freeland deceased

6. DATE OF BIRTH (month, day, and year): 1851-10-23

7. AGE: Years 82 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wales

FATHER
13. NAME: Perry
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Pete Freeland Leadore Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Junction Ida Date: 6/20/, 1934

19. UNDERTAKER: William C. Hecker
(Address): Salmon Idaho

20. FILED: July 5, 1934 Chas C. Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-18" 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to June 18, 1934
I last saw her alive on June 15, 1934: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | uncertain |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Exhaustion | |
| Senility Nidney | |

Name of operation: None Date of:
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. B. Hatton, M. D.
(Address) Salmon, Ida

RECEIVED JUL 2 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89909

Registration District No. 41
Primary Registration District No. 216
Local Registrar's No.

**PLACE OF DEATH**

County of Lemhi
City of Tonney

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Malcolm B. Merritt

(a) Residence. No. Tonney Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha W. Merritt

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 58 — Months: 11 — Days: 26 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. + Quarty Mines
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME Joseph Merritt
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Martha W. Merritt Tonney Ida.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Salmon Ida. Date 5/30th, 1934
19. UNDERTAKER (Address) Wm C Haeber Salmon Idaho
20. FILED July 15, 1934 Chas C. Billamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-27" 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 10-30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun Shot Inflicted in Wright Shoulder, and right side Cradle right arm. With Shot gun. | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 5/27 1934
Where did injury occur? Tonney, Lemhi Co. Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Shot gun wounds
Nature of injury Shoulder bone broken. and penetrating lung region
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William C. Haeber Coroner
(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89910

**PLACE OF DEATH**
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Stella Jones

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Levi R. Jones

6. DATE OF BIRTH (month, day, and year) Aug. 3 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida Grove Iowa

FATHER

13. NAME John N. Dryer.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nancy Ann Smith

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Maple Jones McElvain

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Cemetery Date April 26 1934

19. UNDERTAKER Mac C Deeble
(Address) Salmon Ida

20. FILED June 5 1934 Chas C Bellamy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-23-34 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1934, to Apr 24, 1934

I last saw h[illegible] alive on Apr 21, 1934: death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Flu (Pneumonia) | Apr 16 |
| Other contributory causes of importance: | |
| Polar Pneumonia | Apr 17 |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19[illegible]

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F [illegible], M. D.

(Address) Salmon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. AUG 7 1934

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 49
Primary Registration District No. 2127
(No. ..... St.)

State File No. 89911
Local Registrar's No. .....

1. PLACE OF DEATH
County of Latah
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Rooker

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: April (Month) 24 (Day) 1860 (Year)

7. AGE: 74 Yrs. 3 Mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Des Moines Iowa

10. NAME OF Father: Jacob Rooker

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Katee Noffziger

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. Dempsey
(Address) Kamiah Idaho.

15. Filed 8-3 1934 Nell Robertson Local Registrar

## MEDICAL CERTIFICATE OF DEATH

129

16. DATE OF DEATH: 7-28 (Month) (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1934 to 7/29 1934, that I last saw h[illegible] alive on 7/29 1934, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
.....
.....
.....(Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary) Myocarditis
.....(Duration) ..... yrs. ? mos. ..... ds.

(Signed) [signature] M. D.
7/29 1934 (Address) Kamiah Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Winona Ida — DATE OF BURIAL: 7-30 1934

20. UNDERTAKER: Kamiah Funeral Home — ADDRESS: Kamiah Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89912

**PLACE OF DEATH**
County of Lewis
City of Craigmont
Registration District No. 60
Primary Registration District No. 2-29
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mattie C. Banks

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warren Banks

6. DATE OF BIRTH (month, day, and year) Aug. 1 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 43 | 11 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Garfield Wash.

FATHER
13. NAME Eli A. Leach
14. BIRTHPLACE (city or town) (State or country) Barnard County Ill.

MOTHER
15. MAIDEN NAME Lucinda Smith
16. BIRTHPLACE (city or town) (State or country) Harrison County Missouri

17. INFORMENT (Address) Warren Banks Craigmont, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, Date 7-17, 1934

19. UNDERTAKER C. E. Clemens (Address) Craigmont, Ida.

20. FILED 7/21, 1934 C. E. Clemens Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to July 15, 1934
I last saw her alive on July 15, 1934; death is said to have occurred on the date stated above, at 1:15 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Ovary | 3 yrs |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) C. E. Clemens, M. D.
(Address) Craigmont Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89913

**PLACE OF DEATH**

County of Lewis
City of Mohler
Registration District No. 56
Primary Registration District No. 729
Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles H. Ashley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 58 | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portsmouth
(State or country) Ohio

FATHER

13. NAME Amaziah Ashley

14. BIRTHPLACE (city or town) Portsmouth
(State or country) Ohio

MOTHER

15. MAIDEN NAME Susan Malone

16. BIRTHPLACE (city or town) Portsmouth
(State or country) Ohio

17. INFORMENT (Address) Carrie E. Duuck., Mohler, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Nezperce Date 7-21, 1934

19. UNDERTAKER C. E. Clonts.
(Address) Craigmont, Ida.

20. FILED 7/21, 1934 P. C. Russell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1934.

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to July 20, 1934
I last saw him alive on July 16, 1934; death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 7/16/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral Hemmorage | 6/25/34 |
| Chronic Interstitial Nephritis | ? |
| Hypertention | ? |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. Hollenbeck, M. D.
(Address) Craigmont Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89914

**PLACE OF DEATH**

County of Lewis
City of Winchester (village)
Registration District No. 60
Primary Registration District No. 2129
Local Registrar's No. 7
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Lindgren William Lindgren 90

(a) Residence. No. ____ St. ____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hulda Lindgren

6. DATE OF BIRTH (month, day and year): ____ 1860

7. AGE: Years 74 | Months | Days | If LESS than 1 day, ____ hrs, or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

10. NAME OF FATHER ✓
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ✓
12. MAIDEN NAME OF MOTHER ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ✓

14. Informant (Address): [illegible] Winchester Ida

15. Filed 7-30 1934 [illegible] Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH: July (Month) 29 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1934, to July 29, 1934, that I last saw h[illegible] alive on July 29, 1934, and that death occurred, on the date stated above, at 1.15 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebro-Vascular Disease
(duration) 8 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Age
(duration) 10 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. E. McLaughlin, M. D.
July 29, 1934 (Address) Winchester Ida

19. Place of Burial, Cremation, or Removal: Craigmont Ida — Date of Burial: 7-30 1934
20. Undertaker: C. E. Clovis — Address: Craigmont Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

AUG 9 1934

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 89915

PLACE OF DEATH
County of Lincoln
City of Richfield

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 19

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louisa J Conner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 23, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 3 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Reuben Hunter
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Elizabeth Hodge
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs Earl Blakeslee

18. BURIAL, CREMATION, OR REMOVAL
Place Caldwell Date July 13, 1934

19. UNDERTAKER A E Swenson
(Address) Georgia

20. FILED 7/14, 1934 L L Fuller Registrar.
Rep A M Matson, Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934 to July 9, 1934
I last saw her alive on July 9, 1934; death is said to have occurred on the date stated above, at 5:55 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 9 - 34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Arteria - sclerosis | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. E. Burnett, M. D.
(Address) Shoshone, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lincoln

City of Dietrich

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 89916

Local Registrar's No. 18

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Nerd.

(a) Residence. No. Cleveland Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married-widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Rasmus Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Hansen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs L. J. Meservey Dietrich Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place ~~Franklin Idaho~~ Date 6, 1934

19. UNDERTAKER M. A. Hendricks
(Address) Oreden Idaho

20. FILED 6/23, 1934 J. L. Fuller. Registrar.
By E. M. Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to June 21, 1934.

I last saw h alive on June 21, 1934: death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1928 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hypertension | 1926 |
| Arteriosclerosis | 1925 |
| | |

Name of operation Date of

What test confirmed diagnosis? C.P. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. E. O'Barnett, M. D.

(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8991?

Registration District No. 10-2

Primary Registration District No. 2178 Local Registrar's No. 38

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Wayne W. Dugger

(a) Residence. No. 2093 Silver Oak Terrace St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Theodore Dugger.

6. DATE OF BIRTH (month, day and year) April 12- 1881

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 53 | 3. | 7. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Joe Mo.
(State or country)

FATHER

13. NAME Joseph Whitehead

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Theodore Dugger
(Address) 2093 Silver Oak Terrace

18. BURIAL, CREMATION OR REMOVAL
Place Los Angeles Date July 20 1934

19. UNDERTAKER [illegible]
(Address) Rexburg Idaho

20. FILED 8-8..., 193.4 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19., 193.4 to July 19., 193.4
I last saw h-r alive on July..., 1934; death is said to have occurred on the date stated above, at 11 A..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| Fractured Humerus Rt. | |
| Fractured Femur, Rt. | |
| Crushed Chest | |
| Automobile accident | |

Other **contributory causes** of importance:

| | |
|---|---|
| Yellowstone Highway 2½ Miles North of Teton | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 19 1934

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89918

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dores Mae Dugger

(a) Residence. No. 2093 Silver Oak Terrace St. Los Angeles Cal
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29- 1925

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 9 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Los Angeles California

FATHER

13. NAME Theodore Dugger

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Mayme Whitehead

16. BIRTHPLACE (city or town) (State or country) St Joe Mo.

17. INFORMANT Theodore Dugger
(Address) 2093 Silver Oak Terrace Cal

18. BURIAL, CREMATION OR REMOVAL
Place Los Angeles Cal Date July 24 1934

19. UNDERTAKER Thos. E. Kelley
(Address) Rexburg Idaho

20. FILED 8-8, 1934 J. Rasmussen
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to July 19, 1934.
I last saw her alive on July 19, 1934; death is said to have occurred on the date stated above, at 9:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Neck | |
| Fractured base skull | |

Other **contributory causes** of importance:
Automobile accident
Yellow stone Hiway 2½
Immediate Report

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide or homicide? Accident Date of injury July 19-34, 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. E. Kelley, M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89919

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 40

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Blanche Connelly

(a) Residence. No. 206 East Alameda St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Ramona Calif (If nonresident give city or town and state)

188

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Connelly

6. DATE OF BIRTH (month, day, and year) Jan 18 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 49 | 6 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Apartment

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House Manager

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) N. M.

MOTHER

15. MAIDEN NAME Helen Swearingen

16. BIRTHPLACE (city or town) (State or country) N. M.

17. INFORMANT M G Harris
(Address) 137 W Center Pomona Calif

18. BURIAL, CREMATION OR REMOVAL
Place Pomona Calif Date July 20 1934

19. UNDERTAKER Upson & Bobby
(Address) Rexburg Idaho

20. FILED 8-8, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 193 4 to July 19, 1934
I last saw her alive on July 19, 193 4; death is said to have occurred on the date stated above, at 9:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scalped, Many Lacerations | |
| Crushed Chest | |
| Fractured Neck | |
| Automobile accident | |

Other **contributory causes** of importance

Yellowstone Highway 2½ miles South of Rexburg

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Sugar City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89920

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James C. Stone

(a) Residence. No. Sugar City Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | American | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lorinda C. Virgin Stone

6. DATE OF BIRTH (month, day, and year) Aug. 25, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor & Builder

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Salem, Utah

MOTHER/FATHER

13. NAME Joseph Adams Stone

14. BIRTHPLACE (city or town) (State or country) Surray Co. N.C

15. MAIDEN NAME Phoebe Balinda Taylor

16. BIRTHPLACE (city or town) (State or country) Surray Co. N.C

17. INFORMANT (Address) Mrs. Lorinda C Stone Sugar City, Idaho

18. BURIAL, ~~CREMATION~~ Place Sugar City, Ida. Date Jul 30 1934

19. UNDERTAKER (Address) Memorial Mortuary Co. Rexburg, Idaho.

20. FILED aug 8, 1934 J. Ryoung Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 26, 1934

I last saw h... alive on July 20 1934; death is said to have occurred on the date stated above, at 6:0... a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | |
| Blood Pressure 240/110 | |
| Hypertension | |
| Arteriosclerosis | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

F.K.

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 19
Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE
State File No. 89921

Local Registrar's No. 44

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Alcson

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

13. NAME Ivera Krogh

FATHER

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Dont Know

MOTHER

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT Mrs Will Davidson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Smithfield Utah Date July 6, 1934

19. UNDERTAKER W. A. Goodsman
(Address) Rupert Idaho

20. FILED 7-5, 1934 E. H. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 1934 193

22. I HEREBY CERTIFY, That I attended deceased from June 20, 193.4., to July 3, 193.4.
I last saw h.. alive on July 3 193.4.: death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |

Other **contributory causes** of importance: Auricular fibrillation

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Fayre N. Keraga M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 15 1934

Jensen

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89922

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 45
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74

2. FULL NAME Floyd Thayer Hansen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Marie Hansen
6. DATE OF BIRTH (month, day, and year): Feb 11 - 1872.
7. AGE: Years: 62 | Months: 4 | Days: 23. | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Chas Fredrick Hansen
14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER
15. MAIDEN NAME: Mary Bradstreet
16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Mildred Hansen

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida. Date ....., 193..

19. UNDERTAKER (Address): Arabood Funeral

20. FILED Aug. 6, 1934. E. V. E. Moore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 193 4, to July 4, 193 4.
I last saw him alive on July 4, 193 4. death is said to have occurred on the date stated above, at 4:35PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 4, 19 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: none Date of: .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. C. Jensen, M. D.
(Address) Rupert, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89923

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 46

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert G Oliver

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) [redacted] 2 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 7 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME John Oliver

14. BIRTHPLACE (city or town) (State or country) ....

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT .... (Address) ....

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date July 20, 1934

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 7-23, 1934 C. H. Ebmeyer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 15 (month, day and year) 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found dead in bed | |
| from apoplexy. | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? NO

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) W. A. Goodman Coroner
(Address) Rupert Idaho

F.C.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89924

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 47
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas Geo Cawell 117

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | white | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, and year)
Apr 28 - 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 7 | 2 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Rupert Ida
(State or country)

FATHER
13. NAME Chas Roy Cawell
14. BIRTHPLACE (city or town) ....
(State or country) Canada

MOTHER
15. MAIDEN NAME Dora white
16. BIRTHPLACE (city or town) ....
(State or country) Tennessee

17. INFORMANT Mrs. Roy Cawell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Ida. Date ....., 193..

19. UNDERTAKER Alan Goodyear
(Address) Rupert Idaho

20. FILED Aug 4, 1934 A. H. Edmonds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 193 4, to July 23, 193 4.
I last saw him alive on July 23 193...: death is said to have occurred on the date stated above, at 6 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute appendicitis | |
| acute mesenteric lymphadenitis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| septicemia | |
| | |
| | |

Name of operation appendectomy Date of July 21
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....
(Signed) Fayo A. Kenagy M. D.
(Address) Rupert Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89925

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abe A Cornelsen

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie Cornelson

6. DATE OF BIRTH (month, day, and year) Nov 26 1881

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 52 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Katie Cornelson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Paul Cem Date....., 193..

19. UNDERTAKER Ava Goodman
(Address)

20. FILED Aug. 4. 1934 E. V. Edmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to July 9, 1934.

I last saw h.. alive on July 9, 1934; death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (primary ?) | |
| general adenopathy | |
| Especially in the | |
| mediastinum | |
| Other **contributory causes** of importance: | |
| Ulcer first noted | |
| pylorus | |

Name of operation gastroenterostomy 6-20-34

What test confirmed diagnosis? Opex was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Jay N. Kenaga M. D.

(Address) Rupert. Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89926

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Silvester P Ellibee

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 13 1861

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 1 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Mrs Ellibee

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date May 16 193 4

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED Aug. 6., 193 4 E. M. Elsmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30., 193 4., to June 29., 193 4.
I last saw him alive on June 29., 193 4.: death is said to have occurred on the date stated above, at 5 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Decompensated Heart | |

Other **contributory causes** of importance:

Chronic Myocarditis
interstitial nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jayne H. Kenagy, M. D.
(Address) Rupert

F.K.

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89927

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth C. Rausch

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | Widd |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 8 1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 9 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Charles S. Rausch

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Marie Henschen

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT (Address) Mrs Marie Rausch

18. BURIAL, CREMATION OR REMOVAL Place Rupert Cemetery Date July 1, 1934

19. UNDERTAKER (Address) W. G. Goodman Rupert Idaho

20. FILED Aug 6, 1934. Elt Eliason Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from birth ....., 193.., to June 29, 193.3.4

I last saw h.. alive on June 29, 193.4.; death is said to have occurred on the date stated above, at .5P..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patent foramen ovale | |
| Co | |

Other **contributory causes** of importance:

Complete transposition of the viscera

Name of operation None Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fayette A. Kennedy M.D.

(Address) Rupert Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89928

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 51

(No. 146 .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Edens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 20 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME George Wright

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Nannie Gross

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT John Wright
(Address) Cary Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date July 16 1934

19. UNDERTAKER W. A. Goodrich
(Address)

20. FILED 8-6-, 1934 E. V. Edmunds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934, to July 13, 1934.
I last saw her alive on July 13 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Peritonitis (General) | 7-8-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Possibly Pregnancy with Left Salpingectomy Abortion | 10 days |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. V. Edmunds, M. D.
(Address) Rupert Ida

RECEIVED JUL 21 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Culdesac

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 89929

2. FULL NAME Albert Micheal Sogard

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elsie Tabor

6. DATE OF BIRTH (month, day, and year)
Oct. 23, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) ..... (State or country) Denmark

MOTHER FATHER

13. NAME Micheal Sogard

14. BIRTHPLACE (city or town) ..... (State or country) Denmark

15. MAIDEN NAME ( Not Known )

16. BIRTHPLACE (city or town) Denmark (State or country)

17. INFORMANT Mrs. Albert M. Sogard
(Address) Culdesac Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Culdesac Ida. Date 6.21.. 193.4

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED June 193.4 George Gaignard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Death | |
| body severed by R.R. Train | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) E. M. Brown, M. D.
(Address) Lewiston Coroner
Nez Perce, County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89930

PLACE OF DEATH
County of Nez Perce
City of Culdesac

Registration District No. 128
Primary Registration District No.

Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Alene Doris Rohrman

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 1 — Months: 9 — Days: 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lewiston Idaho.

FATHER

13. NAME: Alford Rohrman
14. BIRTHPLACE (city or town) (State or country): Joseph Oregon

MOTHER

15. MAIDEN NAME: Beulah Fraser
16. BIRTHPLACE (city or town) (State or country): Flora Oregon

17. INFORMENT (Address): Fred Rohrman Culdesac Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston Idaho Date: 6/23, 1934
19. UNDERTAKER (Address): Bowen-Wasem Co Lewiston Idaho.
20. FILED June, 1934 George Fuguard M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1933, to 5/28, 1934
I last saw her alive on 5-28, 1934: death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Amyotonia congenita | at birth |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) E S Bowen, M. D.
(Address) Poulsen Bldg - Spokane Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89931

**PLACE OF DEATH**
County of Nez Perce
City of Lapwai

Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Hall Jr. 9

(a) Residence. No. ____ Lapwai Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 22-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ✓ | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Minor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Kooskia
(State or country) Idaho

FATHER

13. NAME Peter Hall

14. BIRTHPLACE (city or town) Pendleton
(State or country) Oregon

MOTHER

15. MAIDEN NAME Isabel George

16. BIRTHPLACE (city or town) Kooskia
(State or country) Idaho.

17. INFORMENT Isabel George
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Juneewater Ida. Date 6/25, 1934

19. UNDERTAKER Brown-Ware Co.
(Address) Lewiston, Idaho.

20. FILED June, 1934 George Gaigmard
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1934, to June 24, 1934
I last saw him alive on June 24, 1934: death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Whoopingcough | ?? |
| Broncho pneumonia | 6/[illegible]/34 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
____ If so, specify ____

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 21 1934

Lavigard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89932

**PLACE OF DEATH**

County of Nez Perce

City of Myrtle

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. 214 ) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Mary E. Hewett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Hewett

6. DATE OF BIRTH (month, day, and year): June 20, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Isaac Rivers

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Dawson

16. BIRTHPLACE (city or town) (State or country): Arkansas "

17. INFORMENT (Address): George Hewett, Lewiston, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Reubens Date: June 7 1934

19. UNDERTAKER (Address): Brauer & Hann Co Lewiston Ida

20. FILED June, 1934 George Gaigmard M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died Suddenly no medical attendance | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaigmard, M. D.

(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 21 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89933

PLACE OF DEATH

County of Nez Perce

City of Lapwai

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. ..... 113

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Ramsey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| — | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

FATHER

13. NAME Benedict Ramsey

14. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

MOTHER

15. MAIDEN NAME Bessie Moody

16. BIRTHPLACE (city or town) (State or country) Asotin Idaho

17. INFORMENT (Address) Mary Moody Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Asotin Date June 9 1934

19. UNDERTAKER Brown & Manning (Address) Lewiston Idaho

20. FILED June, 1934 George Gaigmard M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-6-34, 193..., to 6-6-34, 193...

I last saw h[illegible] alive on 6-6-34, 193...: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro Enteritis | 6-4-34 |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaigmard, M. D.

(Address) Culdesac, Idaho.

RECEIVED JUL 21 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89934

PLACE OF DEATH
County of Nez Perce
City of Lapwai,
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. ..... 1002

(No. Lapwai, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mae Williams

(a) Residence. No. Lapwai, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Indian | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/29/34

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 0 | 0 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

FATHER
13. NAME Philip Williams
14. BIRTHPLACE (city or town) Peck
(State or country) Idaho

MOTHER
15. MAIDEN NAME Amelia Powaukee
16. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

17. INFORMENT Philip Williams
(Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho. Date June 14th, 1934.

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho

20. FILED June, 1934 George Gazzinaud
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/13/34 193

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, 193, to June 13, 1934, 193
I last saw her alive on June 13, 34, 193: death is said to have occurred on the date stated above, at 7:10p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 6/11/ |
| Other contributory causes of importance: | |
| An acute upper respiratory infection. | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 21 '34

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 89935

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

9

2. FULL NAME Barbara Virginia Slickpoo

(a) Residence. No. Lapwai, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Indian | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/13/34

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 3 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

FATHER

13. NAME Dave Slickpoo

14. BIRTHPLACE (city or town) Culdesac,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Jeanette Peterson

16. BIRTHPLACE (city or town) Orofino,
(State or country) Idaho

17. INFORMENT Jeanette Peterson,
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Spalding Idaho Date 6-16-1934

19. UNDERTAKER Brasher-Wann Co.
(Address) Lewiston Idaho.

20. FILED June, 1934 George Jacquot M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/15/34 193

22. I HEREBY CERTIFY, That I attended deceased from 6/7/34, 193..., to 6/15/34, 193...
I last saw her alive on 6/15/34, 193...: death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Whooping Cough | ? |
| Broncho-pneumonia | 6/12/34 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Phys. Exam. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89936

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivan Lawson Weathermon

(a) Residence. No. Lewiston Orchards St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 17 1914

7. AGE: Years 19 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farm.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stafford Co Kans

FATHER

13. NAME: C. F. Weathermon
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER

15. MAIDEN NAME: Nellie M. Alspaugh
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMENT (Address): C. F. Weathermon Craigmont Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Lewiston Ida Date: 7/3, 1934 Burial
19. UNDERTAKER (Address): Brower-Ware Co Lewiston Idaho
20. FILED July 6, 1934 J. M. Tyle Registrar. By K.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 28 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental | |
| Drowning | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? accident Date of injury 6/28, 1934
Where did injury occur? Lewiston Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Beach -
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No.
(Signed) Emry Brower Coroner, M. D.
(Address) Lewiston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89937

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. 1102-3rd Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mahlon Franklin Ward Jr.

(a) Residence. No. 1102-3rd Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-22- 1918

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 15 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME M. F. Ward

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Genivieve Baughman

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMENT (Address) M. F. Ward Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 6-26, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED July 6, 1934 J. M. Lesle Registrar.
By E. O.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/25/1934

22. I HEREBY CERTIFY, That I attended deceased from 6/24-34, 193..., to 6/25-34, 193...
I last saw him alive on 6/25-34, 193...; death is said to have occurred on the date stated above, at 12 03 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of Heart. | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ——— Date of ———
What test confirmed diagnosis? Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Rowe M.D., M. D.
(Address) Lenwood, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89938

**PLACE OF DEATH**

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. 415 2 nd Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Maria Caldwell

(a) Residence. No. 415 2 nd Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widiwed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12 1849

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 85 | 0 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Micheal Ruddy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mr Sol Caldwell Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 6/4/34, 193

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston Idaho

20. FILED 7/6/, 193 4 J. M. Lyle Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1 193 4

22. I HEREBY CERTIFY, That I attended deceased from May 22, 193 4, to June 1, 193 4

I last saw h. alive on June 2, 193 4: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Over a year in May & June 1st |
| Arterio sclerosis | + years |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Larson, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Lyle.

DO NOT WRITE IN THIS SPACE

State File No. 89939

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Vernon McVault 16 2

(a) Residence. No. 2408 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 30, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| — | 1 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME W. C. McVault

14. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

MOTHER

15. MAIDEN NAME Sarah M Poole

16. BIRTHPLACE (city or town) (State or country) Cottonwood, Idaho

17. INFORMENT (Address) W. C. McVault Lewiston, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 6/4, 1934

19. UNDERTAKER (Address) Brandes-Mann Co Lewiston, Ida.

20. FILED 6/22, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Immature | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Ell Brown Coroner

(Address) Lewiston, Ida.
Nez Perce County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89940

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston Idaho

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barton Ashley Strain

(a) Residence. No. 1801 - 13th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Agnes Strain

6. DATE OF BIRTH (month, day, and year) Mar - 11 - 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 4 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 1934
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Strain
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Do
16. BIRTHPLACE (city or town) (State or country) Do

17. INFORMENT (Address) Mrs E. W. Gatherer Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 7/24, 1934

19. UNDERTAKER Bowen Evans Co (Address) Lewiston Idaho

20. FILED July 30, 1934 C. M. Lyle Registrar. By F.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to 7-22, 1934
I last saw him alive on 7-22, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Gangrene | 2 months |
| Other contributory causes of importance: | |
| Arteria-Sclerosis | 6 yrs |

Name of operation Amputation Foot Date of 7-18-34
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89941

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1004
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth A. Duffy
(a) Residence. No. Lewiston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

7a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. L. Duffy

6. DATE OF BIRTH (month, day, and year) Sept 14 - 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wood Co. Iowa

FATHER
13. NAME Patrick Conway
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Jane Calahan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mr. J. L. Duffy

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Ida Date 7/30, 193 4

19. UNDERTAKER (Address) Vassar Swanhuser Co. Lewiston Idaho

20. FILED July 20, 193 4 T. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/26 193 4

22. I HEREBY CERTIFY, That I attended deceased from July 24, 193 4, to July 26, 193 4
I last saw her alive on July 26, 193 4: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrenous Appendicitis | July 24 |
| Other contributory causes of importance: | |

Name of operation Appendectomy Date of 7/24/34
What test confirmed diagnosis? O. P. I. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul W. Johnson M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89941

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Elizabeth Duffy

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of J. L. Duffy

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wood County
(State or country) Ohio

FATHER

13. NAME Patrick Conway

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Callahan

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT Mr. J. L. Duffy
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Lewiston, Idaho Date July 30, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED July 30 1934 J. M. Lyle Registrar.
Boy 20

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to July 26, 1934
I last saw her alive on July 26, 1934: death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrenous appendicitis | July 24 |

Other contributory causes of importance:

Name of operation Appendectomy Date of July 24
What test confirmed diagnosis? O. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul T. Dunn, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
89942
State File No.

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Daughter of Daniel ~~Eneas~~ Eneas

(a) Residence. No. St. Kamiah, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or 1 min. |
|---|---|---|---|
| 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho

FATHER

13. NAME Daniel Eneas

14. BIRTHPLACE (city or town) (State or country) Genesee, Idaho

MOTHER

15. MAIDEN NAME Rebecca Morris

16. BIRTHPLACE (city or town) (State or country) Kamiah, Idaho

17. INFORMENT (Address) Daniel Eneas Kamiah, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Lapwai, Idaho Date June 26 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED July 30 1934 J. M. Lyle Registrar.
By L.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1934, to June 25, 1934

I ~~last~~ saw h... alive on June 25, 1934: death is said to have occurred on the date stated above, at 10.9 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ulcerative ... | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ely Brandon, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Scott

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89943

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily Sauder

(a) Residence. No. 1 St. Weka, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: William Gaisey, Deceased

6. DATE OF BIRTH (month, day and year): August 9, 1878

7. AGE: Years 55 | Months 10 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Alsace Lorraine

FATHER

13. NAME: John Beyth

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Hermodi

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs. Geo. Riggs Weda Lamming

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston Dells Date: July 9th, 1934

19. UNDERTAKER: Bower Mausa Co.
(Address) Lewiston, Idaho

20. FILED July 31 1934 J. M. Lobe
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to June 29, 1934, that I last saw her alive on June 29, 1934, death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance: Auricular Fibrillation

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Scott, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 10 1934

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 89944

Local Registrar's No.

(No. St.Joseph's Hospital, Lewiston, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME WALTER T. WESOLOWSKI, CC6-52864, Member 1654, Co., CCC.

(a) Residence. No. 3238 W.38th Place, St. Chicago, Ill.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 19 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Forest work

10. Date deceased last worked at this occupation (month and year) July 1, 1934.

11. Total time (years) spent in this occupation 7 months

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME Walter Wesolowski

14. BIRTHPLACE (city or town) (State or country) Unknown Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Poland

17. INFORMENT (Address) CCC Records Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Chicago, Ill. Date July 21, 1934

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho.

20. FILED July 31 1934 J. M. Lyle Registrar.
by L.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1934 to July 20th, 1934

I last saw him alive on July 20, 1934; death is said to have occurred on the date stated above, at 2.20 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic endocarditis | July 14th |
| Heart block. | " |
| Other contributory causes of importance: | |
| Staphlococcic sore throat | July 2nd |

Name of operation None Date of

What test confirmed diagnosis? Laboratory findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E.P.Murdock, M. D.

(Address) E.P.Murdock, Capt., Med-Res. Asst. District Surgeon, Lewiston, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

**PLACE OF DEATH**

County of Nez Perce

City of Near Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89945

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Martin Moehrle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year)
August 7 1909

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 24 | 10 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Uniontown
(State or country) Washington

FATHER

13. NAME Martin Moehrle

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Barbara Hayer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Martin Moehrle
(Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Uniontown Wash Date June 12 1934

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED 6/18, 1934 J. W. Lytle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |
| Auto Accident | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, Specify.....

(Signed) Ed Bowers M. D.
Coroner
(Address) Lewiston Idaho

6/12/34

RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89946

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 909 - 10th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. Leslie Gillett

(a) Residence. No. 909 - 10th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Jason Gillett

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Margaret Faucher

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Lyn B. Gillett Lewiston, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date June 19, 1934

19. UNDERTAKER Brown & Hanna (Address) Lewiston, Ida

20. FILED 7/6, 1934 J. M. Lee Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to June 17, 1934

I last saw him alive on June 15, 1934: death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 6/1/1934 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebral Hemorrhage | 12/18/33 |

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. B. Townsend M.D.

(Address) Lewiston, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89947

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 88

(No. St. Joseph)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann Mallory

(a) Residence. No. St. Clarkston, Wash.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **********

6. DATE OF BIRTH (month, day, and year) Jan 17, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jasper County Ill.

FATHER

13. NAME B Mallory

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Majorie F Fawcett

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ed Mallory
(Address) Clarkston Washington

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Clarkston Wash Date 6/11 1934

19. UNDERTAKER H.R. Merchant
(Address) Clarkston Washington

20. FILED 6/15 1934 J. M. Lyle Registrar.
by asst

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/11 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to June 11, 1934.

I last saw her alive on June 11 1934. death is said to have occurred on the date stated above, at 9.30 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | several months |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.. no

(Signed) Paul D. Johnson M. D.

(Address) Clarkston Wash.

RECEIVED JUL 27 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89948

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 4
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Henry Baldwin

(a) Residence. No. [illegible] Hospital Clarkston Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 13, 1872

7. AGE: Years 62 | Months 8 | Days 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Henry Baldwin
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Sarah Sullivan
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. H. Baldwin Clarkston, Wash

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date June 13 1934

19. UNDERTAKER Bramer-Hamm Co
(Address) Lewiston, Ida

20. FILED 6/22, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to June 11, 1934
I last saw him alive on June 11, 1934, death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach, with perforation & general Peritonitis | |

Other contributory causes of importance:

Name of operation Celiotomy Date of June 11-34
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 89949
Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daisy A. Clarke

(a) Residence. No. 430 - 18th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of E. G. Clarke

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 3 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Augusta
(State or country) Me.

FATHER
13. NAME Newton Deane
14. BIRTHPLACE (city or town)
(State or country) N. Y.

MOTHER
15. MAIDEN NAME Rose Connors
16. BIRTHPLACE (city or town)
(State or country) N. Y.

17. INFORMENT E. G. Clarke
(Address) Lewiston, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date June 8 1934

19. UNDERTAKER Brauer & Hammond
(Address) Lewiston, Idaho

20. FILED 6/13, 1934 J. W. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1926 to June 6, 1934
I last saw h alive on June 6, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilitation of heart | June 5-1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Chronic arthritis | 1926 |
| General Septicaemia | 1934 |

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M.D.
(Address) Lewiston, Ida.

RECEIVED JUL 27 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89950

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jay L Black

(a) Residence. No. St. Clarkston Wash.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12, 1925

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 9 | 0 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Detroit (State or country) Mich

FATHER

13. NAME Jay L Black

14. BIRTHPLACE (city or town) Detroit (State or country) Mich

MOTHER

15. MAIDEN NAME Zola Burrell

16. BIRTHPLACE (city or town) Mich (State or country)

17. INFORMANT Jay L Black (Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL Place Royal Oak Mich Date 6/25, 1934.

19. UNDERTAKER H. R. Merchant (Address) Clarkston Washington

20. FILED 6/25, 1934. J. M. Ryle Registrar. by Asst.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934, to June 24, 1934

I last saw him alive on June 24, 1934. death is said to have occurred on the date stated above, at 3:15 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diffuse Peritonitis | 6/21-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Ruptured Appendix | 6/20/34 |
| | |

Name of operation Appendectomy Date of 6/23

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Blackaby, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89951

**PLACE OF DEATH**

County of Nez Perce
City of Lewiston Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 2408 Maine St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary A. DeVault

(a) Residence. No. 2408 Maine St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day ~~and year~~) 2-11-64

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Samuel Hodge
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Margaret Reeves
16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) H. C. DeVault Lewiston Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Culdesac Ida. Date 6/23 1934
19. UNDERTAKER Bower-Mayer Co. (Address) Lewiston Idaho
20. FILED 6/27, 1934 J. M. Lyle by Abbie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933, to Jan 24, 1934
I last saw h[illegible] alive on Jan 24, 1934: death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis — | |
| & Chs. myocarditis | |
| Other contributory causes of importance: | |
| Gangrene Rt leg — | |
| following Thrombus | |

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Paul J. Hamm, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89952

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 1927 2nd Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jason B. Harrington
(a) Residence. No. St. Portland Oregon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day and year): July 4-1883 ~~Sept 22 34~~
7. AGE: Years 50 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tobacco
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brownsville Maine

FATHER
13. NAME: J. M. Harrington
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER
15. MAIDEN NAME: Livina Hycks
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Mrs. P. M. Williams Lewiston Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 6/24, 1934
19. UNDERTAKER (Address): Bower-Waker Co Lewiston Idaho
20. FILED 6/29, 1934 J. M. Lyle Registrar. by A.M.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 22 1934
22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934, to June 22, 1934
I last saw him alive on June 22, 1934; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 22-34 |
| Other contributory causes of importance: Arteria Sclerosis | about 2 yrs. |

Name of operation: Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. White, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 88052

State File No.

**PLACE OF DEATH**

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 502 5th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Linwood Parker.

(a) Residence. No. 502 5th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29th, 1864.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69. | 6. | 18. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME John T. Parker.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Alvina S. McCalley.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT J. D. Parker. (Address) Clarkston, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 20th, 1934.

19. UNDERTAKER Brower-Wann Company, (Address) Lewiston, Idaho.

20. FILED 6/27, 1934 Jno. W. Lyle by [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18th, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1931, to June 18, 1934.

I last saw h[illegible] alive on June 16, 1934; death is said to have occurred on the date stated above, at 6:20 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetis Mellitus | 1920 |
| Other contributory causes of importance: Arteria Sclerosis Generse | 1930 |

Name of operation None Date of

What test confirmed diagnosis? Sugar Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ely Braddock, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89954

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Green

(a) Residence. No. 320-12th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Green

6. DATE OF BIRTH (month, day, and year) 6-4-1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 0 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green City
(State or country) Missouri

FATHER
13. NAME Mortimer Green
14. BIRTHPLACE (city or town)
(State or country) Tennessee

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT Mrs. George Green
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Lewiston Idaho Date June 24 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED 7/6/, 1934 J. M. Lyle Registrar.
BJL.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/22-34 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/13-1934, 193..., to 6/22-1934, 193...
I last saw him alive on 6/22-1934, 193..., death is said to have occurred on the date stated above, at 5:45 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of the heart. | |
| Other contributory cause of importance: | |
| Uremia-acharon. | |

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. T. Ronan, M. D.
(Address) Lewiston, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Nezperce

City of Southwick P.O

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE
89956
State File No.

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John McGhee

(a) Residence. No. Nezperce Co Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 56 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White Race | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A McGhee deceased

6. DATE OF BIRTH (month, day, and year) Sept 9 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** All his life

10. Date deceased last worked at this occupation (mo. and yr.) Retired

11. Total time (years) spent in this occupation All his life

12. BIRTHPLACE (city or town) (State or country) Quebec Canada

MOTHER FATHER

13. NAME Donald McGhee

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary Buchanan

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Chester McGhee Southwick Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Southwick Date July 22 1934

19. UNDERTAKER (Address) John J Packard Lapwai Idaho

20. FILED July 21, 1934 B. E. Nesbit Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1934, to July 20, 1934.
I last saw him alive on July 20, 1934: death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | July 1st |
| Hypostatic pneumonia | 1934 |
| Partial Bladder paralysis | Died with Call Dr Hill Pullman |

Other **contributory causes** of importance:
Age. Heart failure
High Blood pressure

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Russell Truitt, M. D.
(Address) Southwick Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

E. L. White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89957

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis August Drumm

(a) Residence. No. 123 (Usual place of abode) D St. Paul Lane St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phoebe Drumm

6. DATE OF BIRTH (month, day, and year) Sept 19 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 9 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 24, 1934

11. Total time (years) spent in this occupation 30 yrs+

12. BIRTHPLACE (city or town) (State or country) Waterloo Ontario Canada

FATHER

13. NAME Jacob Drumm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Whilmina —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Phoebe Drumm Lewiston Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date July 3, 1934

19. UNDERTAKER (Address) Bryan-Wilson Co. Lewiston, Idaho

20. FILED July 2 1934 F. M. Lyle Registrar. By L.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to July 1st, 1934

I last saw h alive on June 30, 1934; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis with acute dilatation | June 25-34 |

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Cardiac Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89958

**PLACE OF DEATH**

County of Nez Perce

City of Lapwai

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Ft. Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Raymond Burt

(a) Residence. No. Fortuna, California St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Indian | S |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/27/17

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 16 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fortuna,
(State or country) California

FATHER

13. NAME George Burt

14. BIRTHPLACE (city or town) Fortuna
(State or country) California

MOTHER

15. MAIDEN NAME Mable Richard

16. BIRTHPLACE (city or town) Fortuna
(State or country) California

17. INFORMENT Sanatorium Records
(Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho.

20. FILED 6/9, 1934 J. M. Pyle by asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/8/34 193

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to June 8, 1934, 193

I last saw him alive on June 8, 1934, 193 : death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis, | ? |
| (far advanced) | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-Ray - Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph M. Allen, M. D.

(Address) Lapwai, Idaho.

White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89959

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

Registration District No. 10-09
Primary Registration District No. 96
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew J. Eikum

(a) Residence. No. 1106 - 7th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

21

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 26-1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 77 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME John A. Eikum

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Christine L. Bugge

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. A. J. Eikum Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date June 27, 1934

19. UNDERTAKER Downey-Nevins Co. (Address) Lewiston Idaho

20. FILED 6/29, 1934 J. W. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to June 25, 1934

I last saw h alive on June 25, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia T. B. | about 2 yrs |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. White, M.D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8996O

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. White Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Fryer

(a) Residence. No. 0224 — 23rd St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3rd 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan.

FATHER

13. NAME James Parker

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Sarah E. Edmondson

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Frank Fryer Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Idaho Date July 2nd 1934

19. UNDERTAKER (Address) Brower-Washburn Lewiston Idaho.

20. FILED July 6, 1934 J. M. Lyle Registrar. By L.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to June 28th, 1934

I last saw h alive on June 28th, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | June 26-34 |
| Other contributory causes of importance: Carcinoma of Small intestine | 6 months |

Name of operation None Date of

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 89962

Local Registrar's No. 15

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

146

2. FULL NAME Mildred Jones Weeks

(a) Residence. No. Malad Idaho R F D # 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Vestal Richard Weeks

6. DATE OF BIRTH (month, day and year) Dec 12 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 17 34

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Pleasantview Idaho

FATHER

13. NAME Hyrum William Jones

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME Margaret Morse

16. BIRTHPLACE (city or town) (State or country) Samaria Idaho

17. INFORMENT (Address) Vestal Weeks Malad Idaho R F D # 1

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Pleasantview Ida Date July 30 1934

19. UNDERTAKER
(Address) Malad Idaho,

20. FILED 7/31, 1934 J. M. Nunn Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to July 27, 1934
I last saw he alive on July 27, 1934: death is said to have occurred on the date stated above, at 2 30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Heart and Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89963

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME William E Richards

(a) Residence. No. ..... St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of MaryyA Nelson

6. DATE OF BIRTH (month, day and year) March 2 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 4 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME William Richards

14. BIRTHPLACE (city or town) (State or country) Myrthyetidvil Wales

MOTHER

15. MAIDEN NAME Margaret Morgan

16. BIRTHPLACE (city or town) (State or country) Portaperydde Wales

17. INFORMENT (Address) William M Richards Daniel Rt Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Aug 2, 1934 Burial

19. UNDERTAKER (Address) J. Guy Duncan Malad Idaho

20. FILED 7/31, 1934 J. M. Harris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1934, to July 31, 1934
I last saw h... alive on July 26, 1934; death is said to have occurred on the date stated above, at 8a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility Collapse | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. M. Harris C. Physician, M. D.
(Address) Malad Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89964

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel L. Kostenbader

(a) Residence. No. 1106 North 9th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Kostenbader

6. DATE OF BIRTH (month, day and year): Feb. 24 1861

7. AGE — Years: 73 | Months: 2 | Days: 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Eleroy, Ill.

FATHER
13. NAME: Aron Kostenbader
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Margret NewCummer
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): J. V. Kostenbader, Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Payette, Idaho. Date: May 24 1934

19. UNDERTAKER (Address): Glenn C. Sanders, Payette Idaho

20. FILED June 11, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Deceased died while at work in a hay mow. No one with him at time of death | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) S. R. Woodward M. D.
(Address) Payette, Idaho

RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Fayette

City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89965

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 27

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andy H. Parnell

(a) Residence. No. 3rd Ave South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Oct 28 - 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 6 | 7 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario (State or country) Oregon

FATHER

13. NAME Andre H. Parnell

14. BIRTHPLACE (city or town) Skyhorse (State or country) Oregon

MOTHER

15. MAIDEN NAME Alice Stiles

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Andre H. Parnell (Address) Fayette Idaho

18. BURIAL, CREMATION OR REMOVAL Place Fayette Idaho Date May 30 1934

19. UNDERTAKER Pierce C. Snyder (Address) Fayette Idaho

20. FILED June 1, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to May 30, 1934.

I last saw him alive on May 30, 1934.: death is said to have occurred on the date stated above, at 12 30 a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Meningitis | 7 |
| # A spinal puncture was made 25 cc Clear fluid removed in which Dr. R.A. Jackie found T.B. Bacilli | |
| Other **contributory causes** of importance: Tonsilectomy | |

Name of operation Tonsilectomy Date of May 28-34

What test confirmed diagnosis? # Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Paxton M. D.

(Address) Fayette Idaho

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89966

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wanda June Dick

(a) Residence. No. 333 3rd Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) June 15, 1921

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 12 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert (State or country) Idaho

FATHER

13. NAME Lorell Lee Dick

14. BIRTHPLACE (city or town) Lawrence, Neb. (State or country)

MOTHER

15. MAIDEN NAME Mabel Brewerton

16. BIRTHPLACE (city or town) Elba, Idaho (State or country)

17. INFORMANT Mrs. L. L. Dick (Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL Place Buhl Idaho Date June 4 1934

19. UNDERTAKER Glenn C. Sanders (Address) Payette Idaho

20. FILED 6/2/34 193.. J. O. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 1, 1934.

I last saw her alive on June 1, 1934; death is said to have occurred on the date stated above, at 8:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | 1930 |
| Coma | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..,193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Merrill R. Dick, M. D.

(Address) Payette Ida

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bayette

City of Bayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8996

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ervie F. Crosley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year): June 29 1908

7. AGE — Years: 26 | Months: 11 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: C. H. B. Crosley

14. BIRTHPLACE (city or town) (State or country): Neb.

MOTHER

15. MAIDEN NAME: Katie Simmons

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): H. Harry B. Crosley Kamiah, Wash

18. BURIAL, CREMATION OR REMOVAL
Place: Douglas Wyoming 6-15, 1934

19. UNDERTAKER (Address): Glenn C. Saunders Bayette Idaho

20. FILED 6/12, 1934 J. C. Woodward Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-10-, 1934, to 6-10-, 1934.

I last saw him alive on ....., 193...; death is said to have occurred on the date stated above, at 4:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation none Date of .....

What test confirmed diagnosis? Was case investigated? Was there an autopsy? no

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/10 1934

Where did injury occur? Bayette River
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury drowned

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Elbert Lauden Coroner M. D.

(Address) Bayette Idaho

RECEIVED JUN 1934

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89968

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 30

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Danial Buzzard

(a) Residence. No. .... St. Payette, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie S. Buzzard

6. DATE OF BIRTH (month, day, and year) Sept. 30, 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Daniel Buzzard

14. BIRTHPLACE (city or town) (State or country) Rochester Ill.

MOTHER

15. MAIDEN NAME Riggs

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT (Address) Everett Buzzard Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge, Ida. Date June 18 1934

19. UNDERTAKER (Address) ....

20. FILED June 16 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16 ..., 1934, to June 16 ..., 1934.
I last saw him alive on June 16 1934; death is said to have occurred on the date stated above, at 7:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile accident | |
| Left Chest Crushed | |
| Scalp & face wounds | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide accident Date of injury 6/16/34
Where did injury occur? Near Payette Ida.
(Specify city (or town), county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Cuddy Road
Manner of injury Auto overturned on hill
Nature of injury Chest Crushed

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) J. C. Woodward M. D.
(Address) Payette Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89969

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 31

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Bogardus

(a) Residence. No. Fruitland, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Bogardus

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 66 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Beloit (State or country) Kansas

FATHER

13. NAME David Bogardus

14. BIRTHPLACE (city or town) Ill. (State or country)

MOTHER

15. MAIDEN NAME Hester Bell

16. BIRTHPLACE (city or town) Ill. (State or country)

17. INFORMANT Mrs. E. G. Calvert (Address) Fruitland Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Ontario Oregon Date 6-17-1934

19. UNDERTAKER Glenn C. Landon (Address) Payette Idaho

20. FILED 6/17/34 193... J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 17 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to June 17, 1934.
I last saw him alive on June 17, 1934.; death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Cannot Say~~ | |
| Arteriosclerosis | Cannot Say |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) H. C. Paxton M. D.
(Address) Payette Idaho

RECEIVED AUG 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89970

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary A Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. ~~SEX~~ | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Wilson

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Neb.

FATHER

13. NAME ~~John~~ Cooly

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary A Cooly

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Della Clutis
(Address)

18. BURIAL, CREMATION ~~OR REMOVAL~~
Place Payette Date June 27 1934

19. UNDERTAKER M M M Corrigan
(Address) Emmett Ida

20. FILED 6/30/34 193... J. C. Woodward Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1932, to June 25, 1934.

I last saw her alive on June 24 1934; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Pulmonary | Cannot Say |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. C. Paxton, M. D.

(Address) Payette Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gayette

City of Gayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89971

Registration District No. 4

Primary Registration District No. 1018

Local Registrar's No. 33

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Will Wells.

(a) Residence. No. 1139 2nd Ave South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella M. Wells.

6. DATE OF BIRTH (month, day, and year) May 12 - 1864.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | — | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ill.

FATHER

13. NAME Alex Wells.

14. BIRTHPLACE (city or town) ..... (State or country) Ill.

MOTHER

15. MAIDEN NAME Emma Coats.

16. BIRTHPLACE (city or town) ..... (State or country) Ill.

17. INFORMANT (Mrs. Janet Bellenger
(Address) Gayette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Ida. Date June 26 1934

19. UNDERTAKER Glenn C. Landon
(Address) Gayette Idaho

20. FILED 6/30/34 1934 J. O. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-25-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1934., 193...., to June 24, 1934 193....
I last saw him alive on June 24, 1934 death is said to have occurred on the date stated above, at 12.05 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Carcinoma of Prostate | ..... |
| Onset some time prior to | Jan. 27/34 |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) ..... M. D.
(Address) Payette, Idaho.

RECEIVED JUG 1 1934

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89972

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 35

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mitchel A. Fuller

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) May 28, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Camden, Ind.

FATHER

13. NAME Rev. A. F. Fuller

14. BIRTHPLACE (city or town) (State or country) Columbia, Ohio

MOTHER

15. MAIDEN NAME Sarah Ephilin

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT (Address) H.B. Fuller Payette Idaho

18. BURIAL, CREMATION OR REMOVAL Place Payette Idaho Date June 13 1934

19. UNDERTAKER Glenn C. Pendent (Address) Payette Idaho

20. FILED 6/13/34 193.. J.C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-11 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| This man probably died of heart disease. I found him dead when I arrived at his home. | |
| Other **contributory causes** of importance: Probably got to hot at his work. | |

Name of operation ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... (Specify)

(Signed) H.B. Fuller M.D.

(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 1 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89973

County of Payette
City of New Plymouth
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Naoma Forbes

48

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Femal | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Frank Forbes

6. DATE OF BIRTH (month, day, and year)
August 8, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 78 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mc Clunney
(State or country) Ohio

FATHER

13. NAME Elijah Enbody

14. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeath Hitchcox

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. M. G. Davis
(Address) New Plymouth Ida

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Idaho Date 6/19, 193.4

19. UNDERTAKER Glenn C. Sandman
(Address) Payette Idaho

20. FILED 6/30/34 193.. J. O. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 193.4., to June 16, 193.4.
I last saw her alive on June 16 193.4.; death is said to have occurred on the date stated above, at 4 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of skin with | 1922 |
| metastasis | 1934 |

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Alfred M. Popma M. D.
(Address) New Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUG 1 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89974

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Forbes

90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Naoma Forbes

6. DATE OF BIRTH (month, day and year) March 21, 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor & Builder

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Penn.
(State or country)

FATHER

13. NAME Absolum Elijah Forbes

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Eliza Ann Gilbert

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Frank Forbes
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date June 28 1934

19. UNDERTAKER C. Lauder
(Address) Payette Idaho

20. FILED 6/30/34, 193... J. C. Woodward
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb ....., 1934.., to June 28, 1934..
I last saw him alive on June 26 1934.: death is said to have occurred on the date stated above, at 7:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic heart disease | 1920 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hypertrophy of prostate | 1928 |
| | |
| | |

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No if so, specify .....

(Signed) C. E. Fred Mc Popma M. D.
(Address) New Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89975

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 37

1187

**PLACE OF DEATH**

County of Fayette

City of New Plymouth

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susie Bell Ward

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Ward.

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 7 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Clair Co Missouri

FATHER

13. NAME A. J. Lewellen

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Julia Anne Winchester

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Raymond Ward New Plymouth, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Date 7/6, 1934

19. UNDERTAKER Peterson-Foster Co.
(Address)

20. FILED 7/10, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2 – 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934 to July 2, 1934
I last saw h alive on June 2, 1934 death is said to have occurred on the date stated above, at 9.00 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | June 7th 1934 |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. C. Paxton, M. D.
(Address) Fayette Idaho

RECEIVED JUG 1 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
89976
State File No.....

**PLACE OF DEATH**

County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

182

2. FULL NAME John Franklin Woodard

(a) Residence. No. Royal, Neb. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Mrs. Retta Woodard

6. DATE OF BIRTH (month, day, and year)
April 15, 1903

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 31 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Royal
(State or country) Neb.

FATHER

13. NAME Mr. Frank Woodard

14. BIRTHPLACE (city or town) .....
(State or country) Illinois

MOTHER

15. MAIDEN NAME Jennie Mc Leod

16. BIRTHPLACE (city or town) .....
(State or country) Canada

17. INFORMANT Mrs. Retta Woodard
(Address) Royal, Nebraska

18. BURIAL, CREMATION OR REMOVAL
Place Royal Neb. Date 7/23, 1934

19. UNDERTAKER Glenn C. Landon
(Address) Payette Idaho

20. FILED 7/19/, 1934 J. C. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/18 1934

22. I HEREBY CERTIFY, That I attended deceased from ...July 18.., 1934.., to ..July 18...., 1934..
I last saw him alive on July 18, 1934..: death is said to have occurred on the date stated above, at 7.30p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned | |
| In Payette river while | |
| swimming | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..none..... Date of..no..
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..accident.. Date of injury.., 193..July 18
Where did injury occur?..Payette County.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....Public place.....
Manner of injury....drowned.....
Nature of injury.....accident.....

24. Was disease or injury in any way related to occupation of deceased?..no.. If so, specify..none.....
(Signed) Edith Landon Coroner.
(Address) Payette, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89977

PLACE OF DEATH
County of Payette
City of Payette
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Charlotte Gustafson Lindquist

(a) Residence. No. 513 N. 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 0

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Peter Lindquist

6. DATE OF BIRTH (month, day, and year) July 4, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | -- | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Gustof F. Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Johanna Johnson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT J. Florence Lindquist
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Scranton, Iowa Date July 27 1934

19. UNDERTAKER Pleyer C. Saunders
(Address) Payette Idaho

20. FILED 7/24 1934 J. C. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 ..., 193..., to July 22, 1934 193...
I last saw her alive on July 22 193 4; death is said to have occurred on the date stated above, 8.30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | Jul. 19/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Auricular Fibrillation | 1932 |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....
(Signed) J. R. Wilson M. D.
(Address) Payette, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89978

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 27

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Valera L. Wade

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year)
July 17 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Am. Falls, Ida.
(State or country)

FATHER

13. NAME Garald Wade

14. BIRTHPLACE (city or town) Farmum, Ida
(State or country)

MOTHER

15. MAIDEN NAME Elsie Lounsbury

16. BIRTHPLACE (city or town) Am. Falls, Ida
(State or country)

17. INFORMANT John Wade
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls Date July 21, 1934

19. UNDERTAKER A. W. Davis.
(Address) Am. Falls, Ida.

20. FILED July 21, 1934 Genemen Nott
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934, to July 20, 1934.
I last saw her alive on July 17, 1934; death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) W. N. Farrell M. D.
(Address) Am. Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89979

Registration District No. 21

Primary Registration District No. 2072 Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothea Lorraine Nachtigall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ½ hrs. or ... 2 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) American Falls Idaho

FATHER

13. NAME W. E. Nachtigall

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Ruby Allen

16. BIRTHPLACE (city or town) (State or country) Hagerman Idaho

17. INFORMANT (Address) H. W. Nachtigal

18. BURIAL, CREMATION OR REMOVAL 1934
Place. American Falls Date. 7-26-34

19. UNDERTAKER (Address) Fogarty

20. FILED 7-26, 1934 Emerson North Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-25-34

22. I HEREBY CERTIFY, That I attended deceased from 7-25-, 193.4., to 7-25-, 193.4.
I last saw her alive on 7-25, 193.4.: death is said to have occurred on the date stated above, at 3:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature (6 months) | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. G. Logan, M. D.
(Address) American Falls, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89980

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 39

(No. 130 North 6th St)

(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Jack Atkins

(a) Residence. No. Central Hotel St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb - 20 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Variety Store

10. Date deceased last worked at this occupation (mo. and yr.) 1/2-1934

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Grimsby
(State or country) Lincolnshire Co England

MOTHER/FATHER

13. NAME No information

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME No information

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT W. J. Owen
(Address) 624 Third St Kellogg Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Greenwood Cemetery Kellogg Ida Date 6/11, 1934

19. UNDERTAKER The Kornbluh Co
(Address) 119 McKinley Ave

20. FILED June 10, 1934 Mrs. Helen M. Brady
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1934, to June 8th, 1934.

I last saw him alive on June 7, 1934.: death is said to have occurred on the date stated above, at 1400 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| Following | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pneumonia | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. B. Lindsay, M. D.

(Address) Kellogg Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89981

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME Harry Lawrence Wilson

(a) Residence. No. 173 McKinley Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Anglo-Saxon | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Roland Wilson

6. DATE OF BIRTH (month, day and year) July 27th 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Weighmaster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Bunker Hill Smelter

10. Date deceased last worked at this occupation (mo. and yr.) June 1934

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Kinmundy Ill

MOTHER FATHER

13. NAME Samuel C. Wilson

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Stella Power

16. BIRTHPLACE (city or town) (State or country) Marion Ohio

17. INFORMANT (Address) Katherine R. Wilson Wife

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place. Fairmount-Idaho Date June 13 1934

19. UNDERTAKER (Address) M. E. Thelander Kellogg Idaho

20. FILED Aug. 10, 1934 Mrs. Helen M. Bride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to June 9, 1934.
I last saw him alive on June 9 1934; death is said to have occurred on the date stated above, at 12:45 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 6-9-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold Anderson M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89982

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 41

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Williamson Hamilton

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 25 1918
7. AGE: Years 16 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brent Alberta Canada

FATHER
13. NAME: Christopher Hamilton
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Mary Warhot
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMENT (Address): Mrs. Hamilton - Evers

18. ~~BURIAL~~, CREMATION, OR REMOVAL. Place Chateau Mount, Date July 22 1934

19. UNDERTAKER (Address): T. L. Stout Kellogg Ida

20. FILED Aug 10, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1934, to July 18, 1934
I last saw him alive on July 18, 1934: death is said to have occurred on the date stated above, at 2:45 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 7-18-34 |
| Appendectomy | 7-17-34 |

Other contributory causes of importance:

Name of operation Appendectomy Date of 7-17-34
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Henderson, M. D.
(Address) Kellogg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89983

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 42

(No. ..... )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Finney

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Dec 24, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 66 | 7 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER FATHER

13. NAME Mr. Pasco

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Mrs.

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Fred Finney (Address) Kellogg, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Kellogg, Ida. Date Aug 4, 1934

19. UNDERTAKER W. P. Thornhill (Address) Kellogg Idaho

20. FILED Aug 10, 1934. Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 1934, to Aug 1, 1934

I last saw her alive on Aug 1, 1934; death is said to have occurred on the date stated above, at 10:30 PM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | 1930 |
| Other **contributory causes** of importance: Bronchial asthma | 1926 |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Glenn McCaffery M. D.

(Address) Kellogg, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89985

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 4
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther May Pierce

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George E. Pierce

6. DATE OF BIRTH (month, day, and year) June 14, 1904

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 30 | 1 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER
13. NAME Mc. Jackson
14. BIRTHPLACE (city or town) (State or country) Ohio
15. MAIDEN NAME Mc Ivy.
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Geo. E. Pierce Smeltervill, Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Kellogg, Ida. Date Aug 4 1934
19. UNDERTAKER (Address) W. J. Chamberlain Kellogg Ida
20. FILED Aug. 1. 1934. Mrs. Esther McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to July 29, 1934.
I last saw her alive on July 29, 1934.: death is said to have occurred on the date stated above, at 10:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Eclampsea, post partum ten days | 7-29-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Breech Extraction | 7-19-34 |
| | |

Name of operation ..... Date of 7-19-34
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Harold T. Anderson M. D.
(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89986

Registration District No. 20

Primary Registration District No. 1011 Local Registrar's No. 1

(No. residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Mary Matter

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Anton Matter

6. DATE OF BIRTH (month, day, and year) Feb 19 1855

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 79 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Angelo Colleld.

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anton Matter (Address) Mullan Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL Place Lewiston Nez Perce Co. Ida. Date July 3 1934

19. UNDERTAKER J. A. Berry (Address) Wallace Ida

20. FILED July 2nd, 1934 C. S. Stone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| (Heart trouble) | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) P. W. Kalp, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89987

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 4

(No. Wallace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Nov 6 - 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Alice Jensen
(Address) Wallace

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date July 31 1934

19. UNDERTAKER J. A. Bever (and Bever Co.)
(Address) Wallace Ida.

20. FILED Aug. 3, 1934 J. A. Bever
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934, to July 28, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | July 25 |
| Chronic endocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Fracture of femur | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?..... Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ... Home
Manner of injury... Fell on floor
Nature of injury... Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) ... Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89988

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 5

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christena Clark

(a) Residence. No. Mullan Ida. St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed.
6. DATE OF BIRTH (month, day, and year): June 12-1868
7. AGE: Years 66 Months 0 Days 21 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: — Johnson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Maurice F. Lynch Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Mullan Ida. Date: Aug 6, 1934

19. UNDERTAKER (Address): J. A. Bever (Ward and Co.) Wallace Ida

20. FILED: Aug 4, 1934 John Bever Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to Aug 3rd 1934.
I last saw her alive on Aug 3. 1934. death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Empyema of Gall Bladder | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Diabetes Mellitus

Name of operation: Cholecystostomy Date of: 7-31-34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify....

(Signed) Maurice F. Lynch, M. D.
(Address) Wallace Idaho

4068

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89989

Registration District No. 70

Primary Registration District No. 110 Local Registrar's No. 3

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 66)

2. FULL NAME John Mucha

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years About 35 | Months — | Days — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Jobs.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Sheriff Office Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Idaho Date: July 20 1934

19. UNDERTAKER (Address): J. A. Buer (Wallace Ida Co.)

20. FILED: Aug 3, 1934 John Buer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis Heart Failure | |
| Hardening of Arteries | |
| Senility | |
| Other **contributory causes** of importance: | |
| Cerebral Hemorrhage | |

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also *the following:*

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. Mowary Coroner

(Address) Wallace Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89990

**PLACE OF DEATH**

County of Shoshone

City of Calder

Registration District No. 70

Primary Registration District No. 1911

Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Freedland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMENT (Address) Herman Stoco Calder, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Ceme. Date July 10 1934 St. Maries, Ida

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho.

20. FILED Aug 3, 1934 John Barr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apparently Asphyxiation Suicide | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Everson Plumbing Shallow Grave Public Road near Calder Gun Shot Wound

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Howard Corbett

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 6 1934

**PLACE OF DEATH**

County of Teton

City of Petonia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89991

Registration District No. 77

Primary Registration District No. 9176 Local Registrar's No. Two

(No. 1 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Elijah Johnston

(a) Residence No. Petonia Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Hannah Elizabeth

6. DATE OF BIRTH (month, day, and year) Dec. 16 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 64 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Odgen
(State or country) Idaho

MOTHER FATHER

13. NAME Peter B. Johnston

14. BIRTHPLACE (city or town)
(State or country) Iowa

15. MAIDEN NAME Luara Emily Reed

16. BIRTHPLACE (city or town)
(State or country) North Dakota

17. INFORMANT Hannah E. Johnston
(Address) Petonia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pinecrest Ashton Date Aug 3 1934

19. UNDERTAKER W. M. Hansen
(Address) St Anthony Idaho

20. FILED 8-4-1934 Alice M. Greene
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934, to July 28, 1934.
I last saw h alive on 7-28 1934. death is said to have occurred on the date stated above, at 4:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of liver | July 1, 1934? |

Other **contributory causes** of importance:

none

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) 8-1-34 C. A. Harris M. D.

(Address) Driggs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 6 '34

**PLACE OF DEATH**

County of Teton

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89992

Registration District No. 77

Primary Registration District No. 9176 Local Registrar's No. One

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Ray Fowler

(a) Residence. No. Driggs, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillian Fowler

6. DATE OF BIRTH (month, day, and year) December 1, 1889

7. AGE: Years 44 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Operator of

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Service Station

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lehi Utah
(State or country)

FATHER

13. NAME Edward Fowler

14. BIRTHPLACE (city or town) Lehi Utah
(State or country)

MOTHER

15. MAIDEN NAME Mary Chadle

16. BIRTHPLACE (city or town) Lehi Utah
(State or country)

17. INFORMANT Mrs. Lillian Fowler
(Address) Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clawson, Idaho Date July 13, 1934

19. UNDERTAKER Jack A. Leland
(Address) Idaho Falls Idaho

20. FILED 7-12-1934. Alice M. Greene
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to July 10, 1934
I last saw him alive on July 10 1934 death is said to have occurred on the date stated above, at 4:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 7-10-34 |
| Hypertension ? | |

Other contributory causes of importance: .....

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) 7-11-1934 [illegible] M. D.
(Address) Driggs Ida

RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89993

County of Twin Falls
City of Burley

Registration District No. 39
Primary Registration District No. 7687 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Neil Griggs

(a) Residence. No. 421 - 8th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 9th 1934
7. AGE: Years | Months: 1 | Days: 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country)

MOTHER
13. NAME Jennet Griggs
14. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho
15. MAIDEN NAME Cox
16. BIRTHPLACE (city or town) Grassy Cove
(State or country) Tenn

17. INFORMANT Jennet Griggs
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date July 5 1934

19. UNDERTAKER Evans & Sorensen
(Address) Burley Idaho

20. FILED July 6 1934 J. F. Willoughby Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 4, 1934.
I last saw him alive on July 4, 1934; death is said to have occurred on the date stated above, at 9 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 7-1-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** In home
Manner of injury .....
Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Berry, M. D.
(Address) Burley Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Twin Falls

City of Hollister

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89994

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 153

(No. 74 a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lenora Davis

(a) Residence. No. Hollister St. 4 Pa
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J B Davis

6. DATE OF BIRTH (month, day, and year) Sept 2 1875

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 58 | 10 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Wife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Jas Okerman

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Matilda Hansen

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) J B Davis

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls ~~Hollister~~ Date July 31 1934

19. UNDERTAKER (Address) J E Drake Twin Falls

20. FILED July 30 1934 Geo. C. Talley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1934 to July 29 1934, that I last saw h alive on July 29 1934: death is said to have occurred on the date stated above, at 4 P m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| High blood pressure | |
| | |
| | |

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury. — 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) H. E. Lamb M. D.
(Address) Twin Falls Ida.

RECEIVED AUG 3 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89995

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 152

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME David K. Egbert

(a) Residence. No. Main St. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma B. Egbert

6. DATE OF BIRTH (month, day and year) June 2, 1856

7. AGE — Years: 78 | Months: 1 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Agriculture
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Ranch
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pleasantville Utah

FATHER

13. NAME Jesse H. Egbert
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Louisa Taylor
16. BIRTHPLACE (city or town) (State or country) Dent County Mo.

17. INFORMANT Mrs. Emma B. Egbert
(Address) Twin Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED July 28, 1934 Geo. C. Halley M.D.
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23th, 1934, to July 27th, 1934.
I last saw h[illegible] alive on July 26 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Age | |
| High Blood pressure | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. C. Lamb M. D.
(Address) Twin Falls Ida

AUG 3 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89996

Registration District No. 37

Primary Registration District No. 7085 Local Registrar's No. 151

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geneva Haight

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Horton D Haight

6. DATE OF BIRTH (month, day, and year): Mar. 26 - 1872

7. AGE: Years 62 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Transville Utah

FATHER

13. NAME: Samuel R Worthington

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Sarah Ann McIntosh

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): R Haight Oakley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Date July 29 1934

19. UNDERTAKER (Address): D E Johnson Burley, Ida

20. FILED July 28 1934 Geo C Walker M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19 1934, to July 26 1934

I last saw he alive on July 26 1934; death is said to have occurred on the date stated above, at 7:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Lung Abscess (Multiple) | July 1934 |
| (b) Bronchiectasis | |
| (c) Deviation | |
| Other **contributory causes** of importance: (Septic Infection) Septic Infarcts Bronchopneumonia | June ? 1934 |

Name of operation: Drainage Lung Abscess Date of: 7-25-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Charles B. Reymer M. D.

(Address) ....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89998

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 149

(No. Twin Falls, Ida. R. F. D.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Joseph F. Carroll

(a) Residence. No. Twin Falls, Ida. RFD. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 26-1931

7. AGE 2 Years 8 Months 27 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.

FATHER

13. NAME J.W. Carroll

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Jocy Preston

16. BIRTHPLACE (city or town)
(State or country) Idaho.

17. INFORMENT Mrs Thos Carroll
(Address) Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Date July, 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Ida.

20. FILED July 26, 1934 Geo. C. Halley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from
Found her dead, 193, to in bed., 193
I last saw her alive on, 193: death is said to have occurred on the date stated above, at 5.30 PM.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strepto Coccii Throat Germs | |
| Strepto Pyo Septaemia | |
| History of 2 wks illness | |

Other contributory causes of importance:

Name of operation Post Mortem exam of Throat Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John R Morgan, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89999

County of Twin Falls
City of Twin Falls Hospital

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 148

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Twin Falls County Hospital)

2. FULL NAME Carroll Elwood Jones

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17- 1932

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| X | X | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Twin Falls

MOTHER

13. NAME Elwood A. Jones

14. BIRTHPLACE (city or town) (State or country) Burley Ida

15. MAIDEN NAME Patricia Winkler

16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMANT (Address) Elwood A. Jones Burley

18. BURIAL, CREMATION OR REMOVAL
Place Rock Date 7/19, 1934

19. UNDERTAKER Evans & Johnson
(Address) Burley Idaho

20. FILED July 25, 1934 Wm. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1934, to July 18th, 1934
I last saw him alive on July 17, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Atelectasis of Lung Congenital | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Evans, M. D.
(Address) Twin Falls Ida

M. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

ED AUG 3
CE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90009
State File No.....

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 147

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chris Coulson

(a) Residence. No..... St. Hansen, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): October 22, 1869
7. AGE: Years: 65; Months: 8; Days: ✓; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 7/18/34
11. Total time (years) spent in this occupation: 26

12. BIRTHPLACE (city or town) (State or country): New York City

MOTHER/FATHER
13. NAME: Samuel Coulson
14. BIRTHPLACE (city or town) (State or country): Birmingham England
15. MAIDEN NAME: Elizabeth Cook
16. BIRTHPLACE (city or town) (State or country): Birmingham England

17. INFORMANT (Address): Emily Jackson Nephi, Utah.
18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls, Idaho Date: 7/20/1934
19. UNDERTAKER (Address): Evans & Jackson Twin Falls, Idaho
20. FILED: July 25, 1934. Geo. C. Halley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/18 1934
22. I HEREBY CERTIFY, That I ~~attended deceased from~~ ....., 193..., to ....., 193....
I last saw ~~him alive~~ on July 25 1934: death is said to have occurred on the ~~date stated above, at~~ 7-18-m34
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac deficiency | |

Other **contributory causes** of importance:
Body found in field four days after death

Name of operation..... Date of.....
What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...Home
Manner of injury.....Natural
Nature of injury. Cardiac weakness

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) .....F. A. Dwight....., M. D.
(Address) Twin Falls County Coroner

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90001

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls, Registration District No. 39
Primary Registration District No. 2085 Local Registrar's No. 146
(No. Addison Ave, East of Twin Falls,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1872

2. FULL NAME Charles Emerson

(a) Residence. No. Kimberly Ida. Rout # 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Elizabeth Emerson

6. DATE OF BIRTH (month, day, and year) July 25-1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or .... min. |
|---|---|---|---|---|
| | 64 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) ,,,,,,,,,,

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) ,,,,,,,,,,,,

17. INFORMENT (Address) Ernest Emerson, Kimberly Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date July 25, 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Ida.

20. FILED July 25, 1934 Geo. L. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22Nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on July 22, 1934 death is said to have occurred on the date stated above, at 9.30 A M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock, Crushing wound of left side of chest caused by Auto accident. | Instant |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-22, 1934

Where did injury occur? 5 1/2 Miles East of Twin Falls
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Addison Ave.

Manner of injury Auto accident.

Nature of injury Crushing of Chest.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No.

(Signed) E. A. Dwyer, M. D.
Twin Falls County Coroner

FORM V. S. No. 5-25 M. 1-16-13

# CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 90002

Registered No. 154

Registration District No. 37

Primary Registration District No. 2085

(No. ..... St.)

1. PLACE OF DEATH.

County of Twin Falls

City of Sawtaugh

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Skinner.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH. 7 (Month) 27 (Day) 1934 (Year)

7. AGE ..... Yrs. ..... Mos. 5 hours

IF LESS than 1 day how many 5 hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Sawtaugh Ida.

10. NAME OF FATHER Wm L. Skinner.

11. BIRTHPLACE OF FATHER (State or Country) La Mar, Colo

12. MAIDEN NAME OF MOTHER Morreen F. Whitney

13. BIRTHPLACE OF MOTHER (State or Country) Sabin, Kan,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. D. Weaver

(Address) Twin Falls, Ida

15. Filed August 1 1934 Geo. C. Holley, M.D. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 27 (Day) 1934 (Year) 161 a

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 7/27 1934, to ..... 191..., that I last saw her alive on 7/27 1934, and that death occured on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:

Premature birth.

.....(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

.....(Duration ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Weaver M. D.

.....19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: D. Dn Farm — DATE OF BURIAL: .....191.....

20. UNDERTAKER: Father — ADDRESS

SYMS - YORK CO., PTRS. &DORS. 24658

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90003

County of Twin Falls
City of
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 14 #5
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Crandall

(a) Residence. No. R F D # 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Ira Crandall
6. DATE OF BIRTH (month, day, and year): Feb 18-1855
7. AGE: Years 79 | Months 5 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lincoln Illinois

FATHER
13. NAME: William Polkamus
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Nancy Buhl
16. BIRTHPLACE (city or town) (State or country): Joliet Illinois

17. INFORMENT (Address): Mrs D L Hill Route # 2 Twin Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Cem Date: 7-23, 1934
19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho
20. FILED: July 23 1934 Geo. C. Holley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 20 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to July 20, 1934
I last saw her ~~alive~~ on ....., 193..., death is said to have occurred on the date stated above, at 2:45 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-sclerosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation: None Date of ✓
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193...
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. D. Wood M. D.
(Address) Twin Falls Idaho
County Health Officer

RECEIVED AUG 3 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90004

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 14

(No. Twin Falls, So. Hansp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elva Everton Cowen

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred / yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Orel C. Cowen

6. DATE OF BIRTH (month, day, and year): May 14, 1906

7. AGE — Years: 28 Months: 2 Days: 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Logan Utah

MOTHER FATHER

13. NAME: John E. Everton

14. BIRTHPLACE (city or town) (State or country): Utah

15. MAIDEN NAME: Lucy Waldron

16. BIRTHPLACE (city or town) (State or country): Logan Utah

17. INFORMANT (Address): Orel C. Cowen

18. BURIAL, CREMATION OR REMOVAL. Place: [illegible] Date: July 22 1934

19. UNDERTAKER (Address): [illegible]

20. FILED July 20 1934 Geo. C. Halley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1934, to July 19th, 1934.

I last saw h[illegible] alive on July 19, 1934.: death is said to have occurred on the date stated above, at [illegible] m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pelvic Peritonitis | |
| Salpingitis | |
| Septic Endometritis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Lowry M.D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING
NLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
ATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1934

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90005
State File No.....

Registration District No. 37

Primary Registration District No. 2085 - Local Registrar's No. 142

(No. Twin Falls Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME C. F. Douglas

(a) Residence. No.....St. Twin Falls, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | Unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**..... Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Twin Falls Co. Hosp.
(Address) Twin Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date July 7, 1934

19. UNDERTAKER Evans & Johnson
(Address) Twin Falls Ida

20. FILED July 16 1934 Geo. C. Valley M.D.
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 5, 1934
I last saw h... alive on July 4, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) C. D. Weaver M. D.
(Address) Twin Falls, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 141

DO NOT WRITE IN THIS SPACE

State File No. 90006

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Hughes

(a) Residence. No. 234 - 4th ave West

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): Nov 16 1925

7. AGE: Years 8 | Months 7 | Days 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Monegaw Mo

FATHER

13. NAME: Eugene Hughes

14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER

15. MAIDEN NAME: Ruth Bybee

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMENT (Address): Eugene Hughes Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Cem Date: 7-15, 1934

19. UNDERTAKER: White Mortuary Inc (Address) Twin Falls Idaho

20. FILED: July 16 1934 Geo. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14th, 1934 to July 14th, 1934

I last saw him alive on July 14th, 1934; death is said to have occurred on the date stated above, at 9:04 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Endocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Rheumatism

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193.

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H E Lamb, M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90007

**PLACE OF DEATH**
County of Twin Falls
City of Hollister
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 140
(No. Hollister Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter J. Cole

(a) Residence. No. Hollister, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samantha Cole,

6. DATE OF BIRTH (month, day, and year) Feb. 1St 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 5 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Springs, Mo.

FATHER
13. NAME No Inf.
14. BIRTHPLACE (city or town) (State or country) No Inf.

MOTHER
15. MAIDEN NAME No Inf.
16. BIRTHPLACE (city or town) (State or country) No Inf.

17. INFORMENT (Address) Geo. Cole Route # 5 Boise,
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date July 14, 1934
19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Idaho.
20. FILED July 14, 1934 Geo. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12Th. 1934
22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934 to July 12, 1934
I last saw him alive on July 12, 1934: death is said to have occurred on the date stated above, at 6.45 m. P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1930 |
| Other contributory causes of importance: | |
| Nephritis | 1932 |

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home.
Manner of injury Natural.
Nature of injury Cor. functionheart failure

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) F. A. Dwight, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 90008

Local Registrar's No. 139

(No. Twin Falls County Farm)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry A. Belcher

(a) Residence. No. Twin Falls County Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 2o-1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virg.

FATHER

13. NAME No inf.

14. BIRTHPLACE (city or town) (State or country) ,,,,,,,,

MOTHER

15. MAIDEN NAME No Inf.

16. BIRTHPLACE (city or town) (State or country) ,,,,,,,,,,

17. INFORMENT (Address) Mrs Minnie Okelberrie Murtaugh, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Okley Ida Date July 8Th 193 4

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Ida.

20. FILED July 14, 193 4 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6Th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to July 6, 1934

I last saw him alive on June 30, 1934: death is said to have occurred on the date stated above, at 4.30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio pneumonia | 6 30 34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. D. Wilcox M. D.
(Address) Twin Falls, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90009

**PLACE OF DEATH**

County of Twin Falls

City of Kimberly

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 138

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME George Lincoln Noble

(a) Residence. No. ..... St. Kimberly Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mollie A Noble

6. DATE OF BIRTH (month, day, and year) Sept 15 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Union Iowa

FATHER

13. NAME Geo. Lincoln Noble

14. BIRTHPLACE (city or town) (State or country) Ohio ?

MOTHER

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mollie A Noble Kimberly Idaho

18. BURIAL, CREMATION, OR REMOVAL ← Place ~~Kimberly Cem~~ Date 7-13 1934

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Ida

20. FILED July 13, 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to July 12, 1934

I last saw him alive on July 12, 1934; death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | 7/7/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J M Keane, M. D.

(Address) Kimberly Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUG 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90010

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 137

(No. Twin Falls Co General Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number.)

100 W

2. FULL NAME Caroline Steller

(a) Residence. No. Route #2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Valentene

6. DATE OF BIRTH (month, day, and year) Feb 23 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME David Mauch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Schwartz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) David Mauch Route #2

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date July 11, 1934

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED July 11, 1934 Geo C. Kelley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/31/34, 193..., to 7/9/34, 193...

I last saw her alive on 7/9/34, 193...: death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute bronchial pneumonia. | about 20 days. |
| Other contributory causes of importance: | |
| Cerebral thrombosis | 5/31/34 |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 193...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles D. Reynes, M. D.

(Address) Twin Falls Idaho

RECEIVED JUL 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90012

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 135

(No. Cosby Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Ida Teichert

(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12 1867

7. AGE: Years 67 | Months 1 | Days - | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mr. Teichert Filer Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date July 8. 1934

19. UNDERTAKER (Address) E. Yoke Twin Falls

20. FILED July 9, 1934 Geo. C. Talley Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/10/31, 193, to 7/6/34, 193
I last saw her alive on 7/6/34, 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | about |
| Diabetes Mel. chronic | 5 yrs. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Nephritis chronic with - - - | 2 yrs. |
| acute exacerbation | 15 days |

Name of operation none Date of
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan V. Hagaman, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90013

**PLACE OF DEATH**

County of Twin Falls

City of Murtaugh,

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 134

(No. Murtaugh Lakes, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence G. Hulett

(a) Residence. No. 287 Vanburan St. Twin Falls, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norman Hulett

6. DATE OF BIRTH (month, day, and year) June 15-1901

| 7. AGE | | | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 33 Years | 0 Months | 19 Days | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simpson Wholesale Grocery Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Avery P. Hulett

14. BIRTHPLACE (city or town) (State or country) K Y .

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs. Norma Hulett Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date July 9, 1934

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Idaho.

20. FILED July 9, 1934 Geo C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1934

22. I HEREBY CERTIFY, That ~~I attended~~ deceased from ....., 193..., to ....., 193...

~~I last saw him alive~~ on July 5, 1934; death is said to have occurred on ~~the date stated above~~, at 7-4 a.m. 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental drowning in Mustaugh Lake Twin Falls County Ida. | |
| Other contributory causes of importance: | |

Name of operation None Date of .....

What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-4 1934

Where did injury occur? Mustaugh Lake
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Accidental drowning

Nature of injury Accidental drowning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. A. Dwight M.D. Fifty M. D., Coroner Twin Falls County
(Address)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90014

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 133

(No. 1 Blk 2 Lot Pilot)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patsy Violet Fear

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 10 1925

7. AGE: Years 8 | Months 7 | Days 24 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Martin Fear
14. BIRTHPLACE (city or town) (State or country) Colo

MOTHER
15. MAIDEN NAME Nora Hayes
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Martin Fear

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date ....., 193..

19. UNDERTAKER F. E. Drake
(Address) Twin Falls

20. FILED July 7, 1934 Geo. Halley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to July, 1934
I last saw her alive on July 4, 1934; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull - Midbrain - Cerebellum | July 4 1934 |
| Shock | |
| Hemorrhage | |
| Cuts face & Forehead | |

Other contributory causes of importance:

None

Name of operation None Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 4, 1934
Where did injury occur? Twin Falls County Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Fell on car - car passing over body
Nature of injury Tearing tissues - Skull fracture

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No

(Signed) Charles B. Reymer, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Murtaugh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 132

DO NOT WRITE IN THIS SPACE

State File No. 90015

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eldon Verdeon McBride.

(a) Residence. No. 252 - 5th Ave East St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~: Iva Annis McBride

6. DATE OF BIRTH (month, day, and year): Sept 12 1905

7. AGE: Years 28 | Months 9 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Coal Mine

10. Date deceased last worked at this occupation (month and year): July 3 - 1934

11. Total time (years) spent in this occupation: 2 years

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Heber McBride

14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER

15. MAIDEN NAME: Heber McBride

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): Mrs. Iva McBride

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date July 8 1934

19. UNDERTAKER (Address): J. E. Drake, Twin Falls

20. FILED July 9, 1934 Geo. C. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 4 1934

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ , 193 , to , 193

I last saw him ~~alive~~ on July 5, 1934: death is said to have occurred on ~~the date stated above~~, at 7-45 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning in Murtaugh Lake Twin Falls County. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 7-4, 1934

Where did injury occur? Murtaugh Lake. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury Accidental drowning

Nature of injury Accidental drowning

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. A. Douglas U.S. Coroner Twin Falls County, Idaho M. D.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90016

County of Twin Falls
City of Murtaugh
Registration District No. 37
Primary Registration District No. 2-085
Local Registrar's No. 131

(No. Murtaugh Lake)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John David Humphrey

(a) Residence. No. Twin Falls, Idaho, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Feb., 12-1905

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Construction laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebr.

FATHER

13. NAME George W. Humphrey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Cranshaw

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Hugh H. Humphrey, Twin Falls, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date July 6, 1934

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Ida.

20. FILED July 6, 1934 Geo. C. Valley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1934

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ , 193 , to , 193

I last saw him ~~alive~~ on July, 5-, 193 4 : death is said to have occurred on ~~the date stated above, at~~ July 4 at 11:15 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned in Murtaugh Lake, Twin Falls County | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury , 193
Where did injury occur? Murtaugh Lake
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Accidental Drowning
Nature of injury Accidental Drowning

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) F. A. Wright M.D. Coroner
Address Twin Falls County.

RECEIVED AUG 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9001

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 130 29

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Claud Sly

(a) Residence. No. Twin Falls, Ida. Route #2 St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Linnie Sly

6. DATE OF BIRTH (month, day, and year) July 18-1882

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Life Insurance Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME James Sly

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Oregon West,

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Mrs. Linnie Sly. Twin Falls, Ida. Route 2

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date July 5 1934

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Idaho.

20. FILED July 5, 1934 Geo. A. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2Nd. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to July 2, 1934
I last saw h. alive on July 2, 1934; death is said to have occurred on the date stated above, at 7.30 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcic Septicaemia | Unknown |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of McCall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 2

DO NOT WRITE IN THIS SPACE
State File No. 90015

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Oscar Wallin

(a) Residence. No. McCall St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 8 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Elmer Keller

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Date ____, 193__

19. UNDERTAKER Keller & Robb
(Address) McCall, Idaho

20. FILED July 30, 1934 H. Kramer Healy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1934, to 7-24, 1934
I last saw him alive on 7-24, 1934: death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hemorrhage | |
| | |

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) Ulysses S. Crist, M. D.
(Address) McCall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90019

**PLACE OF DEATH**

County of Valley

City of Cascade

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beverley Josephine Heaton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, and year) 6/30/34

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cascade Idaho

FATHER

13. NAME Dale Alfred Heaton

14. BIRTHPLACE (city or town) (State or country) Milroy Idaho

MOTHER

15. MAIDEN NAME Charlotte Ina Clemens

16. BIRTHPLACE (city or town) (State or country) Clay Idaho

17. INFORMENT (Address) Mrs. H. A. Heaton Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery Date 7/1, 1934

19. UNDERTAKER (Address) A. S. Pfeifer

20. FILED July 1, 1934 M. Gardner Ruby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to July 1, 1934

I last saw her alive on July 1, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity 6 weeks / premature | |
| Other contributory causes of importance: Failure of Heart muscle / to close | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conrad O. Larsen, M. D.

(Address) Cascade Idaho

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MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90020
State File No.....

Registration District No. 85

Primary Registration District No. 1016

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily Bertha Tracy

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Wht

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Tracy

6. DATE OF BIRTH (month, day, and year): Oct 25 1851

7. AGE — Years: 82 — Months: 9 — Days: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Invalid

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Louis Mo.

MOTHER FATHER

13. NAME: Gilbert Clark

14. BIRTHPLACE (city or town) (State or country): Eng Canada

15. MAIDEN NAME: Rachel Tanner

16. BIRTHPLACE (city or town) (State or country): Eng Canada

17. INFORMANT (Address): Mrs Joseph Rowland Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Weiser Ida. Date: 7-30-1934

19. UNDERTAKER (Address): L. C. Northam Weiser Idaho

20. FILED: Aug 9 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-28-1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1934, to 7-28, 1934.
I last saw her alive on Jan 15, 1934.: death is said to have occurred on the date stated above, at 6 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so specify.....
(Signed) F. A. Summers M. D.
(Address) Weiser Idaho

AUG

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90021

Registration District No. 86

Primary Registration District No. 1010 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma O. Barker

(a) Residence. No. 915 N. 3rd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Wht

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Fredrick L. Barker

6. DATE OF BIRTH (month, day, and year): April 30 - 1854

7. AGE — Years: 84 | Months: 3 | Days: 0 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tenn

MOTHER FATHER

13. NAME: Caleb W. Rechorden

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Judith F. Hooker

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT (Address): Virginia Barker Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Weiser Ida Date 8-1-1934

19. UNDERTAKER (Address): L. B. Northam Weiser Idaho

20. FILED Aug 7, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to July 30, 1934

I last saw h[illegible] alive on July 30, 1934; death is said to have occurred on the date stated above, at 2:45 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Senility | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Hayden Horton, M. D.

(Address) Weiser Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 9002

**PLACE OF DEATH**

County of Washington

City of Weiser

Registration District No. 26

Primary Registration District No. 2112 Local Registrar's No. 1

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Walter John Burke

(a) Residence. No. Weiser Ida St.
(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 31 - 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 5 | 11 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10. NAME OF FATHER Richard J Burke

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Bessie Bercre

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant John Mc Auliffe
(Address) Weiser Idaho

15. Filed July 20, 1934 Emma Hamilton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 12 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from

, 19, to , 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:,

Drowned accidentally in Mud bath at Campbell Hot Springs

No Inquest (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Coroner

What test confirmed diagnosis?

(Signed) L. C. Northam, M. D.

, 19 (Address)

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 7-14 1934 |
| 20. Undertaker L. C. Northam | Address Weiser Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 90023

**PLACE OF DEATH**
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 2
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Zella Jane Ward
(a) Residence. No. Weiser Idaho St. Hall St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| F | Wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 27-1916

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 17 | 10 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salem Idaho

PARENTS

10. NAME OF FATHER E. A. Ward.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Ida May Cherry.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) E. A. Ward Weiser Idaho

15. Filed July 20, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 16 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to July 16, 1934
that I last saw her alive on July 16, 1934
and that death occurred, on the date stated above, at 5:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Embolism

Immediate (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)* Acute Appendicitis
Peritonitis (duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 7/14/34
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. W. Cate M. D.
7/18, 1934 (Address) Weiser Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 7-19-1934 |
| 20. Undertaker L. C. Northam | Address Weiser Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

AUG

C

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 86

DO NOT WRITE IN THIS SPACE
State File No. 90024

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No.
Primary Registration District No. 1010
Local Registrar's No. 3
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norley O'Dell Wilson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Wht | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 20-1918

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 15 | 7 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Orin Wilson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.
12. MAIDEN NAME OF MOTHER Agnes Long
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mo

14. Informant Orin Wilson
(Address) Weiser Idaho

15. Filed Aug 7, 1934 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 24, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to July 24, 1934
that I last saw him alive on July 24, 1934
and that death occurred, on the date stated above, at 5:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Anterior Poliomyelitis Acute

(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) W. M. Coats M. D.
7/31, 1934 (Address) Weiser Ida.

19. Place of Burial, Cremation, or Removal Weiser Idaho
Date of Burial July 26 1934

20. Undertaker L. L. Northam
Address Weiser Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 90025

State File No. .....

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2122
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel N. Lee

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | Whe | |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Susan Lee.

6. DATE OF BIRTH (month, day and year) Dec 6-1848

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 86 | 7 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10. NAME OF FATHER Thomas Lee
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Mary A Simms
13. BIRTHPLACE OF MOTHER (city or town) (State or County) N.Y.

14. Informant (Address) Mrs Walter Willis Weiser Idaho

15. Filed Aug 7, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 25, 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1934, to July 25 1934, that I last saw ~~him~~ her alive on July 25 1934, and that death occurred, on the date stated above, at 3:40 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Jaw.

(duration) 1½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) R Moloney, M.D.
7/31, 1934 (Address) Weiser

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Weiser Idaho | 7-27-1934 |
| 20. Undertaker L. C. Northam | Address Weiser Ida |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

ALL RIGHTS RESERVED FOR BUREAU

RECEIVED AUG 17

90026

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90026

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 6
(No. C.D. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matt Gregurich Greguric

(a) Residence. No. Elk Creek (Usual place of abode) St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| | | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 8-1888

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | Febr. | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ribnik Gospic Jugo-Slavia

MOTHER FATHER

13. NAME Petar Greguric

14. BIRTHPLACE (city or town) (State or country) Ribnik Gospic Jugo-Slavia

15. MAIDEN NAME Maria Mraovic

16. BIRTHPLACE (city or town) (State or country) Bilaj Gospic Jugo Slavia

17. INFORMENT (Address) Leon Zupan 1221 Grove St. Boise Idaho

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place Kellogg Ida. Date Aug. 5, 1934

19. UNDERTAKER (Address) R. L. Stouk Kellogg Ida.

20. FILED Aug 15, 1934 J. Shubert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28th, 1934 to Aug 2nd, 1934
I last saw him alive on July 29th, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) W. C. Lundeen M.D.
(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90027

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 144

(No. 6 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geneva Maria Nowak

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Joseph Nowak

6. DATE OF BIRTH (month, day, and year)
Dec. 26 - 1885

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gunnison Utah

MOTHER FATHER

13. NAME Peter O. Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden
15. MAIDEN NAME Maria Peterson
16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT (Address) Maria Peterson Idaho Farmington

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Ashton Date 8/17, 1934

19. UNDERTAKER (Address) O. W. Farmer St. Anthony Idaho

20. FILED Aug 17, 1934 Sarah B. Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to Aug. 15, 1934.
I last saw her alive on Aug 10 1934.: death is said to have occurred on the date stated above, at 11:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Brights | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Post-Operative Kidney Removal | |
| | |

Name of operation Nephrectomy Date of 1.9.34
What test confirmed diagnosis? Urinalysis Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. W. Kelley M. D.
(Address) St. Anthony, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2025

DO NOT WRITE IN THIS SPACE
State File No. 90028

Local Registrar's No. 161

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Joseph Whitman.

(a) Residence. No. 6450 N. Troy. St. Chicago, Ill.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Maude R. Whitman

6. DATE OF BIRTH (month, day, and year) March 4, 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 41 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Asst. Traffic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mgr., Pacific Fruit Express Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Paul, Minn.

FATHER

13. NAME Salton Whitman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Crowley.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Maude R. Whitman 430 21st Ave. San Francisco, Calif.

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place San Francisco, Calif. Date 8-10, 1934

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED Aug 10, 1934 Geo. C. Talley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1934 to Aug. 9, 1934

I last saw him alive on Aug. 9, 1934: death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| intra-cranial hemorrhage resulting from fracture of skull | Aug 8 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury Aug 8, 1934

Where did injury occur? Nr. Hansen - Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Highway

Manner of injury auto accident

Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles R. Scott, M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR
information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stat
PATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

ACE OF DEATH
of Shoshone
of Kellogg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

90029

DO NOT WRITE IN THIS SPACE
State File No. 90029

Registration District No. 123
Primary Registration District No. WARDNER 2301
Local Registrar's No. 45

(No. Ernest Kellogg Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME H. E. Shuck.

(a) Residence. No. X Kellogg Ida. St. Kellogg Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Juanita Shuck.
6. DATE OF BIRTH (month, day, and year): June 4 1894
7. AGE: Years 40 | Months 2 | Days 5 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: C.E.R.A.
10. Date deceased last worked at this occupation (month and year): Aug 8 34
11. Total time (years) spent in this occupation: 3 yrs.

12. BIRTHPLACE (city or town) (State or country): Ore

FATHER
13. NAME: Harvey N Shuck
14. BIRTHPLACE (city or town) (State or country): Ore

MOTHER
15. MAIDEN NAME: Julia Elliott.
16. BIRTHPLACE (city or town) (State or country): Ore

17. INFORMENT (Address): Earl Hyer Wallace Ida
18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place: Wallace Ida Date: Aug 13, 1934
19. UNDERTAKER (Address): A. Dwyer (Coward Undt Co.) Wallace Ida.
20. FILED Aug 11, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 9 1934
22. I HEREBY CERTIFY, That I attended deceased from August 8, 1934, to Aug. 9, 1934
I last saw h~~im~~ alive on Aug 9. 1934; death is said to have occurred on the date stated above, at 7:15 ~~3:30~~ m. P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull fracture | 8-8-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pulmonary edema | |
| | |
| | |

Name of operation Decompression Date of 8-9-34
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury 8-8, 1934
Where did injury occur? Shoshone Co. Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry Felling timber
Manner of injury Tree fell on head
Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Lumberman
(Signed) Glenn McCaffery M. D.
(Address) Kellogg, Idaho

90030

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90030

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 163
(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Edan Jenette Moyes.

(a) Residence. No. Murtaugh, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Byron Moyes,

6. DATE OF BIRTH (month, day, and year) Apr. 27-1905

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Okley
(State or country) Idaho.

FATHER

13. NAME John Mabey

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Danieletta Wood.

16. BIRTHPLACE (city or town)
(State or country) Utah.

17. INFORMENT Byron Moyes,
(Address) Murtaught Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Ida. Date Aug. 8Th 193 4

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho.

20. FILED Aug. 8, 193 4 Geo C Talley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 6Th. 193 4

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 193 4, to Aug 6, 193 4
I last saw h alive on Aug 5 193 4: death is said to have occurred on the date stated above, at 4 A M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dipthheria | 8/2/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Davis M. D.
(Address) Kimberly Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

90032

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90032

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 85

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Soren L. Nielsen

(a) Residence. No. Box 305 St. Paul, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30, 1894

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 40 | | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ririe, Idaho

MOTHER/FATHER

13. NAME Soren P. Nielsen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Annie Peterson

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Doris M. Crawforth, V.A. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Paul Idaho Date 8-26 1934

19. UNDERTAKER (Address) McGratney Funeral Home, Boise, Idaho

20. FILED 8-25 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1934, to August 24, 1934.
I last saw him alive on Aug. 24, 1934: death is said to have occurred on the date stated above, at 9:30a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Compression Fracture 11th | |
| dorsal vertebra with | |
| paraplegia and partial ileus | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bronchopneumonia, Shock, | |
| Fracture 9th & 10th dorsal | |
| vertebrae, Anesthesia $N_2O$ & $O_2$ | |

Name of operation. Laminectomy Date of. 8-24-34

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, [redacted]? Yes. Date of injury. 8-8, 1934
Where did injury occur? Paul, Minidoda Co., Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. industry
Manner of injury. Fell off hay stack
Nature of injury Fracture 9th, 10th & 11th vertebrae

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) H. E. BAKER, M. D.

(Address) V.A. Facility, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90033

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 143

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina Koski

(a) Residence. No. St. Anthony Idaho St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17—1918

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 16 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Boise (State or country) Idaho

MOTHER FATHER

13. NAME John Koski

14. BIRTHPLACE (city or town) .... (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) .... (State or country) Not Known

17. INFORMANT Supt. C. A. Cook (Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place School Cemetery Date 8/22, 1934

19. UNDERTAKER W. M. Hanson (Address) St. Anthony Idaho

20. FILED Aug 28, 1934 Sarah B. Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10., 1934., to Aug. 20., 1934.
I last saw her alive on Aug 20 1934: death is said to have occurred on the date stated above, at 1930 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary embolus | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pelvic cellulitis | |
| Anemia | |
| | |

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. Robinson M. D.

(Address) St. Anthony Ida.

90034

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 90034

Local Registrar's No. 240

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miss Elbice Teresa Nagle

(a) Residence. No. 1025 Main St. Ontario's Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 14, 1887

7. AGE: Years 47 | Months 2 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Seamstress

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hermann Mo.

MOTHER FATHER

13. NAME: Herchall Nagle

14. BIRTHPLACE (city or town) (State or country): Berlin Germany

15. MAIDEN NAME: Fennjetta Maria Pecoraliker

16. BIRTHPLACE (city or town) (State or country): Alsace Lorraine

17. INFORMANT (Address): Katherine E. Wells 1110 North 8th

18. BURIAL, CREMATION OR REMOVAL: Morris Hill
Place Boise Date 8/31, 1934

19. UNDERTAKER (Address): Shreiber and McLaren

20. FILED 9-1, 1934 W. H. Cadle Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... No ..., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | July 1934 |
| Found dead in bed. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) H. A. Forlach, M. D.
(Address) Boise

90035

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 90035

State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 242

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kittie Louise Bennett.

(a) Residence. No. R.D.# 2. Kuna, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James. H. Bennett.

6. DATE OF BIRTH (month, day, and year): September. 20. 1873.

7. AGE: Years 60 | Months 11. | Days 9. | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York.

FATHER

13. NAME: Thomas Warren.

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): James. H. Bennett. R.D. # 2. Kuna, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Kuna Pl. Idaho. September. 1. 1934., 193..

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 9-1..., 1934 U. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-27-, 1934., to 8-29-, 1934.

I last saw her alive on 8-29-, 1934.; death is said to have occurred on the date stated above, at 7.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock following | |
| fracture of | |
| left leg at great | |
| trochanter. | |
| Other **contributory causes** of importance: | |
| Senile pneumonia | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Robert Bower M. D.

(Address) Boise Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED SEP 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

90036

DO NOT WRITE IN THIS SPACE

State File No. 90036

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 70

## PLACE OF DEATH

County of Bonner

City of Sandpoint

(No. Farnell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bert A. Durand.

(a) Residence. No. ..... St. Morton, Idaho.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel Durand

6. DATE OF BIRTH (month, day and year): Oct. 15, 1879.

7. AGE: Years 54 | Months 10 | Days 7 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Own Farm.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Buffalo New York

PARENTS

10. NAME OF FATHER: William Durand

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Robert Durand.
(Address): Morton, Idaho.

15. Filed Aug 31, 1934. Viola Allen, Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 22, (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1st, 1934, to August 22 1934, that I last saw him alive on Aug. 22nd, 1934, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ..... yrs. mos. 22 ds.

CONTRIBUTORY (Secondary): Diabetes Coma

(duration) ..... yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. B. Greene, M. D.

8-24, 1934 (Address) W. B. Greene

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pinecrest Cemetery Sandpoint Idaho. | Date of Burial: Aug 24 1934

20. Undertaker: L. B. Moon | Address: Sandpoint, Idaho.

90037

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90037
State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 258

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie. E. Morgan.

(a) Residence. No. 1110. N. 19 th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles. W. Morgan.

6. DATE OF BIRTH (month, day, and year): August. 4. 1900.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 34 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town). (State or country): Missouri.

FATHER

13. NAME: Newton Cerleay.

14. BIRTHPLACE (city or town). (State or country): Georgia.

MOTHER

15. MAIDEN NAME: Rosetta Coffey.

16. BIRTHPLACE (city or town). (State or country): Georgia.

17. INFORMANT (Address): Charles. W. Morgan. 1110. N. 19 th Street.

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery. Sept 14. 1934.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 9-12 1934 W. F. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-12 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1934, to 9.12, 193.4
I last saw her alive on 9/11, 1934; death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| T.B. Peritonitis | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pulmonary Tuberculosis | |

Name of operation..... Date of.....
What test confirmed diagnosis? Unusual findings Was there an autopsy?.....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) J. A. Tuthill M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

70038 V

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90038

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 86

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William J. Neely

(a) Residence. No. 624 So. 15th Avenue St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Cornelia Neely

6. DATE OF BIRTH (month, day, and year) May 21, 1841

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 93 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Physician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morgantown, (State or country) West Virginia

MOTHER FATHER

13. NAME Bushrod Neely

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME ---- Mauler

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Doris M. Crawforth (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 9-2, 1934

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 9-4, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, ..., 1934, to August 31, ..., 1934.

I last saw him alive on Aug. 31, 1934.: death is said to have occurred on the date stated above, at 11:45a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia, terminal | |
| (Red Hepatization) | |
| Myocarditis, chronic | |
| (Brown atrophy) | |
| | |

Other **contributory causes** of importance:

Tuberculosis, pulmonary, rt. apex, left hilar; Pleurisy with effusion, left; Collapsed lung, left, severe; Addisons' disease (TB) mild

Name of operation ---- Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. Operation

(Signed) H. E. FOSTER, M. D.

(Address) V.A.F., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90039

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 3+24

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Eli Waugh

(a) Residence, No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda Waugh

6. DATE OF BIRTH (month, day, and year) May 29th 1855

7. AGE — Years: 79 — Months: 2 — Days: 11 — If LESS than 1 day, .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired 2 years
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Bloomington Indiana

MOTHER FATHER

13. NAME James Harvey Waugh
14. BIRTHPLACE (city or town) (State or country) Don't Know
15. MAIDEN NAME Rebecca Miller
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT (Address) Mrs Amanda Waugh Nampa Ida RFD 2

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date Aug 12 1934

19. UNDERTAKER (Address) B W Robison Meridian Ida

20. FILED 8/11, 1934 W. H. Rea Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934, to Aug 9, 1934.
I last saw him alive on Aug 9, 1934: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 10 Yrs ago Undetermined |

Other **contributory causes** of importance:

None

Name of operation None Date of ....
What test confirmed diagnosis? Exam. of Urine Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No if so, specify ....

(Signed) L. E. Jewell M. D.
(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 31 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90040

County of Ada.
City of Meridian.
Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 25

(No. 179)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Guffey.

(a) Residence. No. Meridian, Route-2, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of E. G. Guffey

6. DATE OF BIRTH (month, day, and year) Jan. 17-1888

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 7 | 9. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Edwin S. Hicks.

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Sadie Walton

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) E. G. Guffey, Meridian, R. No. 2.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Idaho Date 8, 27, 1934

19. UNDERTAKER Wm. E. Talley.
(Address) Nampa, Idaho.

20. FILED 9/1, 1934 L. W. Pace Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-6-1934, 193.., to 8-12-1934., 193..
I last saw her alive on 8-12-34, 193..: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis. | |
| Other contributory causes of importance: (General) Anasarca. | |

Name of operation -- Date of --
What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) F. J. Coleman, M. D.
(Address) Kuna, Idaho.

RECEIVED SEP 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90044

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 223

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Burton Sills

(a) Residence. No. 920 Pueblo St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 8, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day 24 hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Lloyd B. Sills

14. BIRTHPLACE (city or town) Roseburg,
(State or country) Washington.

MOTHER

15. MAIDEN NAME Nellie B. Roberts

16. BIRTHPLACE (city or town) Halsville,
(State or country) Missouri.

17. INFORMANT Lloyd B. Sills
(Address) 920 Pueblo

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug. 10 1934.

19. UNDERTAKER Summers & Krebs
(Address) 906 Bannock

20. FILED 9-10 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1934, to Aug. 9, 1934.
I last saw him alive on Aug. 9 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature-Respiratory failure | at birth |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Harold T. Norris M. D.
(Address) 309-10 Eastman Bldg Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90045

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 216

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mike Conis

(a) Residence. No. Manitou Hotel St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 15th. 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Resturant Manager

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greece
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Marvin Young
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug. 1, 1934

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED Aug. 1, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934, to July 30, 1934.
I last saw him alive on July 30 1934. death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Op. for Gangenous appendix | |
| Fecal Fistula | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Exhaustion | |
| | |

Name of operation Appendectomy Date of 6/24/34

What test confirmed diagnosis? Clinical & Laboratory

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Fred A. Ramey Jr., M. D.
(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90046

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 217

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Martin Stoddard

(a) Residence. No. 1719 North 27th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah B.

6. DATE OF BIRTH (month, day, and year) October 14th. 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

MOTHER FATHER

13. NAME John M. Stoddard

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Jane Priest

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Hannah Stoddard Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-29, 1934

19. UNDERTAKER (Address) W. McBratney Boise

20. FILED 8-1, 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1933 to July 27, 1934
I last saw h[illegible] alive on July 20 1934; death is said to have occurred on the date stated above, at 4 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Interval between onset and death |
|---|---|
| Cerebral Hemorrhage | July 27/34 |
| Hypertension | 19 7 |
| Arteriosclerosis | |
| | |
| | |
| Other **contributory causes** of importance: Chronic Cholecystitis | 1933 |
| | |
| | |

Name of operation none Date of .....
What test confirmed diagnosis? was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
**(Specify city or town, county, and state)**
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Bruce B. Budge M. D.
(Address) Boise

Budge

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90047

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 218

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Stern Kinzie

(a) Residence. No. 205 East Jefferson St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Howard

6. DATE OF BIRTH (month, day, and year)
August 26, 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 87 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME William Stern

14. BIRTHPLACE (city or town) (State or country) -------

MOTHER

15. MAIDEN NAME Ellen Starr

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Joseph J. Kenzie Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill Place Date 8-5- 4 193..

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 8-4 193 4 W. H. Rhoden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 193 4, to Aug 2 193 4.
I last saw h[illegible] alive on Aug 2 193 4 death is said to have occurred on the date stated above, at 11 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion | |
| Senility | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Fracture left femur | 7/2/34 |

Name of operation None Date of —
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 7/2 193 4
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Fracture left femur
Nature of injury Fall

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Bower, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 90048

219

Local Registrar's No.

2. FULL NAME Franklin D. Seelye

(a) Residence. No. St. Barber, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | W. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, and year) October 9, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saratoga, Ill.

MOTHER FATHER

13. NAME Mason Seelye

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Ellen Seely

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Mrs. Ellen Edmundson Barber, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-6-, 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 8-4-, 1934 W. H. Rhoden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-1- 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-20-, 1934, to 8-1-, 1934.

I last saw him alive on 8-1-, 1934; death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions | |
| Decubitus Acute | |
| Nitrogenous | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bright's disease | |
| + Hypertension | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90049

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 220

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sherman Myers Coffin.

(a) Residence. No. 819. N. 19 th Street. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February. 12.1860.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Hardware Merchant.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ottumwa, Iowa.

FATHER

13. NAME Thomas Chalkley Coffin.

14. BIRTHPLACE (city or town) (State or country) New Garden. North Carolina.

MOTHER

15. MAIDEN NAME Sarah Myers.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT (Address) Vestal. P. Coffin. 819. N. 19 th Street. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. Date Aug. 7, 1934.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 8-6..., 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934., to Aug. 5, 1934.

I last saw h alive on Aug. 4, 1934: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Cardiac | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Ivy Lacey Ivy, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90050

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 221

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mae B. Jensen

(a) Residence. No. 2426 Ellis Avenue St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. N. Jensen

6. DATE OF BIRTH (month, day, and year)
December 30, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Isiah Brock

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Isabelle Kennedy

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT (Address) J. N. Jensen Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-9-, 193 4

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 8-7, 193 4 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-7 193 4

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 193 4 to 8-7, 193 4

I last saw her alive on 8-7, 193 4 death is said to have occurred on the date stated above, at 5 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | 1934 |
| Bronchitis | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Radium Ray Date of 8-1934

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bruce A. Rudge M. D.
(Address) Boise

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of ADA

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90051

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 224

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ANNA-ELIZABETH-KEOGH.

(a) Residence. No. 507-N-5th St.
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day and year): Dec-26-1862.

7. AGE: Years 71 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Teacher
10. Date deceased last worked at this occupation (mo. and yr.): 10 years
11. Total time (years) spent in this occupation: 44 years

MOTHER/FATHER

12. BIRTHPLACE (city or town) (State or country): Worcester Ottawa-Canada
13. NAME: Timothy Keogh
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Jane Shaffington
16. BIRTHPLACE (city or town) (State or country): Ottawa, Canada

17. INFORMANT (Address): H. Allen 1218 Bannock St.

18. BURIAL, CREMATION OR REMOVAL. Place: Boise Cem. St. Johns Date: 8-10 1934

19. UNDERTAKER (Address): Schreiber & Mc Comas

20. FILED 8-10 1934 Roger W. A. Rhodes Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, to 8/8, 1934

I last saw her alive on 8/7, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hypertension | |
| | |

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Clinical Findings

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Pillsbury, M. D.

(Address) Boise Idaho

RECEIVED SEP 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90052

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 225

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Arthur Faubion.

(a) Residence. No. 1 ½ Miles East of Star, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

78

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Jennie Faubion.

6. DATE OF BIRTH (month, day, and year) Nove. 25. 1874.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 59 | 8 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Jacob Faubion.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Orval Faubion.
(Address) R.D. # 1. Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Star Cemetery. Aug. 14 1934. 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-13, 1934 W. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30., 193.4., to August 13 193.4.
I last saw him alive on Aug. 12, 193..4 death is said to have occurred on the date stated above, at 3. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Hospital
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold W. Stone M. D.
(Address) Boise, Idaho

8-17-18

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90053

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 226

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Erma Louise Nall

(a) Residence. No. 2312 No. 22nd. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 19, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

MOTHER FATHER

13. NAME John Nall

14. BIRTHPLACE (city or town) (State or country) Chester Arkansas

15. MAIDEN NAME Frances Garr

16. BIRTHPLACE (city or town) (State or country) Boise

17. INFORMANT (Address) John Nall, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-12-, 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 8-13, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934, to Aug 11, 1934

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Entro colitus | Aug 8 |
| with convulsions | |
| Died suddenly | |
| Other **contributory causes** of importance: | |
| Probable food infection | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) A. V. Veach M. D.

(Address) 1 Bruins Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90054

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 227

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Colvin

(a) Residence. No. 1512 No. 14th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | F. | M. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie K.

6. DATE OF BIRTH (month, day, and year) September 21, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Attorney

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Altmar, N. Y.

FATHER

13. NAME John Colvin

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Susan Wallace

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT (Address) C. J. Colvin Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-18-, 1934

19. UNDERTAKER (Address) W. McBratney, Boise.

20. FILED 8-15 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-13- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934., to Aug. 13, 1934.
I last saw him alive on Aug. 13, 1934.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Gall Bladder | |
| " resulting Abscess | |
| " peritonitis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Incision & drainage Date of Aug 2.

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) A. H. Parker, M. D.

(Address) Boise

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90055

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 228

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Boynton Fleming

(a) Residence. No. Y.M.C.A. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): D.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leone Clark

6. DATE OF BIRTH (month, day, and year): November 1st. 1906

7. AGE — Years: 27 — Months: 9 — Days: 17 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Driver

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Bakery

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Boise

FATHER

13. NAME: C. J. Fleming

14. BIRTHPLACE (city or town) (State or country): Minn.

MOTHER

15. MAIDEN NAME: Elsie Mayse

16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT: C. J. Fleming (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill Date: 8-21-1934

19. UNDERTAKER: W. McBratney, Boise. (Address)

20. FILED 8-21, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1934 to 8-18, 1934

I last saw him alive on 8-18, 1934; death is said to have occurred on the date stated above, at 12:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture skull - | |
| Left ear torn off | |
| Crushed chest | |
| Punctured wound | |
| Left abdomen | |
| Other **contributory causes** of importance: | |
| Hemorrhage base | |
| Skull + Lungs | |

Name of operation: ..... Date of: .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, ~~suicide, or homicide?~~ ..... Date of injury 8-18, 1934

Where did injury occur? Boise Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place

Manner of injury: Auto accident

Nature of injury: Fractured skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. P. Hamilton, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILED SEP 10 [illegible]

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90056

Registration District No. 3
Primary Registration District No. 1004 Local Registrar's No. 229

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dwight Franklin Johnson

(a) Residence. No. St. Luke's Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 6 - 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 7 | 5 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett (State or country) Idaho

FATHER
13. NAME Bowers D. Johnson
14. BIRTHPLACE (city or town) Utah (State or country)

MOTHER
15. MAIDEN NAME Florence E. White
16. BIRTHPLACE (city or town) Wyoming (State or country)

17. INFORMANT Bowers D. Johnson (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 8/22 1934

19. UNDERTAKER C. D. Buckhouse
(Address) Emmett Idaho

20. FILED 8-23, 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1934, to 8-19, 1934
I last saw him alive on 8-19, 1934: death is said to have occurred on the date stated above, at 6 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Appendix | 8-17-34 |
| Septicemia | |

Other **contributory causes** of importance:

Name of operation. Appendectomy Date of 8-18-34
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. A. Forbush M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90057

231

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No.

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. Chitwood

(a) Residence. No. Route 5 St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, and year) November 8, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Forest Ranger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** U. S. Govr.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Fredonia, Kansas

FATHER

13. NAME Richard Chitwood

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Sarah Casteel

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT (Address) R. M. Pritchard Route 5, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-25-, 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 8-24-, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-23-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Aug 23, 1934
I last saw h....alive on Aug 23 1934; death is said to have occurred on the date stated above, at Boise.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Pulmonary Emphysema | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardiac Decalcification (Chronic Myocarditis) | |

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) James A. Stewart M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90058

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 232

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elvin Rossell

(a) Residence. No. Atlantia, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March.6.1905.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 29 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Billings
(State or country) Montana.

FATHER

13. NAME Camby Rossell.

14. BIRTHPLACE (city or town). Alberta
(State or country) Canada.

MOTHER

15. MAIDEN NAME Minnie Lee Frazier

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Allice Williams
(Address) 208 Bannock Street, Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill Date. 8/24., 193.4

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho.

20. FILED 8-25 193.4 W. A. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH 23

21. DATE OF DEATH (month, day and year) Aug. 23 193 4

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 193.4., to 8/23, 193.4.
I last saw h[illegible] alive on 8/22, 193.4.: death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia, Acute. | 8/18/34 |
| Pulmonary edema | 8/22/34 |
| | |

Other **contributory causes** of importance:

Name of operation Tracheotomy Date of 8/16/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) R. D. Simonton, M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90059

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 233

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Wesley Atkinson

(a) Residence. No. 1419 N. 22nd. St. St. Boise
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan Elizabeth

6. DATE OF BIRTH (month, day and year) March 28, 1843

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 91 | 4 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME James Atkinson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lavina Simonson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Irene Pease Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug 28, 1934

19. UNDERTAKER (Address) W. McBratney, Boise.

20. FILED 8-27, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-27-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1934, to Aug. 27, 1934.
I last saw him alive on Aug. 26 1934: death is said to have occurred on the date stated above, at 7:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Angina Pectoris and Heart Block | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? —. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
*Accident, suicide, or homicide?* ..... *Date of injury*.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Davis M. D.
(Address) Boise, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90060

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 234

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rodney Merle Ayres.

(a) Residence. No. Star, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Janaury. 22.1920.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 14 | 7 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Star, Idaho.

MOTHER/FATHER

13. NAME Clarence. L. Ayres.

14. BIRTHPLACE (city or town) (State or country) Star, Idaho.

MOTHER

15. MAIDEN NAME Clara. M. Wolfkiel.

16. BIRTHPLACE (city or town) (State or country) Meridian, Idaho.

17. INFORMANT Clarence. L. Ayres.
(Address) Star, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Star Cemetery. Aug. 28 1934., 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-27., 193.. W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-15., 1934., to Death., 193....
I last saw h[illegible] alive on 8-24., 1934. death is said to have occurred on the date stated above, at 9.40 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary embolism | 8-21-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Empyema | 8-25-34 |
| & Arthritis | |

Name of operation None Date of.....
What test confirmed diagnosis? Phys. findings Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so, specify.....
(Signed) L. J. West, M. D.
(Address) Boise City

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Duplicate

# PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90061

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 235

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Ann Russell.

(a) Residence. No. Grandview, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 6. 1934.

7. AGE — Years: | Months: 7 | Days: 17 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Grandview, Idaho.

FATHER

13. NAME: Edwin Wm. Russell.

14. BIRTHPLACE (city or town) (State or country): Tabor Alberta Canada.

MOTHER

15. MAIDEN NAME: Neoma Ethel Davis.

16. BIRTHPLACE (city or town) (State or country): Gothenburg Nebraska.

17. INFORMANT (Address): Edwin Wm. Russell. Grandview, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Grandview, Ida Date: 8/25, 1934

19. UNDERTAKER (Address): Summers & Krebs Boise, Idaho

20. FILED: 8-29, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1934, to Aug. 23, 1934.
I last saw her alive on Aug. 23 1934; death is said to have occurred on the date stated above, at 1.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | Probable |
| Bronchopneumonia | Aug. 15 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Mongolianism | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Harmon Brenaman M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90062

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 236

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Alice Teeter.

(a) Residence. No. 3 Miles South East of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William. B. Teeter.

6. DATE OF BIRTH (month, day, and year) June. 29. 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 1 | 26. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER FATHER

13. NAME William. H. Bourn.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Rebecca Parsel.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT William. B. Teeter.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill cemetery, Aug. ~~29~~ 31. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-29 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-26-, 1934, to 8-27-, 1934

I last saw h[illegible] alive on 8-27 1934: death is said to have occurred on the date stated above, at 9:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstruction of bowels.— | |

Other **contributory causes** of importance:

| | |
|---|---|
| Carcinoma of Sigmoid | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Phil Bozek M. D.

(Address) Boise Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90063

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Lappens

(a) Residence. No. 26th. and Hill St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 1st. 1900

7. AGE — Years: 34 — Months: 4r — Days: 30 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nebraska

FATHER

13. NAME: Pete Lappens

14. BIRTHPLACE (city or town) (State or country): Wisconson

MOTHER

15. MAIDEN NAME: Bessie Duval

16. BIRTHPLACE (city or town) (State or country): Wisconson

17. INFORMANT (Address): Pete Lappens Boise Idaho

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery
Place: Boise Date: 8-1-1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED: 8/1/..., 1934 E. L. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-30 1934

22. I HEREBY CERTIFY, That I attended deceased from March ...., 1934., to July 30 ...., 1934.
I last saw him alive on July 29 ..., 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Witness

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90064

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha I. Tennyson.

(a) Residence. No. Route # 2 near Cole School. St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July. 19. 1854.

7. AGE — Years: 80 — Months: 1 — Days: 4 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Belgrade Missouri

MOTHER FATHER

13. NAME: Charles Bryan.

14. BIRTHPLACE (city or town) (State or country): Verginia.

15. MAIDEN NAME: Catherine Hicks.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Luther W. Tennyson. 1705-State-St. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill Date. 8/25., 193. 4

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 8-27., 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/23 193 4

22. I HEREBY CERTIFY, That I attended deceased from aug. 7., 193. 4. to aug. 23., 193. 4

I last saw her alive on aug. 23 193. 4. death is said to have occurred on the date stated above, at 1.0P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I. | |
| Senility | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Uremia Arteriosclerosis | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred A. Lemmon, M. D.

(Address) Boise Idaho

RECEIVED SEP 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City or Near City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90066

Registration District No. 9

Primary Registration District No. 2004 Local Registrar's No. 81

(No. County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Mary E. Cook

(a) Residence. No. 1023 Manitou Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: James Cokk

6. DATE OF BIRTH (month, day, and year): Oct. 2nd 1853

7. AGE — Years: 80 | Months: 10 | Days: 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Aboard Ship On Atlantic Ocean

FATHER

13. NAME: Not Obtainable

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Not Obtainable

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. W. M. Clifton 1221 Euclid St.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug 16, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 8-16, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-13-1934

22. I HEREBY CERTIFY, That I attended deceased from ...May 3..., 1933., to ...August 13., 1934.

I last saw her alive on ...Aug 12 1934.: death is said to have occurred on the date stated above, at 2.45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Incontinence of urine for years | |
| Senility | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) .....M. Calloway....., M. D.

(Address) .....Boise.....

M. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90067

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Jennie Houghton.

(a) Residence. No. 3 Miles South East of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Houghton.

6. DATE OF BIRTH (month, day, and year)
January. 9.1861.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 73 | 7 | 15. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Davenport, Iowa

MOTHER FATHER

13. NAME: Thomas Garstang.

14. BIRTHPLACE (city or town) (State or country): England.

15. MAIDEN NAME: Louisa Wooden.

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: George Houghton.
(Address) R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill cemetery Aug. 26. 1934.

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-24, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-24.1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16th, 1934., to Aug. 24th, 1934.

I last saw her alive on Aug. 24th, 1934.; death is said to have occurred on the date stated above, at 3.0 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of left breast- | |
| Involving vista- | |
| Lungs. | |
| Other **contributory causes** of importance: | |
| Carcinoma of | |
| breast. Started about | |
| 10 years ago. | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) F. M. Bayne M. D.

(Address) Boise Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG

# PLACE OF DEATH

County of Ada

City of Nera The City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90068

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 12

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

79

2. FULL NAME Fred William Davis

(a) Residence. No. Ustick St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Rhoda Davis

6. DATE OF BIRTH (month, day, and year): Oct 16 1908

7. AGE: Years 25 | Months 8 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stillwater Okla.

MOTHER FATHER

13. NAME: Ora Davis

14. BIRTHPLACE (city or town) (State or country): Salem Neb.

15. MAIDEN NAME: Estel Hesser

16. BIRTHPLACE (city or town) (State or country): La.

17. INFORMANT (Address): Estel Hartman Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 7/17, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 7-18, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to July 14, 1934.

I last saw him alive on July 12 1934; death is said to have occurred on the date stated above, at 11:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| abcess in Lung, following skin infection after a recent burn | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Carraway M. D.

(Address) 1 Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Adams
City of New Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90069

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 26
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abner R Linvill

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | M. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary West

6. DATE OF BIRTH (month, day, and year) Oct 12 1837

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 96 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1916

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Mrs Ora Taylor New Meadows

18. BURIAL, CREMATION OR REMOVAL
Place Oregon Date Aug 13, 1934

19. UNDERTAKER (Address) Cascade Ida.

20. FILED SEP 1 3 1934 193... DR. ALVIN S. THURSTON Registrar
COUNCIL, IDAHO

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 11 1934

22. I HEREBY CERTIFY, That I attended deceased from ...Aug....., 193.3., to .....Aug 19.., 193.4..
I last saw him alive on .Aug...1 193.4.: death is said to have occurred on the date stated above, at 7:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ...0... Date of injury .., 193.
Where did injury occur? .....0.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....0.....
Manner of injury .....0.....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Alvin S Thurston M.D., M. D.
(Address) Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of Indian Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90070
State File No.

Registration District No. 21

Primary Registration District No. Local Registrar's No. 87

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glen Roy Coriell 113

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | W. | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 7. 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) SEP. 13. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indian Valley
(State or country)

FATHER

13. NAME Jacob Harvey Coriell

14. BIRTHPLACE (city or town) Indian Valley
(State or country)

MOTHER

15. MAIDEN NAME Mary Helena Francis

16. BIRTHPLACE (city or town) Rock Spring Valley
(State or country)

17. INFORMANT Family
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Indian Valley Date. 8/16., 193.4

19. UNDERTAKER J. Huddleson
(Address)

20. FILED SEP. 13 1934, 193... Alma S. Thurston MD
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/22, 193.4, to 8/24, 193.4
I last saw him alive on 8/24, 193.4: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Alimentary Intoxication | |
| Summer Diarrhea | 8/21/34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation ..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 ..... Date of injury.., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....
(Signed) Alma S. Thurston MD, M. D.
(Address) Council Ida

SEP 1 7 1934

**PLACE OF DEATH**

County of Adams.

City of Weiser.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90071

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Whitcraft

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | M. Separated. |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) ~~WIFE~~ of unknown.

6. DATE OF BIRTH (month, day, and year) July 19th. 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 85 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** a Country

10. Date deceased last worked at this occupation (mo. and yr.) ?

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER/FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs Ellen Brake Weiser
(Address)

18. BURIAL, CREMATION OR REMOVAL (Mountain View)
Place Brake Ranch Date 8/26, 1934.

19. UNDERTAKER Family
(Address)

20. FILED SEP 13 1934, 193...
DR. ALVIN S. THURSTON
COUNCIL, IDAHO
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/26 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 193.4., to 8-25, 193.4.

I last saw h. alive on 8-25, 193.4.; death is said to have occurred on the date stated above, at 10:00 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | 2-3 yrs. |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Alvin S. Thurston M.D., M. D.
(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 14 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90072

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 167

(No. Pocatello, General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

120

2. FULL NAME Lucy Vernal

(a) Residence. No. Challis, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Mexicah | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Levi Vernal

6. DATE OF BIRTH (month, day, and year) September 13, 1887.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 47 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gibbonsville, Idaho.

MOTHER FATHER

13. NAME Present Ortiz

14. BIRTHPLACE (city or town) Challis (State or country) Idaho.

15. MAIDEN NAME Josephine (Unknown)

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Levi Vernal (Address) Challis, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho Date Aug 17 1934

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho

20. FILED Aug 15, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934 to Aug 14, 1934

I last saw her alive on Aug 14, 1934; death is said to have occurred on the date stated above, at 5.30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Yellow Atrophy of Liver. | Aug 1 1934 |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Walker M. D.
(Address) Pocatello Idaho

RECEIVED AUG 14 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 90073

Local Registrar's No. 168

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1882

2. FULL NAME John V. Kissel

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower of Sarah Foote

6. DATE OF BIRTH (month, day, and year) April 13, 1858.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** On Farm

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) New York

FATHER

13. NAME William Kissel

14. BIRTHPLACE (city or town). (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town). (State or country) Unknown

17. INFORMANT Everett V. Kissel
(Address) Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lava Hot Springs Date Aug 19 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Aug 15, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1934, to 8-14, 1934.

I last saw h... alive on 8-14 1934; death is said to have occurred on the date stated above, at 10 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock as result of Crushing injury to both chest | |

Other **contributory causes** of importance:

Name of operation... Date of...

What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 8-10 1934
Where did injury occur? Inkom Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in ~~industry~~, ~~in home~~, or in public place Hit by auto truck on highway
Manner of injury
Nature of injury Crushing injury both chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.
(Address) Pocatello

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90074

PLACE OF DEATH
County of Bannock
City of POCATELLO IDAHO
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 169
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Simon Lewis

(a) Residence. No. 307 So Arthur St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: ....
6. DATE OF BIRTH (month, day, and year): July 1858
7. AGE: Years 76 | Months 1 | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: merchant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: dry goods
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Mary Lewis POCATELLO IDA[illegible]O
18. BURIAL, CREMATION, OR REMOVAL. Place: Salt Lake City Date Aug 15 1934
19. UNDERTAKER (Address): McHAN [illegible]ERTAKING CO POCATELLO. IDAHO
20. FILED Aug 17 1934 ....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 16 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1934 to Aug 16 1934.
I last saw h.im alive on Aug 16 1934.; death is said to have occurred on the date stated above, at 6.15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary arteriosclerosis | ? |
| Heart Block complete | Aug 8, '34 |
| Myocardial degeneration | " " " |
| | |
| | |
| Other **contributory causes** of importance: | |
| Diabetes mellitus | 10 yr. |

Name of operation None Date of ....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....
(Signed) R. P. Howard, M. D.
(Address) POCATELLO. IDAHO

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90075

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 172

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Edwards

(a) Residence. No. South of Pocatello City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Workman

6. DATE OF BIRTH (month, day, and year) May 26, 1853.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 2 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, Iowa.

FATHER
13. NAME Isaac Edwards
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Susannah Custer
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. Wm. H. Edwards
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Aug. 21, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Aug. 20, 1934. J. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 18, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933, to Aug. 18, 1934.
I last saw him alive on Aug. 15, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| Other **contributory causes** of importance: | |
| Spread to liver | |

Name of operation None Date of.....
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** No
Manner of injury No
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. H. Brown M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90076

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 173

(No. 331 1/2 North 13th)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Frank Spahr

(a) Residence. No. 331 1/2 NOrth 13th St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day and year) Oct. 8th, 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Frank E. Spahr

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER

15. MAIDEN NAME Wynonia Jerrell

16. BIRTHPLACE (city or town) Unknown
(State or country) Utah

17. INFORMANT Frank E. Spahr
(Address) 331 1/2 North 13th

18. BURIAL, CREMATION OR REMOVAL
Place Mt. View Date Aug. 22 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 8-27 1934 L. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 193.4., to Aug. 19, 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma Epilepticus | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.
(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90077

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 174
(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rozena Vlaugh
(a) Residence. No. Aberdeen St. Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6a. If married, widowed, or divorced (HUSBAND of (or) WIFE of): Frank Vlaugh
6. DATE OF BIRTH (month, day, and year): Mar 6. 1894

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 40 | 5 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pleasant Grove Utah

MOTHER
13. NAME: Sarah Richins
14. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah

FATHER
15. MAIDEN NAME: Mary Ellis
16. BIRTHPLACE (city or town) (State or country): Pleasant Grove Utah

17. INFORMANT (Address): Frank Vlaugh Aberdeen Idaho
18. BURIAL, CREMATION OR REMOVAL: Place: Pleasant Grove Date: Aug 27 1934
19. UNDERTAKER (Address): H. L. McAfee Pocatello Idaho
20. FILED: Aug 23 1934 R. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 22 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug. 4. 1934, to Aug 22 1934
I last saw h.w. alive on Aug. 4. 1934: death is said to have occurred on the date stated above, at 8:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uterine hemorrhage | |
| Exist. appeared about 6 months | |
| ago. Became severe 2 days | |
| before entering hospital | |
| | |
| Other **contributory causes** of importance: | |
| Probable Cancer | |
| or fibroid of uterus | |

Name of operation... None ..... Date of.....
What test confirmed diagnosis? C. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.. If so, specify.....
(Signed) ..R. M. Newton....., M. D.
(Address) ..Pocatello....Idaho.....

RECEIVED SEP 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90078

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 175

(No.) Bannock County Jail

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward O'Brien 41

(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: 46 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Black-smith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Helper

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: M. O'Brien

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Sherriff M.J.Rossiter
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pittsburgh, Penn. Date On Arrival, 193..

19. UNDERTAKER: Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 27, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 26, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1934 to ....., 193....

I last saw him alive on Aug 26, 1934; death is said to have occurred on the date stated above, at 1 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | |
| Entire Lung of | |
| Bilateral death | |

Other **contributory causes** of importance:

| | |
|---|---|
| Abscess left lung | Lower lobe |
| Cirrhosis liver | |

Name of operation None Date of....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. C. Lauman, M. D.

(Address) Pocatello, Idaho.

RECEIVED SEP 14

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90079

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 176

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur T. Baker

(a) Residence. No. Pocatello St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

118 L

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Baker

6. DATE OF BIRTH (month, day, and year): Oct. 21, 1878

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 56 | 10 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Painter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oxford Idaho

FATHER

13. NAME: John Willard Baker
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Gooch
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Elizabeth Baker Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Oxford Date: Aug 28 1934

19. UNDERTAKER (Address): L. McCann Pocatello Idaho

20. FILED Aug 27, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 193.., to Aug 25..., 193.4.
I last saw him alive on Aug 25 1934; death is said to have occurred on the date stated above, at 8:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| Leucocytosis | |
| | |
| Other ~~contributory causes~~ of importance: | |
| Intestinal Obstruction | |
| Appendicitis | |

Name of operation: Appendectomy 8/22/34 Date of: Aug

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to ~~exter'l causes~~ (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury .., 193.
Where did injury occur? /
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. /
*Manner* of injury /
Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Hayes M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90080
State File No.

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 178

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1898

2. FULL NAME Beldon Jerome Hillman

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 11, 1913.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Pacific-Fruit Express Co.

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 25/34.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clifton, Idaho.

FATHER

13. NAME J. W. Hillman

14. BIRTHPLACE (city or town) (State or country) Swan Lake Idaho.

MOTHER

15. MAIDEN NAME Lillian Henderson

16. BIRTHPLACE (city or town) (State or country) Clifton, Idaho.

17. INFORMANT Mrs. J. W. Hillman
(Address) McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Aug. 31, 1934.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 29, 1934. D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 27, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1934 to Aug 27 1934

I last saw h.. alive on Aug 26 1934 death is said to have occurred on the date stated above, at 3 0 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull fracture | Aug 25 |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8.25 1934
Where did injury occur? Pocatello Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In industry
Manner of injury Caught in gears
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While at work

(Signed) W. W. Brockway M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90081

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 179
(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Howard Cook

(a) Residence. No. 442 South 12th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

113

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME John Q. Cook

14. BIRTHPLACE (city or town) (State or country) Millard County, Utah.

MOTHER

15. MAIDEN NAME Grace Viola Burley

16. BIRTHPLACE (city or town) (State or country) Washington.

17. INFORMANT John Q. Cook
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Aug 31, 1934.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 29, 1934. D. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 29, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1934, to Aug 29, 1934.
I last saw h[illegible] alive on Aug 28 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Convulsions | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) D. C. Kay, M. D.
(Address) Pocatello

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 24 '34

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90082

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 180

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Wittke Albion

(a) Residence. No. 712 South Fourth Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Henry Albion

6. DATE OF BIRTH (month, day, and year): May 4, 1855.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 79 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Koenigsburg, Germany.

FATHER

13. NAME: Robert Wittke

14. BIRTHPLACE (city or town) (State or country): Bohemia.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Clara Harrison, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Aug. 31, 1934

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Aug. 29, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 29, 1934.

22. I HEREBY CERTIFY, That I attended deceased from June, 1934., to Aug. 29 1934.

I last saw her alive on Aug 28 1934.; death is said to have occurred on the date stated above, at 3a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |

Other **contributory causes** of importance:

Name of operation: no Date of:

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.

(Signed) M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP 14 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90083

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 181

(No. St. Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Juliette Freund

(a) Residence. No. 540 W. Wyeth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest J. Freund

6. DATE OF BIRTH (month, day, and year) March 16 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 5 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iron Mountain
(State or country) Michigan

FATHER

13. NAME Charles Gingras

14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER

15. MAIDEN NAME Clara Paquett

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMENT Ernest J. Freund
(Address) 540 W. Wyeth

18. BURIAL, CREMATION OR REMOVAL
Place Mt View Date Sept. 1, 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED Aug 31, 1934 D Clay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1934 to Aug 29, 1934
I last saw her alive on Aug 29, 1934: death is said to have occurred on the date stated above, at 6.30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Heart Disease | March 34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Richard P. Howard, M. D.
(Address) 210 Kane Bldg, Pocatello, Idaho

RECEIVED [illegible] 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90084

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 188

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Tackley Rutledge

(a) Residence. No. 715 North Main St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Grant Tackley

6. DATE OF BIRTH (month, day, and year): July 24, 1882.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Topeka, Kansas.

FATHER

13. NAME: C. E. Bromm

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Pauline Herridge, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Ida. Date: Sept. 6, 1934

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Sept. 5, 1934. D. C. Ray, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 4, 1934.

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Sept 4, 1934
I last saw h[illegible] alive on Sept. 4, 1934; death is said to have occurred on the date stated above, at [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Pelvis | |
| General | |

Other **contributory causes** of importance:

| | |
|---|---|
| Recurrent Ca of Pelvis | |

Name of operation: Hysterectomy Date of: [illegible]
What test confirmed diagnosis? Weak Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Dawson M. D.
(Address) Pocatello, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Robin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90085

Registration District No. 8-3
Primary Registration District No. 3-40 Local Registrar's No. 12

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Monroe Clayton Keplinger

(a) Residence. No. Robin, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Hattie M. Emmack

6. DATE OF BIRTH (month, day, and year) October 3, 1859.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 74 | 9 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Wayne, Indiana.

MOTHER FATHER

13. NAME J. W. Keplinger

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Z. P. Armstrong
(Address) Robin, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Robin, Idaho. Date July 10, 193 4.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED July 9, 1934.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7, 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934, to July 7, 1934
I last saw h. alive on June 14 1934 death is said to have occurred on the date stated above, at 10.30 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral insufficiency | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Nephritis | |

Name of operation None Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None
(Signed) J. W. Hyman, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90086

**PLACE OF DEATH**
County of Bannock
City of Bancroft

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 19

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.) 90

2. FULL NAME Nettie Ruger Hogan

(a) Residence. No. Bancroft Rdo. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, and year) Aug-13-1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 41 | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richfield Utah

FATHER

13. NAME Adrian Ruger

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Catherine Kelli

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Chas. Gale Chesterfield Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Chesterfield Date Aug-24, 1934

19. UNDERTAKER Geo. Langford
(Address) Logan, Utah

20. FILED Aug 31, 1934 Mark G. Fox Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug - 22 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1927, to Aug. 22, 1934

I last saw her alive on Aug. 22, 1934; death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Organic Heart Lesion | |
| Chronic | |

Other contributory causes of importance:

| | |
|---|---|
| Nephritis-Uraemia | |

Name of operation no Date of

What test confirmed diagnosis? ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Fox, M. D.

(Address) Bancroft Ida

RECEIVED SEP 14 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90087

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 159

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME John Richard Luker

(a) Residence. No. 266 Washington Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16 b

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 31, 1934

7. AGE: Years — Months — Days 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

MOTHER FATHER

13. NAME George Luker

14. BIRTHPLACE (city or town) (State or country) Woods Cross Utah

15. MAIDEN NAME Flaurne E. Hunt.

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT (Address) George Luker Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello Date Aug 3 1934

19. UNDERTAKER (Address) [illegible] Pocatello Idaho

20. FILED Aug 3 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934, to Aug 1, 1934

I last saw h... alive on Aug 1, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Blue Baby | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible] M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90089

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 177

(No. Gen. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Puterbaugh

(a) Residence. No. 450 S. Third St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 25, 34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Russell Puterbaugh

14. BIRTHPLACE (city or town) Plymouth
(State or country) Pa.

MOTHER

15. MAIDEN NAME Mildred Shively

16. BIRTHPLACE (city or town) Peru
(State or country) Indiana

17. INFORMENT Russell Puterbaugh
(Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Aug. 26 1934

19. UNDERTAKER Howard's Fun. Home
(Address) Pocatello Idaho

20. FILED 8-30, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1934, to 8/27, 1934
I last saw H alive on ..., 193..; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Still born | |
| 5½ months | |
| Gestation | |

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) C. E. Lowe, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 14 '34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 121

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 90090

2. FULL NAME Sally Ann Larsen

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 19, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day, 6. hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME V. B. Larsen

14. BIRTHPLACE (city or town) (State or country) Paradice, Utah.

MOTHER

15. MAIDEN NAME Florence Cressall

16. BIRTHPLACE (city or town) (State or country) Logan, Utah.

17. INFORMANT V. B. Larsen
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Logan, Utah. Date Aug. 21, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Aug. 20, 1934. D Clay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 19, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 8/17/34 5 PM, 193..., to 8/19/34 11 PM, 193...

I last saw h.. alive on 8/19/34 10 PM 193...: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Atelectes Lung | |
| Premature birth | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Ex Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. K. Call, M. D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90091

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 246 M
Local Registrar's No. 170

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gloria May Nyestar

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 18 1934
7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Louis Nyestar
14. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

MOTHER
15. MAIDEN NAME: Pearl Holcomb
16. BIRTHPLACE (city or town) (State or country): St. Anthony Idaho

17. INFORMANT (Address): Louis Nyestar Pocatello Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: Aug 18 1934
19. UNDERTAKER (Address): A. L. McHaun Pocatello Ida
20. FILED Aug 18 1934 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1934 to Aug 18 1934
I last saw h... alive on ..... 193.. at 12 M. and ... said to have occurred on the date stated above, at ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Still Born | |
| Premature 7 mos gestation | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Maternal history of menstrual irregularities

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ....

Cause not known

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ... William J. Raynard M. D.
(Address) ... Pocatello Ida

RECEIVED SEP 14 1934

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90092

Registration District No. 28

Primary Registration District No. 2166 Local Registrar's No. 160

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norma La Datta

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Indian

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): February 12, 1931

7. AGE: Years 3 Months 5 Days 20 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

FATHER

13. NAME: Phillip Lagratta

14. BIRTHPLACE (city or town) (State or country): McCammon Idaho

MOTHER

15. MAIDEN NAME: Bessie E. Crow

16. BIRTHPLACE (city or town) (State or country): Salmon Idaho

17. INFORMANT (Address): Phillip Lagratta Fort Hall

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Date Aug 3 1934

19. UNDERTAKER (Address): A. L. McHargue Pocatello Idaho

20. FILED 8-2, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/1/34 1 PM, 193..., to 8/1/34 10:45 PM, 193...
I last saw h[illegible] alive on 8/1/34, 193...: death is said to have occurred on the date stated above, at 10:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Torsion | |
| (Summary Uremia) | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O. F. Earl M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 14 1934

# PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90093

Registration District No. 29

Primary Registration District No. 2161 Local Registrar's No. 161

(No. Lynn Bros. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Curtis Eckersley

(a) Residence. No. 717 North Arthur St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of John H. Eckersley

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1894.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 10 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Jordan
(State or country) Utah.

FATHER

13. NAME Hyrum Curtis

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Pauline Hein

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT John M. Eckersley
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City, Idaho Aug 8, 193..

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Aug 7..., 1934 D. C. Ray
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 5 1934.

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934, to Aug 5, 1934
I last saw her alive on Aug 5, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of Uterus | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |

Name of operation Laparotomy Date of 8-1-34

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. W. Lynn M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 14 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90094

## PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 162

(No. 465 Wayne Avenue, Pocatello.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earle LaMar Curtis

(a) Residence. No. 465 Wayne Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 12, 1933.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Albert F. Curtis

14. BIRTHPLACE (city or town) West Jordan
(State or country) Utah.

MOTHER

15. MAIDEN NAME Alice Pieper

16. BIRTHPLACE (city or town) Rexburg,
(State or country) Idaho.

17. INFORMANT Albert F. Curtis
(Address) 465 Wayne Ave.

18. BURIAL, CREMATION OR REMOVAL
Sugar City, Idaho. Date Aug. 8?, 193.4

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Aug. 7, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ...aug. 5..., 193.4., to ..Aug. 6....., 193.4.
I last saw h[illegible] alive on ..Aug. 6, 193.4. death is said to have occurred on the date stated above, at 9a..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal injuries | |
| Peritonitis | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] M. D.
(Address) Pocatello Idaho

RECEIVED SEP 14

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of POCATELLO, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90095

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 164

(No. Pocatello General 740)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertram Hirsch

(a) Residence. No. ..... St. Denver Colo
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced
. HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year) Unknown
7. AGE: Years 55 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Macon
(State or country) Georgia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT S. E. Brady Pocatello Ida
(Address)

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Denver Colo Date Aug. 14 1934

19. UNDERTAKER L. L. McClain
(Address) POCATELLO, IDAHO

20. FILED Aug. 14 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-9-34, to 8-14-34

I last saw h...alive on 8-13, 1934.: death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |

Other **contributory causes** of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? .... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) ..... POCATELLO, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 14

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90096

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 165

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Daniel Kubiak

(a) Residence. No. 536 N. Lewis St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug., 18, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 11 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Michael Kubiak

14. BIRTHPLACE (city or town) La Grande
(State or country) Ore

MOTHER

15. MAIDEN NAME Anna C Wilson

16. BIRTHPLACE (city or town) Denver
(State or country) Colo

17. INFORMENT Michael Kubiak
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Aug 15 1934

19. UNDERTAKER Downard & Funeral Home
(Address) Pocatello Idaho

20. FILED 8-15, 1934 D C Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934, to Aug 14, 1934.
I last saw him alive on Aug 13, 1934 death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enterocolitis Acute | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Decubitus
Enteritis

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) H. C. Irwin, M. D.
(Address) Pocatello Idaho

RECEIVED AUG 16 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 30097

State File No.....

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 166

(No. St. Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Catharina Eggirth

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Caspar Eggirth

6. DATE OF BIRTH (month, day, and year) February 25, 1853.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

MOTHER/FATHER

12. BIRTHPLACE (city or town) (State or country) Wisconsin

13. NAME Joseph Pauli

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M. Mathes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Alfred Eggirth
(Address) McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Aug. 16, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Aug. 15, 1934 D Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 12 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw h.r alive on July, 1934. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Don't Know | |
| Probably natural | |
| Cancer | |

Other **contributory causes** of importance:

| | |
|---|---|
| Don't Know | |
| old age | |

Name of operation None Date of.....
What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) W. C. Spurin M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Lanark

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 5-3
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 90098

Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Orilda Bunn

(a) Residence. No. Lanark Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1930

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 3 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Johan V Bunn

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Mabel Hortense Bateman

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) J. V. Bunn Dingle Idaho R.D.

18. BURIAL, CREMATION, OR REMOVAL
Place Lanark Ida. Date Aug 21, 1934

19. UNDERTAKER L. D. Hymas
(Address) Dingle Ida R.D.

20. FILED Aug 31, 1934 Mrs. Beulah Hess
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to Aug 20, 1934

I last saw her alive on Aug 17, 1934; death is said to have occurred on the date stated above, at 4.05 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza, Respiratory | Apr 28, 1934 |

Other contributory causes of importance:
Acute Parachymatous Nephritis
Mitral Insufficiency

Name of operation None Date of —
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) O O Moore, M. D.
(Address) Paris Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of Montpelier, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90099

Registration District No.

Primary Registration District No. Local Registrar's No. 18

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Percy Shepherd

(a) Residence. No. St. Paris, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Nov 25 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 37 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER FATHER

13. NAME H. Robert Shepherd

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Sophia Poulsen

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT X Eugene Pickyard
(Address) Paris Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Paris Idaho Date Sept 1934 30 ft.

19. UNDERTAKER J. W. Williams
(Address) Montpelier Idaho

20. FILED Sept 3, 1934 Mrs. Lucinda Hess
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1934, to Aug 31, 1934

I last saw h. im alive on Aug 31, 1934 ... died at 10.27 P.M.
to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accident, injury due to fall, from bldg., 30 ft. high, striking on back, causing injury to spinal cord, resulting in a complete paralysis from the 6th rib down. | |
| Separation of 4th and 5th dorsal vertebrae. Dislocated unlan left. | |
| Other contributory causes of importance: | |
| Pulmonary edema, due to respiratory failure. | |
| Pateint lived 36 hrs after injury. | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury, 193 Aug 30, 34
Where did injury occur? On tabernacle, Paris, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In industry, man was a carpenter.
Manner of injury Fell - slipped on roof, fell
Nature of injury See above.

24. Was disease or injury in any way related to occupation of deceased?.. Yes If so, specify.. Carpenter.

(Signed) C. O. Peterson, M. D.
(Address) Paris Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 10 19

# PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90100

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

25

2. FULL NAME James Patrick Brown

(a) Residence. No. ..... St. White Bear, Minn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 28, 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 30 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Accountant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Staples
(State or country) Minn

MOTHER FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) Little Falls...
(State or country) Minn.

15. MAIDEN NAME Clara Glad

16. BIRTHPLACE (city or town) Thompson.....
(State or country) Minn.

17. INFORMANT ...John Brown.....
(Address) White Bear, Minn.

18. BURIAL, CREMATION OR REMOVAL
Place Little Falls, Minn. ....., 193..

19. UNDERTAKER Mitchell & Wessa.....
(Address) St. Maries, Idaho.

20. FILED 9-8-, 1934 Walter Koberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 14, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from July 7, 193.4 to Aug 14, 1934, 193...
I last saw him alive on 8/14, 193.4., death is said to have occurred on the date stated above, at 11:25 P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis fever | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cardiac Hypertrophy and Leukaemia | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) ..... M. D.
(Address) St. Maries, Ida.

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90101

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 13

PLACE OF DEATH
County of Benewah
City of St. Maries, Ida
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Leslie Cardwell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 15, 1920

7. AGE

| Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|
| 13 | 11 | 15 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Spokane Wash.

PARENTS

10. NAME OF FATHER: Richard Cardwell
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Bagnell Mo.
12. MAIDEN NAME OF MOTHER: Anna M. Haulman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Nebraska

14. Informant: Richard Cardwell
(Address): St. Maries, Idaho

15. Filed 9-8, 1934 Walter Roberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 30th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-23, 1934, to 8-30, 1934
that I last saw him alive on 8-29, 1934
and that death occurred, on the date stated above, at 8 1/2 a.m.
The CAUSE OF DEATH* was as follows:
Septicemia
Septico-pyemia
(duration) yrs. mos. 11 ds.
CONTRIBUTORY (Secondary): Arthritis, septic, Rt. Hip
(duration) yrs. mos. 14 ds.
18. Where was disease contracted if not at place of death? New Rockford, N.D.
Did an operation precede death? No Date of 8-28-34
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) C. A. Robins M. D.
8-30, 1934 (Address) St. Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Woodlawn Cemetery
Date of Burial: 9/1 1934
20. Undertaker: Mitchell & Wessa
Address: St. Maries, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90102

## PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 12
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1889

2. FULL NAME Herman Julius Mueller

(a) Residence. No. Ranch St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 7, 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Woods

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

FATHER

13. NAME Henry C. Mueller

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Marie A. Jacot

16. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

17. INFORMANT Marie A. Mueller
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn Date Aug. 25 1914

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho.

20. FILED 9-8, 1914 Walter Boberg
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 22 1914

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Traumatism | |
| Crushed Skull | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 193 Aug 22 1914
Where did injury occur? St. Maries, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In Woods Industry
Manner of injury Struck by falling tree
Nature of injury Crushed Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Woods work
(Signed) Geo. W. Mitchell Coroner, ~~M~~ D.
(Address) St. Maries, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Joe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90103

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 11-

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Erickson

1889

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18, 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Sawyer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Woods

10. Date deceased last worked at this occupation (mo. and yr.) 8/17/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Republic Mich

MOTHER FATHER

13. NAME J. A. Erickson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT J. A. Erickson
(Address) Chicago, Ill.

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn, St. Maries, Date Aug. 28 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho.

20. FILED 9-8, 1934 Walter Cohen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11:15 mA.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Traumatism | |
| Chest Crushed by rolling log | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sight Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1934 Aug. 17
Where did injury occur? Near St. Joe, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry
Manner of injury Log rolled over him
Nature of injury. Chest crushed

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Woods work

(Signed) Dr. C. Mitchell Coroner M. D.
(Address) St. Maries, Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90104

**PLACE OF DEATH**
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 9
(No. ) 119
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Arthur Rae

(a) Residence. No. 608 8th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Rae

6. DATE OF BIRTH (month, day, and year) May 19, 1891

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ~~52~~ 53 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Dental Office

10. Date deceased last worked at this occupation (month and year) July 15, 1934

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Pelican Rapids Minn.

FATHER

13. NAME D. F. Rae

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Jennie Gram

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs. Ruth Rae St. Maries

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Date 8-13, 1934

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED 9-8, 1934 Walter Boberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-9 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934, to Aug 9, 1934.
I last saw him alive on Aug 9 1934; death is said to have occurred on the date stated above, at 6 45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Auto Injuries | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Convulsions Coma | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arno J. Clark, M. D.
(Address) St Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6

# Washington State Board of Health

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Record No. 90105

Registered No. 10

1. PLACE OF DEATH

County of Lobeman Beauwood

City or Town of Des Smet

Registration Dist. No. ..... No. ..... St., ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Mordens

(a) Residence: No. Des Smet St., ..... Ward. 89

(Usual place of abode) (If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Indian

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Ochas

6. DATE of BIRTH (month, day, and year) Nov. 10, 1848

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs, or ..... min. |
|---|---|---|---|
| 85 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Reservation Des Smet Mission Idaho

FATHER

13. NAME Bartholome Selantie

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Josephine Mary

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Mary Laurence (Address) Desmet Idaho

18. BURIAL, CREMATION, OR REMOVAL Desmet Cemetery Date Sept 3, 1934

Place Kootenai County Idaho

19. UNDERTAKER Teague Funeral Home (Address) Lewiston Idaho

20. FILED Sept 3, 1934 John Port Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| Dead When Arrived | |
| Died Suddenly | |
| Arteriosclerosis | |

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. A. Nelson, M. D.

(Address) Tekoa Wn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

S. F. No. 825—1932. Approved as to Form by Dept. of Efficiency. 11928.

RECEIVED

# STANDARD CERTIFICATE OF DEATH

90106

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OR BINDING

PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Bonneville State Idaho Registered No. 9

Township ____ or Village DeSmet or

City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Machell Tokonek

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | Indian | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Machell

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 58 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Indian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kulispel Reservation

FATHER

13. NAME Noh Kusum

14. BIRTHPLACE (city or town) (State or country) Kulispel Reservation

MOTHER

15. MAIDEN NAME Thrace

16. BIRTHPLACE (city or town) (State or country) Kulispel Reservation

17. INFORMANT Baptiste Machell (Address) DeSmet

18. BURIAL, CREMATION, OR REMOVAL Place DeSmet Date Aug 26, 1934

19. UNDERTAKER None (Address)

20. FILED Aug. 24, 1934 John Post Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1934, to Aug 24, 1934

I last saw him alive on Aug 19, 1934; death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

—

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. A. Nelson, M. D.

(Address) Dayton, Wn.

c11—3184

RECEIVED SEP 7 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bingham

City of Blackfoot, R.F.D.No,2.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90107

Registration District No. I2I

Primary Registration District No. 2I94 Local Registrar's No. 143

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alburn Rene Stander. 167

(a) Residence. No. Blackfoot, Idaho, R.F.D.No.2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | --- |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year)
August 8, I930

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 4 | 0 | II | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.R.2

FATHER

13. NAME Ralph Stander

14. BIRTHPLACE (city or town) (State or country) Thomas, Idaho

MOTHER

15. MAIDEN NAME Margaret Krause

16. BIRTHPLACE (city or town) (State or country) Providence, Utah

17. INFORMANT John H Stander (Address) Blackfoot, Idaho, R.2

18. BURIAL, CREMATION OR REMOVAL
Place Thomas-Riverside Date Aug.2I, 1934.

19. UNDERTAKER E.T. Peck (Address) Blackfoot, Idaho

20. FILED Aug. 20., 1934 Mrs. Nalus E. Baird Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. I9 34

22. I HEREBY CERTIFY, That I attended deceased from Aug. I7, 1934, to Aug. I9, 1934.
I last saw him alive on Aug. I9, 1934; death is said to have occurred on the date stated above, at 5-30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ileo Colitis | Aug. II-th I934 |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Blackfoot Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90108

Registration District No. 191

Primary Registration District No. 1007 Local Registrar's No. 144

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74

2. FULL NAME Ida M. Nielsen

(a) Residence. No. 367 West 2nd S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 4 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Nurse

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aalborg
(State or country) Denmark

FATHER

13. NAME Jens Mathias Petersen

14. BIRTHPLACE (city or town) Aalborg
(State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Marie Mogensen

16. BIRTHPLACE (city or town) Aalborg
(State or country) Denmark

17. INFORMANT Eda Hosking
(Address) 933 E. 1st So. Salt Lake City Utah

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Evans City Cem. Date Aug. 26, 1934

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Aug. 26 1934 H. M. Hales E. T. Peck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934, to Aug 24, 1934

I last saw her alive on Aug 24, 1934: death is said to have occurred on the date stated above, at 12 noon

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. O. McGriff, M. D.
(Address) Blackfoot Idaho

RECEIVED SEP 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90109

**PLACE OF DEATH**
County of Bingham
City of Springfield

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 12

(No. ) 92
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Verl Chandler

(a) Residence. No. St. Springfield, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dorothy Chandler

6. DATE OF BIRTH (month, day, and year) Aug. 20, 1891

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farm

10. Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) Millville
(State or country) Utah

FATHER

13. NAME Henry William Chandler

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Margaret Whitney

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMENT Mrs. R. Chandler
(Address) Springfield, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Springfield, Ida. Date Aug 22, 1934

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho

20. FILED Aug 22, 1934 M. C. MacKinnon
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Aug 20, 1934
I last saw him alive on Aug 20, 1934; death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 4 yr ago |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic Cholecystitis | 10 yr ago |
| | |
| | |

Name of operation none Date of --
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) M. C. MacKinnon, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

P.F.S. No. 12.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2192

DO NOT WRITE IN THIS SPACE

State File No. 90110

Local Registrar's No. 139

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elna Fackrell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or 15 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Blackfoot - Ida.

FATHER

13. NAME Edward Glenn Fackrell

14. BIRTHPLACE (city or town) (State or country) Thomas - Ida.

MOTHER

15. MAIDEN NAME Margaret Atkin

16. BIRTHPLACE (city or town) (State or country) Fremont Ut.

17. INFORMENT (Address) Edward Glenn Fackrell

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Riverside Cem Date 8-16 193 4

19. UNDERTAKER Acting Edward Glenn Fackrell
(Address) Blackfoot Idaho

20. FILED Aug 16, 193 4 Mo Hales E Fackrell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 14 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | 5 hrs |
| Premature detachment of Placenta | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W W Beck, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90111

PLACE OF DEATH

County of Bingham

City of Moreland

Registration District No. 121

Primary Registration District No. 2192

Local Registrar's No. 1411

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Wheeler

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | ✓ |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 8-14-34

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Moreland
(State or country) Idaho

FATHER

13. NAME Leon Wheeler

14. BIRTHPLACE (city or town) Moreland
(State or country) Idaho

MOTHER

15. MAIDEN NAME Wanda Cayres

16. BIRTHPLACE (city or town) [illegible]
(State or country) [illegible]

17. INFORMENT David Wheeler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Date Aug. 16 1934

19. UNDERTAKER Dana Thurber
(Address)

20. FILED Aug. 16, 1934 Wm Nalen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-16 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 8-14, 1934, to , 193

I last saw her alive on 8-14, 1934; death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| premature 5 mo. | |
| placenta previa | 8-14-34 |
| Hemorrhage, uterine | |
| Hemorrhage | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) J. O. Humphreys M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90112

Registration District No.

Primary Registration District No. Local Registrar's No. 9

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace M. Larsen

(a) Residence. No. Aberdeen, St. 3
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Julius A. Larsen

6. DATE OF BIRTH (month, day, and year): November 12, 1890

7. AGE: Years 43 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden, Utah

FATHER

13. NAME: James H. Crayford

14. BIRTHPLACE (city or town) (State or country): Bucks Co. Penn. Virginia

MOTHER

15. MAIDEN NAME: Sallie Rebecca James

16. BIRTHPLACE (city or town) (State or country): Bland Co. Va.

17. INFORMANT (Address): Mildred Larsen Aberdeen Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~: Place Aberdeen Ida. Date 8/5, 1934

19. UNDERTAKER (Address): E. J. Reed Blackfoot Idaho

20. FILED 8-5, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1933, to August 1, 1934.

I last saw her alive on August 1 1934; death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation No Date of

What test confirmed diagnosis? Clinical an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Mitchell M. D.

(Address) Aberdeen Idaho
Blackfoot

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 90113

Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Stanley Dean Long

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) Oct 17, 1926

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 7 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Idaho

FATHER

13. NAME Walter LeslieLong

14. BIRTHPLACE (city or town) (State or country) Sijourney Iowa

MOTHER

15. MAIDEN NAME Emma Ensley

16. BIRTHPLACE (city or town) (State or country) Blairsville Ga.

17. INFORMENT (Address) Edw. M. Bowman Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Ida Date 8-21-34, 193

19. UNDERTAKER Friends
(Address)

20. FILED 8/20/34, 193 M. C. MacKinnon
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 19 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | Stat |
| An accident, no witnesses to accident | |
| | |
| | |
| Other contributory causes of importance: Epilepsy, has had 2 to 4 attacks daily | 1927 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-19-34, 193

Where did injury occur? Aberdeen, Bingham, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public place

Manner of injury Fell in lake unobserved.

Nature of injury Drowning May have had Epileptic fit.

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M. C. MacKinnon, M. D.

(Address) Aberdeen Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90114

**PLACE OF DEATH**

County of Bannock
City of Blackfoot Registration District No. 12
Primary Registration District No. 2194 Local Registrar's No. 137

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Lorenzo Wiles

(a) Residence. No. Blackfoot Idaho St. R.F.D. # 3 (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | ✓ |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 7 - 20 - 34

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER

13. NAME Samuel Wiles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha J. Lindsay

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Samuel Wiles Blackfoot Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Riverside City Cem Date Aug 6, 1934

19. UNDERTAKER (Address) E. H. Peck Blackfoot Idaho

20. FILED Aug. 6, 1934 Mrs. Nellie E. Baker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8 - 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 7 - 20, 1934, to 8 - 3, 1934

I last saw him alive on 8 - 4, 1934: death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:—

| | Date of onset |
|---|---|
| Premature abruption of placenta and Hydramnios | 2 mo. |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Humphrey, M.D.

(Address) Blackfoot Ida

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90115

**PLACE OF DEATH**
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elma Fackrell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14, 1934

7. AGE — Years | Months | Days | If LESS than 1 day, ..... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Blackfoot Ida.
(State or country)

FATHER
13. NAME Edward Glenn Fackrell
14. BIRTHPLACE (city or town) Thomas Ida.
(State or country)

MOTHER
15. MAIDEN NAME Marjorie Atkin
16. BIRTHPLACE (city or town) Greenville Ut.
(State or country)

17. INFORMENT Edward Glenn Fackrell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Home of Parents Date Aug. 14, 1934

19. UNDERTAKER .....
(Address) Blackfoot Ida

20. FILED Aug. 14, 1934 Mrs Helen E. Fackrell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth 5 1/2 mos | |
| Premature detachment of Placenta. | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) W W Beck, M. D.
(Address) Blackfoot Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90116

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District, No. 1907
(No. East Alice St.)
Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edna Rhodes

(a) Residence. No. Blackfoot, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clifford Rhodes

6. DATE OF BIRTH (month, day and year) August 6. 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 43 | II | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot, Ida.
(State or country)

PARENTS

10. NAME OF FATHER George Locey
11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)
12. MAIDEN NAME OF MOTHER Ella Rowles
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) California

14. Informant Ruth T. Rhodes
(Address) 87 East Alice - Blackfoot Idaho

15. Filed Aug 3, 1934 Mo Nalen E Patterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 2 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, to August 2, 1934
that I last saw her alive on August 1, 1934
and that death occurred, on the date stated above, at 11; A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pernicious Anemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) F. E. McMechen, M. D.
August 2, 1934 (Address) Blackfoot

19. Place of Burial, Cremation, or Removal: Blackfoot, Idaho — Date of Burial: Aug 5th 1934
20. Undertaker: E J Peck — Address: Blackfoot Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90118

Registration District No. 127

Primary Registration District No. 1007 Local Registrar's No. 142

(No. 188 )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johnnie O'Brien

(a) Residence. No. Transient St. Salt Lake City, Utah

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) --

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 30 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Cleaner & Dyer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER FATHER

13. NAME John O'Brien

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Thomas Tidwell
(Address) American Fork, Utah

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Salt Lake City Date Aug. 19, 1934

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho

20. FILED Aug. 19 1934 W. D. Hales C.L. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....Found dead 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3:50A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental traumatism. | |
| Decapitated by rail road train. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?. On O. S. L. R.R.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. public

Manner of injury Decapitated by train.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

Signed Ray McGillivray County Coroner

(Address) Blackfoot, Idaho

**MARGIN RESERVED FOR BINDING**

**N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of ~~City~~ Easley Hot Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90119

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 25

(No. Residence - Fisher Cabin) 57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Mallory Fisher - Dr.

(a) Residence. No. ..... St. Hansen Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ~~yrs~~ ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Fisher

6. DATE OF BIRTH (month, day, and year) Nov. 18 - 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 85 | 7 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Capt - Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Monroe Co (State or country) Ohio

FATHER

13. NAME John Fisher

14. BIRTHPLACE (city or town) ... (State or country) Ohio

MOTHER

15. MAIDEN NAME Ruth Mallory

16. BIRTHPLACE (city or town) ... (State or country) Ohio

17. INFORMENT (Address) Mrs Wm. M. Fisher Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem. Date July 3, 1934

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls Idaho

20. FILED 9-1, 1934 T. H. Wright - Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on July 1, 1934; death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | Several years |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls Idaho

RECEIVED SEP 4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90120

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Christoffersen 41

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lilah Dunning

6. DATE OF BIRTH (month, day, and year) Aug 21 - 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 0 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Railroad

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Mar 21 1930

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Rawlins Wyo.

MOTHER FATHER

13. NAME Christian Christoffersen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMANT (Address) Mrs. Frank Christoffersen Hailey Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Rawlins, Wyo. Date Aug 27 1934

19. UNDERTAKER (Address) L. H. Hanson Hailey Ida.

20. FILED Sept 1, 1934 R. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1934, to 8/24, 1934.
I last saw h[illegible] alive on 8/24, 1934; death is said to have occurred on the date stated above, at 12:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Pulmonary edema | 8/20-34 |
| Acute myocarditis | |
| Arteriosclerosis | |
| Other **contributory causes** of importance: | |
| Cancer | 1 yr |

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. W. [illegible] M. D.
(Address) Hailey, Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90121
State File No.....

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Lucile Fox

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr. E. W. Fox

6. DATE OF BIRTH (month, day, and year) Sept 5 - 1903

7. AGE: Years 30 | Months 11 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Nurse

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Amsterdam Holland

MOTHER

13. NAME: Madison C. Burns

14. BIRTHPLACE (city or town) (State or country): Stillwell Kansas

15. MAIDEN NAME: Grace L. Smith

16. BIRTHPLACE (city or town) (State or country): Lacygne Kansas

17. INFORMANT (Address): Grace Burns Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Masonic Plot Date Aug 26 193 4

19. UNDERTAKER (Address): L. H. Harris Hailey

20. FILED 9-1, 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 193 4

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 193 4, to 8/24, 193 4.

I last saw her alive on 8/24, 193 4; death is said to have occurred on the date stated above, at 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of Stomach + ileus | |
| following Operation for | |
| Adhered Adhesions of bowel | |
| | |

Other **contributory causes** of importance:

Shock

Name of operation for ileus Date of 8/21-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90122

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Smith Donaghue

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hattie Mangle

6. DATE OF BIRTH (month, day and year) July 18 - 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Western Mo.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs T. S. Donaghue Inspiration, Arizona

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place City Plot Date Sept 2 1934

19. UNDERTAKER (Address) J. F. Harris Hailey Ida.

20. FILED 9-1, 1934. R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1934, to 8-24, 1934.

I last saw ~~him~~ alive on 8-23, 1934; death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 8-24-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Acute Gastritis | 8-23-34 |

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical ~~Was~~ there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert L. Wright M. D.
(Address) Hailey, Idaho

RECEIVED SEP 6

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Boundary

City of Round Rm

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90123
State File No.....

Registration District No. 65

Primary Registration District No. 2185 Local Registrar's No. 9

(No. 16 mile East North Pend Oreille)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Leigler

(a) Residence. No. 16 mile N Pend Oreille St. 170
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| about 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry Johnson
(Address) Metaline Falls

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Date 8-27, 1934

19. UNDERTAKER Tunnell Co.
(Address)

20. FILED August 29 1934 Ben C Ross
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw h alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shot Through heart | |
| Suicidal | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Did accident, homicide or suicide?
(Signed) H. E. Alcorn, M. D.
(Address) Sandpoint Ida.

RECEIVED SEP 8

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bonner

City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90125

Registration District No. 88.

Primary Registration District No. 2457. Local Registrar's No. 3

(No. 169)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian Nagel Dunn

(a) Residence. No. ..... St. Hope Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Max Dunn

6. DATE OF BIRTH (month, day, and year): Sept 17 1891

7. AGE: Years: 42 | Months: 10 | Days: 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clarkfork Idaho

MOTHER FATHER

13. NAME: John Nagel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Anne Schindler

16. BIRTHPLACE (city or town) (State or country): Minn

17. INFORMANT (Address): Max Dunn Hope Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Clarkfork Ida Date Aug 26 1934

19. UNDERTAKER (Address): L. G. Moore Sandpoint Ida

20. FILED Aug 27 1934 John Lawson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Accidental | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) L. G. Moore, M. D.

(Address) Sandpoint Ida

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90126

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 71

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Harrington

(a) Residence. No. Lamanzaile St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Goldie P. Harrington

6. DATE OF BIRTH (month, day, and year): Feb 17 1913

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 21 | 6 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nebraska

FATHER

13. NAME: Sidney Harrington

14. BIRTHPLACE (city or town) (State or country): Mass

MOTHER

15. MAIDEN NAME: Myrtle May

16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT (Address): Mrs. Myrtle Harrington Sandpoint

18. BURIAL, CREMATION OR REMOVAL

Place Lakeview Date 9/3, 1934

19. UNDERTAKER (Address): Turnbull Co. Sandpoint

20. FILED Sept 3, 1934. Viola Allen Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him ~~alive~~ on Aug 31, 1934: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage | Aug 31-34 |
| Accidental Laceration by flying piece of circular wood saw | Aug 31-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/31, 1934

Where did injury occur? 8 mi E. Sandpoint Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** Cutting wood at home

Manner of injury Fragment of saw hit abdo-

Nature of injury men Abdominal wound severing Epi Iliac arteries

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farm work

(Signed) P. L. Page M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90127
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 69

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Bromet

(a) Residence. No. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1884

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 20 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: C.C.C. worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): H. J. M. Elton Priest River

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Date Aug 20, 1934

19. UNDERTAKER (Address): Funeral Co. Sandpoint

20. FILED Aug. 20., 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 8 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| shock, surgical severe | |
| due to internal hemorrhage | |
| caused by fracture | |
| (1) right femur (2) probable | |
| ruptured internal viscera | |
| Other **contributory causes** of importance: | |
| struck by falling tree | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... Typed specify Yes or No
(Signed) H. H. Gilbert M.D.
(Address) Sandpoint Ida.

Priest River

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90128

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 68

(No. 1½ miles east Trestle Creek)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John M White Jr. 1884

(a) Residence No. 411 Oline St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 4 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....Trades.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....technician....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maine

MOTHER FATHER

13. NAME John M White

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Elizabeth Krause

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT (Address) John M White 411 Oline St

18. BURIAL, CREMATION, OR REMOVAL
Place Marshfield, Wis. Date Aug. 16., 1934

19. UNDERTAKER (Address) Commercial Co. Sandpoint, Idaho

20. FILED Aug. 15 1934 Viola Allen
by F. E. Wendle Dep. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart broken on account of Al Bowden leaving Conner | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.
(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90129

Registration District No. 76

Primary Registration District No. 2155 Local Registrar's No. #67

(No. 1020 Church st)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel Taylor Arthurs

31

(a) Residence. No. 1020 Church St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy Arthurs

6. DATE OF BIRTH (month, day, and year) Nov 7 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 9 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

FATHER

13. NAME Charles W Taylor

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Sarah Lambert

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Roy Arthurs (Address) 1020 Church

18. BURIAL, CREMATION OR REMOVAL

Place Westmond Date 8/13, 1934

19. UNDERTAKER T.r.r.n.bull C.o. (Address) Sandpoint

20. FILED Aug 13, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/11 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, to Aug 11, 1934.

I last saw him alive on Aug 10, 1934: death is said to have occurred on the date stated above, at 3:10 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Pulmonary, Laryngeal, Bone | 1932 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) C. P. Staehause M. D.

(Address) Sandpoint Idaho

Dr Tyler

RECEIVED AUG 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90130

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
(No. 1211 Main Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 66

2. FULL NAME Dorothy Dallas Vigue

(a) Residence. No. 1211 Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 8, 1924.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 10 | 5 | 0 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sandpoint Idaho.

PARENTS
10. NAME OF FATHER Elbridge R. Vigue
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wisconsin
12. MAIDEN NAME OF MOTHER Dallas Watt
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sandpoint Idaho.

14. Informant E. R. Vigue
(Address) 1211 Main St. Sandpoint, Idaho.

15. Filed Aug 10, 1934 Viola Allen Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 8, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1934, to Aug. 8, 1934
that I last saw her alive on Aug 8, 1934
and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:
(Poliomyelitis)
Polio Myelitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) Wm F. Tyler, M. D.
Aug 10, 1934 (Address) Sandpoint, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Westwood Idaho. | Aug. 10, 1934 |
| 20. Undertaker L. E. Moon | Address Sandpoint Ida |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Coroner's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90131

**PLACE OF DEATH**

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155.
(No. R. F. D. No. 2.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 65

170

2. FULL NAME Orin Leander Rowden.

(a) Residence. No. R. F. D. No. 2. St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eldora Rowden.

6. DATE OF BIRTH (month, day and year): May 8, 1857

7. AGE — Years: 77 — Months: 2 — Days: 28 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Indiana

PARENTS

10. NAME OF FATHER: William Harrison Rowden
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Melinda Caroline Reaves
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Frankfort Kentucky

14. Informant: Mrs. Dimicla Lance
(Address) R. F. D. 2 - Sandpoint, Idaho.

15. Filed Aug 9, 1934 — Viola Agnew — Aug 9, 1934 — Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 6, (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Suicide by Firearms
Gunshot Wound in Chest.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? no Dr. Corono
(Signed) B. Alcorn, M. D.
....., 19..... (Address) Sandpoint

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pinecrest Cemetery Sandpoint, Idaho. — Date of Burial: Aug. 9, 1934
20. Undertaker: L. A. Moon — Address: Sandpoint Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls?

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 1-D

DO NOT WRITE IN THIS SPACE
State File No. 90132
Local Registrar's No. 169

114

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Carson

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Child |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14, 1925

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 9 | 2 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby R 2
(State or country) Idaho

FATHER
13. NAME John Franklin
14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER
15. MAIDEN NAME Ivy Elmora Larsen
16. BIRTHPLACE (city or town) Monroe
(State or country) Idaho

17. INFORMENT (Address) Jay Carson Rigby, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Rigby Date Aug. 22 1934

19. UNDERTAKER C. E. Churchill
(Address) Rigby, Ida.

20. FILED Sept 10, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug-19 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug-18, 1934, to Aug 19, 1934
I last saw h[illegible] alive on [illegible], 1934: death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Meningitis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebro Spinal | |
| Bronchial Pneumonia Complicated | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address) Idaho Falls Ida

RECEIVED SEP 24 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90133
State File No.....

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 167

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Frederick Johnson.

(a) Residence. No. R.D.1. Shelley, St. Shelley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth 20 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daisy Johnson.

6. DATE OF BIRTH (month, day and year) April 30 1896.

7. AGE: Years 38 | Months 3 | Days 22. | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 8-12-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tidaholm
(State or country) Sweden.

FATHER

13. NAME Alfred Johnson.

14. BIRTHPLACE (city or town)
(State or country) Sweden.

MOTHER

15. MAIDEN NAME Christine Samson.

16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Daisy Johnson
(Address) R.D.1. Shelley.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 8-25 1934

19. UNDERTAKER V. F. McHaw.
(Address) Idaho Falls Ida.

20. FILED 8/27..., 193..4... Cora Summers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-15..., 1934., to 8-22..., 193.4

I last saw him alive on ...8-22, 1934.; death is said to have occurred on the date stated above, at 4.05P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double Lobar Pneumonia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

None

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Edwin Ryle M. D.

(Address) Box 86 Shelley

RECEIVED SEP 12 1934

PLACE OF DEATH.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90134
State File No.....

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 166

(No. L. D. S. Hospital, Idaho Falls, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Ralph P. Smith Pearl L. Smith

(a) Residence. No. 845 West Whitman, Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph P. Smith

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 55 Years | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianapolis Indiana

FATHER

13. NAME Alfred C. Albertson

14. BIRTHPLACE (city or town) (State or country) Richmond Indiana

MOTHER

15. MAIDEN NAME Mary E. Burges

16. BIRTHPLACE (city or town) (State or country) Indianapolis Indiana

17. INFORMANT (Address) Ralph P. Smith 845 West Whitman Pocatello

18. BURIAL, CREMATION OR REMOVAL Place Los Angeles California Date Aug. 26, 1934

19. UNDERTAKER (Address) H. L. McHan Pocatello, Idaho

20. FILED 9/2/34, 193.. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/22, 1934, to 8/22, 1934.

I last saw her alive on 8/22, 1934; death is said to have occurred on the date stated above, at 5:35 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) A. B. Anderson M. D.
(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90135

PLACE OF DEATH
County of Bonneville
City of Idaho Falls.

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 164

(No. L. D. S. Hospital.)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Margarette Baker Swanstrom. 97

(a) Residence. No. (Usual place of abode) Ashton Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married.

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Fred. Swanstrom

6. DATE OF BIRTH (month, day, and year): January 1 - 1893.

7. AGE — Years: 41 — Months: 7 — Days: 23. — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frankville Wis.

FATHER
13. NAME: Baker.
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Jane Roberts.
16. BIRTHPLACE (city or town) (State or country): Frankville Wis

17. INFORMANT (Address): Fred. Swanstrom Ashton

18. BURIAL, CREMATION OR REMOVAL
Place: Ashton Ida. Date: Aug 27 1934

19. UNDERTAKER (Address): V. F. McHaye Idaho Falls. Ida.

20. FILED 8/27, 1934. Jay Finch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1934, to 8/24, 1934

I last saw her alive on 8/24, 1934; death is said to have occurred on the date stated above, at 8:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | 8/24 |
| Other **contributory causes** of importance: Streptococcic Throat infection | 8/19/24 |

Name of operation: ... Date of: ...
What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
(Address) Idaho Falls Ida

RECEIVED EP 12

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90136

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Olson Nord

(a) Residence. No. R.D. 1 Idaho Falls St. 170
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of Hannah A. Nord.
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 10 1862.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 9 | 12. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 8-22-34

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Sweden Scandinavia

FATHER

13. NAME Olaf Nelson Nord

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Edla Nelson.

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT (Address) Eamon R. Nord Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug 25 1934

19. UNDERTAKER (Address) W. F. McFarland Idaho Falls Idaho

20. FILED 8/24, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Coronary Occlusion | |
| Myocarditis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide or homicide? Accident Date of injury 1934
Where did injury occur?. Idaho Falls
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Shot self with Rifle

Manner of injury.....

Nature of injury. Gun Shot Wound

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible] M.D.

(Address) Idaho Falls

RECEIVED SEP . 65

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90137

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 163
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mariam Payne

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 7, 1931

7. AGE — Years: 2 — Months: 9 — Days: 14 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida.

MOTHER FATHER

13. NAME: Stanley Payne
14. BIRTHPLACE (city or town) (State or country): Bloomington Idaho.
15. MAIDEN NAME: Ada Talbot
16. BIRTHPLACE (city or town) (State or country): Gunlock Utah.

17. INFORMANT (Address): Stanley Payne Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls. Date: Aug. 24, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, I.

20. FILED: Aug. 24, 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20...., 193.4., to Aug. 21...., 193.4.
I last saw her alive on Aug. 21 1934.: death is said to have occurred on the date stated above, at 4:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastero Enteritis | Aug. 16. |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No. If so, specify.....
(Signed) ..... M. D.
(Address) .....

RECEIVED SEP 12 193[illegible]

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90138

Registration District No. 73

Primary Registration District No. 2, 1-D

Local Registrar's No. 162

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Lawrence Woodworth

(a) Residence. No. ..... St. Mackey, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 7, 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 5 | 5 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mackay, Idaho

MOTHER FATHER

13. NAME H.E.Woodworth

14. BIRTHPLACE (city or town) (State or country) Minn.

15. MAIDEN NAME Jessie Holtry

16. BIRTHPLACE (city or town) (State or country) Illionos

17. INFORMANT Mrs.H.E.Woodworth
(Address) Mackay, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Arco, Idaho Date Aug. 20 193 4

19. UNDERTAKER Jack A.Wood
(Address) Idaho Falls, Idaho

20. FILED 8/20, 193 4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 18 193 4

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 193 4, to Aug 18, 193 4

I last saw him alive on Aug 18, 193 4 death is said to have occurred on the date stated above, at 6p .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Appendicitis | Aug 6 |

Other **contributory causes** of importance:

Name of operation Appendectomy Date of Aug 17

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 12 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90139

Registration District No. 73

Primary Registration District No. 214-0 Local Registrar's No. 161

(No. L. D. S. Hospital Ida. Falls
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orlando Lorenzo Carlson

(a) Residence. No. Burley, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1888

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Carlson

6. DATE OF BIRTH (month, day, and year) Sept. 27 - 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 46 | 10 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Buildg. Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 8/17/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

MOTHER FATHER

13. NAME John J. Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Annie C. Christensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs. Margaret Carlson Burley - Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Date 8/21, 1934

19. UNDERTAKER (Address) D. E. Johnson Burley - Ida

20. FILED 8/21, 1934 J. Kimball Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934, to Aug 18, 1934

I last saw him alive on Aug 18, 1934, death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| Concussion of Brain | Aug 17 |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.. Automobile accident
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Idaho Falls Idaho

RECEIVED SEP 12

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90140

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 21-0
Local Registrar's No. 160

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin C. Crowley

(a) Residence. No. 465 - 10th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Crowley

6. DATE OF BIRTH (month, day and year) Feb. 5 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** High Way Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairplay Indiana

MOTHER FATHER

13. NAME Edmond Crowley

14. BIRTHPLACE (city or town) (State or country) Webster Co. Kentuckey

15. MAIDEN NAME Eliza Moss

16. BIRTHPLACE (city or town) (State or country) Kentuckey

17. INFORMANT (Address) Ben C. Crowley Idaho Falls

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Aug 17 1934

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED Aug. 16, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to Aug 15, 1934

I last saw him alive on Aug 15, 1934; death is said to have occurred on the date stated above, at 2:35 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| " Nephritis (Interstitial) | |
| Arteriosclerosis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocardial Decompensation | |
| Uremia | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

RECEIVED SEP 12 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90141

## PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 3
Primary Registration District No. 314-0
Local Registrar's No. 147

(No. Idaho Falls, L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George L. Cloward

(a) Residence. No. [illegible] St. Mackay, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Cloward

6. DATE OF BIRTH (month, day, and year) July 11 1890

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 44 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Common Labor

10. Date deceased last worked at this occupation (mo. and year) July 6/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moroni (State or country) Sanpete Co., Utah

MOTHER / FATHER

13. NAME George D. Cloward

14. BIRTHPLACE (city or town) Moroni (State or country) Utah

15. MAIDEN NAME Sarah A Behunen

16. BIRTHPLACE (city or town) Spring City (State or country) Utah

17. INFORMANT (Address) Mrs. George Cloward Mackay, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mackay, Idaho Date Aug 13, 1934

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.

20. FILED 8/17, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to Aug 12, 1934.
I last saw him alive on Aug 12 1934: death is said to have occurred on the date stated above, at 10:40 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 12 days following operation for Gastro Jejunal Colic ulcer and Fecal Fistula | |

Other **contributory causes** of importance:

| | |
|---|---|
| Gastro jejunal ulcer | |

Undoing Gastro enterostomy
Name of operation ..... Date of Aug 4/1934
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Gay Hatch, M. D.
(Address) Idaho Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90142

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2-1-7 Local Registrar's No. 1-1-6
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Clark

(a) Residence. No. 205 Canyon St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Nov. 20, 1933

7. AGE — Years: | Months: 8 | Days: 20 | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida.

MOTHER FATHER

13. NAME: William M. Clark
14. BIRTHPLACE (city or town) (State or country): Ohio.
15. MAIDEN NAME: Hazel Lovell
16. BIRTHPLACE (city or town) (State or country): Shelton Ida.

17. INFORMANT (Address): William M. Clark Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Shelton Ida. Date: Aug. 13 1934

19. UNDERTAKER (Address): Jack D. Ward Idaho Falls

20. FILED Aug. 16, 1934 Elly Simmons Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1934, to Aug. 17, 1934.
I last saw her alive on Aug. 11, 1934; death is said to have occurred on the date stated above, at 11.30 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bilo Colitis | Aug 8 |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. D.
(Address) Idaho Falls

RECEIVED SEP 13

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90143

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 4 2 Local Registrar's No. 1 5 7

(No. L D S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thos. Henry Nelson

(a) Residence. No. St. Victor, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Ellen Nelson

6. DATE OF BIRTH (month, day, and year): May 25 1878

7. AGE — Years: 56 | Months: 2 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 3 Jan. 27
11. Total time (years) spent in this occupation: Life Time

12. BIRTHPLACE (city or town) (State or country): Helper City Utah

FATHER

13. NAME: Henry Thomas Nelson
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Mary Ellen McInelly
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Dan Nelson Driggs

18. BURIAL, CREMATION OR REMOVAL
Place: Victor Ida. Date: Aug 13., 193 4

19. UNDERTAKER (Address): John Keller Rexburg Idaho

20. FILED: Aug. 10., 193 4 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7., 1934, to Aug. 10., 1934
I last saw him alive on Aug 10., 1934: death is said to have occurred on the date stated above, at 8.10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | P. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: No Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

RECEIVED SEP 12 [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90144
State File No.

Registration District No. 73

Primary Registration District No. 2-4-0 Local Registrar's No. 1N-4

(No. Idaho Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Alice Walker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alfred Walker

6. DATE OF BIRTH (month, day, and year) July 7, 1917

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 17 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Richmond, Ind.
(State or country)

MOTHER FATHER

13. NAME Emanuel Philip Ewing

14. BIRTHPLACE (city or town) Aurora
(State or country) Illinois

15. MAIDEN NAME Carrie Alice Cleveland

16. BIRTHPLACE (city or town) Little Rock
(State or country) Illinois

17. INFORMANT E. P. Ewing
(Address) Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date 8-16 1934

19. UNDERTAKER A. Byck
(Address) Idaho Falls, Ida.

20. FILED 8/16..., 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15..., 1934., to Aug. 13..., 1934.
I last saw h[illegible] alive on Aug 13..., 1934.; death is said to have occurred on the date stated above, at 7:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) [illegible] | |
| Typhoid | July 15, '34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) A. B. Byck, M. D.

(Address) Idaho Falls, Ida.

RECEIVED SEP 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 30145

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2-14-0
Local Registrar's No. 16 th
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Linford

(a) Residence. No. Idaho Falls Rt #3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 24, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 6d | 7 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Fall Idaho

FATHER

13. NAME Raymond Linford

14. BIRTHPLACE (city or town) (State or country) Garden City Utah

MOTHER

15. MAIDEN NAME Wanda Ball

16. BIRTHPLACE (city or town) (State or country) Ammon Idaho

17. INFORMENT (Address) Leonard G. Ball Idaho Fall Rt#3

18. BURIAL, CREMATION, OR REMOVAL Place Ammon, Idaho Date Aug. 25, 1934

19. UNDERTAKER Jack Al Wood
(Address) Idaho Falls, Idaho

20. FILED 8/21, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1934, to Aug. 24, 1934
I last saw him alive on Aug. 24, 1934: death is said to have occurred on the date stated above, at 5 pm m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Baby premature about 6½ mo. and lived four hours. | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90146
State File No.

Registration District No. 73

Primary Registration District No. 7170 Local Registrar's No. 119

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Enslow

(a) Residence. No. 659 "H" Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) August 12, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 30 min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

FATHER

13. NAME Stanley F. Enslow

14. BIRTHPLACE (city or town) (State or country) Burlington, Iowa

MOTHER

15. MAIDEN NAME Rose Hackner

16. BIRTHPLACE (city or town) (State or country) Nampa, Idaho

17. INFORMANT Stanley F. Enslow
(Address) Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls Date 8-14, 1934

19. UNDERTAKER O. L. Bruce
(Address) Idaho Falls, Ida.

20. FILED 8/16, 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-12-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1934 to Aug. 12, 1934

I last saw her alive on Aug. 12, 1934; death is said to have occurred on the date stated above, at 1:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (6 mo gestation) | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. K. Abbott M. D.

(Address) Idaho Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 90147

**PLACE OF DEATH**
County of Butte
City of Moore, Ida. Registration District No. 59
Primary Registration District No. 2129 Local Registrar's No. ....
(No. .... If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** William Fredell Jarrett

(a) Residence. No. .... St. ....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 19 yrs. .... mos. .... ds. How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 25 - 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining Guard
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) Pleasant Grove, Utah

PARENTS

10. NAME OF FATHER William Henry Jarrett
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ....
12. MAIDEN NAME OF MOTHER ....
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Dodge Co, Wisconsin

14. Informant (Address) .... Pocatello, Idaho

15. Filed Aug. 30, 1934 M. G. Dietrich Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Aug (Month) 29 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1934, to Aug. 29, 1934, that I last saw him alive on Aug. 29, 1934, and that death occurred, on the date stated above, at .... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

.... (duration) 1 yrs. .... mos. .... ds.
CONTRIBUTORY (Secondary) Myocarditis
.... (duration) .... yrs. 3 mos. .... ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? .... Date of ....
Was there an autopsy? No
What test confirmed diagnosis? Physical exam
(Signed) H. E. Gobbell, M. D.
Aug. 30, 1934 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal: Moore, Idaho — Date of Burial: Aug 31 1934
20. Undertaker: Allenson — Address: Arco

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90148

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 15

## PLACE OF DEATH

County of Butte
City of Arco.
(No. Egbert Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois Davis.

(a) Residence. No. Carey Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | 4 | 24 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Carey Idaho.

PARENTS

10. NAME OF FATHER J. W. Davis.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Malad Idaho.

12. MAIDEN NAME OF MOTHER Anna M. Coates.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mt. Pleasant Utah.

14. Informant J. W. Davis.
(Address) Carey Idaho.

15. Filed Aug 21, 1934 M. G. Dietrich. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 21 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1934, to Aug. 21, 1934
that I last saw her alive on Aug 21, 1934
and that death occurred, on the date stated above, at 1:30 p.m.
The CAUSE OF DEATH* was as follows:
Fracture of Base of Skull — accidental automobile. 2 hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Autopsy & Surgical exam
(Signed) W. H. Egbert M. D.
Aug. 21, 1934 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| Removed to Carey. | |
| 20. Undertaker | Address |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Camas

City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90149

Registration District No.
Primary Registration District No. Local Registrar's No. 58

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Fred Hosac

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Hosac

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63. | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Prospect By Smoky

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME David Hosic

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Hester Hosac

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 8/19, 1934

19. UNDERTAKER G. C. Zacher
(Address) Mountain Home Idaho

20. FILED Aug 21, 1934 W. B. Parkinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1934 to Aug 17, 1934
I last saw h[illegible] alive on Aug 17, 1934; death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 8-17-34 |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) W. B. Parkinson M. D.
(Address) Fairfield Idaho

RECEIVED SEP 10 1934

RECEIVED SEP 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90150
State File No.....

County of Canyon
City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 93

(No. 1520 - 2nd St. So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Hunter Wesson

(a) Residence. No. 1520 - 2nd St. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

160

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 1st 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

FATHER

13. NAME Lloyd L. Wesson

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Viola Hampton

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Lloyd L. Wesson (Address) Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL Rollerlawn
Place Nampa, Ida. Date 8-3, 1934

19. UNDERTAKER W. H. D. Talley (Address) Nampa Idaho

20. FILED Sept 6, 1934 Lyda R. Lyons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Aug 1, 1934.

I last saw him alive on Aug 1, 1934; death is said to have occurred on the date stated above, at 6:40 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cystitis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. O. Wolt M. D.
(Address) Nampa Idaho

RECEIVED SEP 10 1934

NOTE—MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90151
State File No.....

## PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 95
(No 1803 - 7th Ave. South.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Emmett Casey 91

(a) Residence. No. 3 mi Orchard Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie R Casey

6. DATE OF BIRTH (month, day, and year)
Aug. 10 - 1871

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | — | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER FATHER

13. NAME Geo. W. Casey
14. BIRTHPLACE (city or town) Canada
(State or country)
15. MAIDEN NAME Delphia Jordon
16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMANT David A. Casey
(Address) Grandview, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kohlerlawn Date Aug 13 1934

19. UNDERTAKER Wm D Gallup
(Address) Nampa Ida.

20. FILED Sept 6, 1934 Lydia V. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 12 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934 to Aug. 12 1934.
I last saw him alive on Aug. 11 1934; death is said to have occurred on the date stated above, at 12 midnight
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular heart disease - with resulting general anasarca and pulmonary edema | Acute onset 4 mos. p.o. Chronic for 3 or 4 years |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Geo R Proctor M. D.
(Address) Nampa Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90152

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 101

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

#4

2. FULL NAME Josephine Ochmanski

(a) Residence. No. Rt. 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of John Ochmanski

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: 74 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housekeeper
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER/FATHER

13. NAME: Martin Racke
14. BIRTHPLACE (city or town) (State or country): Poland
15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Michal Ochmanski

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida Date 8/15, 1934

19. UNDERTAKER F. H. Robinson
(Address) Nampa Ida

20. FILED Sept. 6, 1934. Lydia A. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/13 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 4-10, 1934, to ....., 193....
I last saw ~~her~~ alive on 4-10, 193 4; death is said to have occurred on the date stated above, at 1 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Stomach | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Thornton M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90153
State File No.

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 98

(No. Mercy Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William B Crayne

(a) Residence. No. Rural St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/22/66

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 67 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Isaac Crayne

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Kendall

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) Mrs John Hubbard Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 8/18/34

19. UNDERTAKER (Address) F. K. Robertson

20. FILED Sept 5, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/16 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1934, to Aug. 6, 1934.
I last saw him alive on Aug. 6, 1934; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Suppression of Urine and Pneumococcal Shock | |
| Other **contributory causes** of importance: Removal of Carcinoma of Sigmoid and Colostomy | |

Name of operation Colostomy Date of 8-3-34
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. R. Proctor, M. D.
(Address) Nampa Idaho

RECEIVED SEP 10 [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90154

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 94

(No. 1804-5th St. No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin Eugene Yadon 113

(a) Residence. No. 1804 5th St No St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 12 1933

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ?

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Ida

MOTHER FATHER

13. NAME Herman G. Yadon

14. BIRTHPLACE (city or town) (State or country) Mo.

15. MAIDEN NAME Nora B. Leach

16. BIRTHPLACE (city or town) (State or country) Ida

17. INFORMANT (Address) H. G. Yadon Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Rahlegawn Date Aug. 14 1934

19. UNDERTAKER (Address) A. D. Talley Nampa Ida.

20. FILED Sept. 6, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934, to Aug 11, 1934.
I last saw him alive on Aug 11, 1934.: death is said to have occurred on the date stated above, at 4. A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Summer Diarrhea | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ? Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. C. Wolfe, M. D.
(Address) Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90155

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 96

(No. 20- 16th Ave. So)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean White 113

(a) Residence. No. 20- 16th Ave. So St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 20th 1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nampa Idaho

MOTHER FATHER

13. NAME: Augustus White

14. BIRTHPLACE (city or town) (State or country): Boise Idaho

15. MAIDEN NAME: Babe Post

16. BIRTHPLACE (city or town) (State or country): Idaho Idaho

17. INFORMANT (Address): Augustus White Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL: Interment
Place Nampa, Ida. Date 8/17, 1934

19. UNDERTAKER (Address): W. W. Gabby Nampa Idaho

20. FILED Sept. 6, 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/14 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1934, to 8-14, 1934

I last saw her alive on 8-14, 1934; death is said to have occurred on the date stated above, at 5.05 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gastro enteritis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Horace O. Bilbruck M. D.

(Address) Nampa Ida

SEP 1 [illegible]

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90156
State File No.

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 97

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

94

2. FULL NAME Lester Wayne Rohan

(a) Residence. No. 824 - 8th ave S St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-22-19

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 15 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Jr. school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME F. J. Rohan

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Laura Fruckey

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT F. J. Rohan
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 9-4 193..

19. UNDERTAKER F. L. Robinson
(Address) Nampa Ida

20. FILED Sept 5, 1934 Lydia Rodgers
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 193.., to Aug 1, 193..

I last saw him alive on Aug 1, 193.., death is said to have occurred on the date stated above at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Lymphatic Leukemia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation No Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Horace P. Billman M. D.

(Address) Nampa Ida

**N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90157
State File No.

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 99

(No. 116-6 ave S.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Richard Spencer

(a) Residence. No. 116-6 ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Silas Spencer

6. DATE OF BIRTH (month, day, and year) 9-16-10

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 24 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Grocery Clerk

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER FATHER

13. NAME R. A. Spencer

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mildred Young

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT R. A. Spencer
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 8/12/34 193..

19. UNDERTAKER F. K. Robison
(Address) Nampa Ida

20. FILED Sept 5, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/10 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 1934, to 8/10/34, 193..

I last saw h. alive on 8/8/ 193.4: death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endarteritis affecting first the vessels of the extremities and later the vessels of the central nervous system | July 1934 |
| Other **contributory causes** of importance: Endocarditis, Chronic | Childhood. |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. A. Lung & Co., M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RESERVED FOR [illegible]

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90158

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 100

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Edward Dike

(a) Residence. No. 520 - 10 ave. So. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/4/68

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME R. W. Dike

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Bourbany

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) J. W. Dike Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 8/12, 1934

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Sept. 6, 1934. Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to Aug 10, 1934.
I last saw him alive on Aug 10, 1934. death is said to have occurred on the date stated above, at 10 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Inguinal | |
| with ulceration | about |
| into the Urinary | Feb 1/34 |
| bladder | |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. P. Rosa, M. D.

(Address) Nampa, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90159

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 102

(No. 128-14th Ave. No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Philomene Josephine Caron

(a) Residence. No. 128-14th Ave. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Jacob Caron

6. DATE OF BIRTH (month, day, and year): March 15th 1875

7. AGE — Years: 59 | Months: 5 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montreal Canada

MOTHER / FATHER

13. NAME: Maurice Lafaude

14. BIRTHPLACE (city or town) (State or country): Canada

15. MAIDEN NAME: Victoire Cherrier

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Rene Caron Caldwell, Ida

18. BURIAL, CREMATION OR REMOVAL: Mt. Calvary
Place: Nampa, Ida Date: 9-1-1934

19. UNDERTAKER (Address): Mrs. Nina M. Tallen Nampa, Ida

20. FILED: Sept 7, 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-30-1934

22. I HEREBY CERTIFY, That I attended deceased from May ..., 1934., to Aug. 30th, 1934.

I last saw her alive on Aug. 30, 1934.: death is said to have occurred on the date stated above, at 4:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Liver, Stomach and pancreas | Apr. 1934. |

Other **contributory causes** of importance:

Name of operation: None Date of: —

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. W. A. Kelly M. D.

(Address) Nampa, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1
Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 90160

Local Registrar's No. 81

(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leo B Cole

(a) Residence. No. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 10 - 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 67 | 2 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Station Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc R R Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bradford Co Penn.

FATHER
13. NAME Frank M Cole
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Gertrude Fisk
16. BIRTHPLACE (city or town) (State or country) Broom Co New York

17. INFORMENT (Address) Elizabeth Park Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Co Idaho Date 6 - 11 1934

19. UNDERTAKER (Address) J. C. V. Beckman Caldwell Ida

20. FILED 6-1-34, 193 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 6, 1934
I last saw him alive on June 5, 1934: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation heart | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic nephritis and myocarditis | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Homer P Belknap M. D.
(Address) Nampa Idaho

RECEIVED SEP 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90161

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 82

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Dora C Peckstein

(a) Residence. No. Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug.

7. AGE: Years 73 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Dorothy McGriff 13506 - Willow Brook ave Compton Calif.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Aug 10, 1934

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 9-6-34, 193 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8 — 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...

I last saw h... alive on ——, 193...: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

accidentally killed by car turning over on highway, 1 Miles out from Caldwell on new Plymouth highway

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..., 193...

Where did injury occur? On new Plymouth highway. (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm D Talbot Coroner

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 90162

Local Registrar's No. 83

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

88 a

2. FULL NAME Mrs. Ada Florence Mullikin

(a) Residence. No. Caldwell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Harry V. Mullikin

6. DATE OF BIRTH (month, day, and year) Dec. 30, 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 7 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME J. W. Howard

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Safonia Bledsoe

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Harry V. Mullikin, Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 8-19, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 8-17, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Aug 16, 1934

I last saw her alive on Aug 16, 1934; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows: Chronic Endocarditis — Chronic Nephritis — Date of onset Many Years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Caldwell Idaho

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90163

**PLACE OF DEATH**

County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 2006
Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Hopkins

(a) Residence. No. ..... Huston Ida R#2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12 - 1860.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 11 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind

FATHER

13. NAME James Hopkins
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Francis Snodgrass
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Mrs. H. Hopkins Huston Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Canyon Cem. Date 8-15 ..., 193.

19. UNDERTAKER (Address) J. C. Heckmann Caldwell Ida.

20. FILED 8-16-34 193. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on Dec. 6..., 1928: death is said to have occurred on the date stated above, at 10:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteral sclerosis | |
| Apoplexy | Dec. 6 1928 |
| Apoplexy 2nd stroke | August 12/934 |

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. R. Whittenberger M.D.
(Address) Caldwell, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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Kaley

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90164

## PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 45

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret E. Newland

(a) Residence. No. Avenue St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 30 - 1841

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 93 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vanburen Co (State or country) Iowa

FATHER

13. NAME Wm Jobe
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Elizabeth Gray
16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Mrs. D. W. Leonard (Address) Avenue F

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. Canyon View Cem Date 8-25-34

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED 8-27, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to Aug 20, 1934.
I last saw h[illegible] alive on Aug 19, 1934. death is said to have occurred on the date stated above, at 6:22 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility & | |
| Bronchial & | |
| Pneumonia | Aug 16 |

Other **contributory causes** of importance:

Name of operation — Date of
What test confirmed diagnosis — Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, [illegible]

(Signed) C. V. Peckham M. D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90165

**PLACE OF DEATH**
County of Canyon
City of Huston
Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 86
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Minta Dugger

(a) Residence. No. Huston, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 2, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 65 | 5 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME Mr. Marshall
14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER
15. MAIDEN NAME Susan Mills
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Mrs. Bert Gibson, Huston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Riverside Date Aug. 23, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 8-23-, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 21-34 193

22. I HEREBY CERTIFY, That I attended deceased from No medical attendance, 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Vascular Renal disease of long standing. | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. A. Newberry M. D.
(Address) Caldwell Ida

Dudley

8/22 RECEIVED SEP 12 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90166
State File No.....

## PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 87

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

204

2. FULL NAME Nancy Frances Collins

(a) Residence. No. 915 Chicago St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 6 1852.
7. AGE: Years 81 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisa Co. (State or country) Mo.

FATHER
13. NAME C. Waggener
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Rachael Ann McCoy
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) A.W. Collins Caldwell Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Canyon Hill Date Aug 24 1934

19. UNDERTAKER (Address) J.C.V. Peckham Caldwell Ida.

20. FILED 8-27 1934 W.M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1934, to Aug 22 1934
I last saw him alive on see above, death is said to have occurred on the date stated above, at 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sudden death | Aug 22 34 |
| Cause not determined | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) A.W. Adams M.D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90167

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Samaritan Hospital)

2. FULL NAME Leonard Edward Miller

(a) Residence. No. Huston Rt # 2 St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

1899

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-15-1918

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 16 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Ida

FATHER

13. NAME Oscar D. Miller

14. BIRTHPLACE (city or town) (State or country) S. D

MOTHER

15. MAIDEN NAME Mary Browning

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT O. D. Miller (Address) Huston Rt # 2

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 8/29, 1934

19. UNDERTAKER F. H. Robinson (Address) Nampa, Idaho

20. FILED 8-27-, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/25, 1934, to 8/26, 1934

I last saw h. alive on 8/26, 1934 death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemmorage from Ruptured Ulcer | 8/25/34 |
| Recent injury by Bull | |

Other **contributory causes** of importance:

Name of operation Lap. & Abd. Bleeding Date of 8/26

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 8/25 1934

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** By Bull

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) [signature] M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED

# PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 90168

Local Registrar's No. 89

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Berry Rogers

(a) Residence. No. Wilder, (Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 19 1892

7. AGE: Years 42 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrisan (State or country) Arkansas

FATHER

13. NAME Frank Rogers

14. BIRTHPLACE (city or town) (State or country) W Virginia

MOTHER

15. MAIDEN NAME Fannie Logan

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Walter L. Rice (Address) 46 3-16 ave No. Nampa

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wilder Date 9-2-1934

19. UNDERTAKER E. J. Peckham (Address) Caldwell Idaho

20. FILED 9-4-34, 193. M. Thurston Gomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 ....., 1934 to Aug 30 ....., 1934

I last saw him alive on Aug 30 1934; death is said to have occurred on the date stated above, at 7 P. ....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from Carcinoma of neck | Aug 30/34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Carcinoma of face and neck of several months duration | |

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. P. Roar, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90169

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 90

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Alice M. Moore

(a) Residence. No. Canyon County Farm St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, and year): Oct. 22, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: J. S. Harrison

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Miss Dean

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMENT (Address): Geo E. Moore Parma R 3 Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Hill Date: 9-2, 1934

19. UNDERTAKER (Address): Paul L. Case Caldwell, Idaho

20. FILED 9-5, 1934 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5-34, 1934, to Sept 1-34, 1934

I last saw he alive on Sept 1, 1934: death is said to have occurred on the date stated above, at 10.30 mA M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Rt Femur | Aug 5 |
| Surgical neck | 1934 |

Other contributory causes of importance:

Heart D
Broncho Pneumonia

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Newlen M. D.

(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90170

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 91

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Belle Jane Daugherty

(a) Residence. No. Wilder St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Apr. 21 - 1917
7. AGE: Years 17 | Months 3 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Beaverville Illinois

FATHER
13. NAME: Thomas G. Daugherty
14. BIRTHPLACE (city or town) (State or country): Darlington Wisc.

MOTHER
15. MAIDEN NAME: Jennie L. Scott
16. BIRTHPLACE (city or town) (State or country): Beaverville Illinois

17. INFORMANT (Address): Thomas G. Daugherty Wilder Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date 9-5, 1934

19. UNDERTAKER (Address): C. V. Peckham Caldwell Ida.

20. FILED 9-3, 1934 W. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1934, to Sept. 2, 1934.
I last saw her alive on Sept. 2, 1934; death is said to have occurred on the date stated above, at 10:22 a.m.,
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double Lobar Pneumonia | Aug. 31-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Influenza | Aug 27-34 |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) .... Robert E. Tallman, M. D.
(Address) ..... Wilder Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90171

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles F. Liebhart

(a) Residence. No. Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mae Liebhart

6. DATE OF BIRTH (month, day, and year) July 15, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Paint Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Freeport, Ill.
(State or country)

FATHER

13. NAME Michael Liebhart

14. BIRTHPLACE (city or town) York, Penn.
(State or country)

MOTHER

15. MAIDEN NAME Alvina Sprague

16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMANT Mrs. Mae Liebhart
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date Sept. 7 1934

19. UNDERTAKER C. V. Peckham
(Address) Caldwell

20. FILED 9-8-34 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-7-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to Sept. 7..., 1934.

I last saw h[illegible] alive on Sept. 7..., 193[illegible]; death is said to have occurred on the date stated above, at [illegible] m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Coronary Thrombosis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [signature] M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90172

**PLACE OF DEATH**
County of Caribou
City of Soda Springs Registration District No. 82
Primary Registration District No. 7159 Local Registrar's No. 41
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Mathew Zagar
(a) Residence. No. St. Vernal, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Catherine Zagar

6. DATE OF BIRTH (month, day, and year) Apr-7-1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jugo-Slavia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Lucia Zagar
16. BIRTHPLACE (city or town) (State or country) Jugo-Slavia

17. INFORMENT (Address) Frank Zager

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Vernal Utah Date 8/9, 1934

19. UNDERTAKER Byron R Maynard (Address) Pocatello

20. FILED Aug 9, 1934 D. Russell Taylor Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1934, to Aug 9, 1934
I last saw h— alive on Aug. 8, 1934: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Paralysis | |

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Evan Evans, M. D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90173

**PLACE OF DEATH**

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 47
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Emma Ketchum

(a) Residence. No. Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wesley Ketchum

6. DATE OF BIRTH (month, day, and year) Sept. 17-1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 77 | 9 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lee Co.
(State or country) Iowa

FATHER
13. NAME Benjamin Martindale
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Margaret Guier
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Culver Kans. Date 9/10., 1934

19. UNDERTAKER D. E. Johnson
(Address) Burley Idaho

20. FILED 9/9, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/8 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to July 8, 1934.
I last saw her alive on July 8, 1934: death is said to have occurred on the date stated above, at 4:00A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiitis | 1920 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:
Arterio Sclerosis

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Hugh E. Dean, M. D.
(Address) Burley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90174

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 52

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Weight Llewellyn

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) May 7- 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 18 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) ....

FATHER

13. NAME Reese W. Llewellyn

14. BIRTHPLACE (city or town) Fountain Green (State or country) Utah.

MOTHER

15. MAIDEN NAME Elsie Weight.

16. BIRTHPLACE (city or town) Springville. (State or country) Utah.

17. INFORMANT R. W. Llewellyn. (Address) Utah

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 8-31.., 1934

19. UNDERTAKER Lon P. Rogers & Burial Co (Address) ....

20. FILED 8/28/ 1934. Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-27...., 193.4, to 8-27...., 193.4.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of Mt. Lft. Nasal Bones | .... |
| Compound Fracture of Left Zygomatic Bone. Fracture of Lft. Superior Maxilla Bone. Fractured Sternum, with Crushed Thorax & Internal Hemorrhage | .... |

Other contributory causes of importance:
Compound fracture of Lft. Tibia & Fibula, bones of Lft. Leg, On Motorcycle & Ran into Auto Car,

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury .. 193..
Where did injury occur? Burley, Cassia Co Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** On Public Hi-Way,
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) D. C. Johnson Co. Coroner
(Address) Burley Idaho

RECEIVED [illegible]

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90175

Registration District No. 117

Primary Registration District No. 296 Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Ray Neal Clark

(a) Residence. No. 120 So. Albion St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): June 29 - 1916

7. AGE: Years 18 | Months 1 | Days 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: U.S. Navy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: 2nd Class U.S. Navy

10. Date deceased last worked at this occupation (mo. and yr.): 8/22/34

11. Total time (years) spent in this occupation: 8 mo.

12. BIRTHPLACE (city or town) (State or country): Joplin Missouri

FATHER

13. NAME: Percy Clark

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: Ruby May Burney Sparger

16. BIRTHPLACE (city or town) (State or country): Lapaz Arkansas

17. INFORMANT (Address): Ruby May Burney 120 So. Albion Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Ida. Date: 8/27, 1934

19. UNDERTAKER (Address): W. E. Johnson Burley Idaho

20. FILED 8/25/, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/23 1934

22. I HEREBY CERTIFY, That I attended deceased from ...8/23..., 1934., to .8/23....., 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .5. P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowned | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. M. Tilby, M. D.

(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90176

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Koontz

(a) Residence. No. Burley - Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

111a

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis M. Koontz

6. DATE OF BIRTH (month, day, and year): April - 21 - 1862

7. AGE: Years 72 | Months 4 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 8/24/34

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Lancshire England

FATHER

13. NAME: Thomas Mills

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mat. Knowon

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): C. E. Smith Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Idaho Date: 8/26, 1934

19. UNDERTAKER (Address): Johnson Mortuary Kerr McCulloch

20. FILED 8/24/..., 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/18/..., 193.4.., to 8/22/34 193....

I last saw her alive on 8/20/, 193.4.: death is said to have occurred on the date stated above, at 2.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric ulcer | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Haemorrhage | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90178

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Smith

(a) Residence. No. 1046 - Overland St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Woodruff

6. DATE OF BIRTH (month, day, and year): Feb. 14. 1865

7. AGE — Years: 69 | Months: 5 | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bloomington Indiana

MOTHER

13. NAME: Dist Israel

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Dist Israel

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Odd Fellows Lodge Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 8-7-, 1934

19. UNDERTAKER (Address): [illegible] Burley

20. FILED 8/6/, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-5-1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Aug. 5, 1934.
I last saw him alive on Aug. 5, 1934: death is said to have occurred on the date stated above, at 7 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abcess of left Lung | 8-1-1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Heart trouble | |
| | |
| | |

Name of operation. None Date of.....
What test confirmed diagnosis? general Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. E. Johnson D.O. M.D.
(Address) Rupert, Idaho.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90179

Registration District No.

Primary Registration District No. Local Registrar's No. 76

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry W. Pearson

(a) Residence. No. 819½ — 4th St. Coeur d'Alene, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of Pearl M. Pearson
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Boom man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber mill

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Marshall B. Pearson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Adeline Kaufman

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date ....., 193..

19. UNDERTAKER (Address) [signature] Orofino

20. FILED 8/31, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to August 31, 1934.
I last saw him alive on August 30 1934: death is said to have occurred on the date stated above, at 4.40 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| myocarditis - acute - | |
| following influenza | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Psychosis with other Somatic diseases. | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho

RECEIVED SEP 6 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90180

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 71

(No. State Hospital North) 71a

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Nelson

(a) Residence. No. 505 So. Euclid Ave. St. Sandpoint, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? 21 yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Nelson

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Millwright & Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Drums, Sweden

FATHER

13. NAME Louis Nelson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Gertrude Nelson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Records, State Hosp. North, Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Sandpoint Ida Date 8-3, 1934

19. UNDERTAKER (Address) Orofino Mortuary, Orofino Ida

20. FILED 8/3, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933, to Aug. 2, 1934.

I last saw him alive on Aug. 2, 1934; death is said to have occurred on the date stated above, at 12:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | July 31-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Psychosis with Cerebral arteriosclerosis | Jan. 17, 1933 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelvey M. D.

(Address) Orofino - Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90181

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 72

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Wissenbach (Wolf Lodge) Coeur d'Alene, Idaho.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 52 | 3 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York City New York

FATHER

13. NAME Adam Wissenbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora Frazer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 8-4, 1934

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 8-4, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from September 13 1933, to August 2, 1934.

I last saw him alive on August 2, 1934; death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Manic-depressive psychosis (manic type) | 6 yrs. |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John Orville McElroy, M. D.

(Address) Orofino - Idaho.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 30182

State File No.....

Registration District No. 90

Primary Registration District No. 2157 Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank F. George

(a) Residence. No..... St. .....
(Usual place of abode) Orofino Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Nov 2 - 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Personal records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Idaho Date 7-9, 1934

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 7-9, 1934. W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4th, 193 3, to July 7, 193 4.
I last saw h[illegible] alive on July 7, 193 4: death is said to have occurred on the date stated above, at 9:45 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, Chronic | ? |
| Arterial sclerosis | ? |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardiac dilation | July 1934 |
| | |
| | |

Name of operation None. Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. J. Stoplemoor, M. D.
(Address) Orofino, Idaho

RECEIVED SEP

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90183

Registration District No. 96

Primary Registration District No. 2187 Local Registrar's No. 74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl R. Lindberg

(a) Residence. No. Everett Wash St. 2130 Hoyt Ave
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16 - 1914

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 19 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mine Work

10. Date deceased last worked at this occupation (mo. and yr.) 8-23-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bellingham Wash
(State or country)

MOTHER FATHER

13. NAME Werner Linberry

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

15. MAIDEN NAME Anna Johnson

16. BIRTHPLACE (city or town) .....
(State or country) Sweden

17. INFORMANT Roy F. Linberry
(Address) Everett Wash

18. BURIAL, CREMATION OR REMOVAL
Place Everett Wash Date....., 193..

19. UNDERTAKER Crafts Mortuary
(Address) Crafts

20. FILED 8-24.., 1934. W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193.....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Basial Fracture of | |
| Skull | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8-23, 193.4

Where did injury occur? Pierce Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Mining Claim

Manner of injury.... Head crushed

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify By Hydraulic Water Cannon

(Signed) Wayne S. Henry, M. D.

(Address) Orofino Ida

RECEIVED SEP

MARGIN RESERVED FOR BINDING
PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of ...nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ...ate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90184

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 75

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

143 (a)

2. FULL NAME Edith C. Carrico

(a) Residence. No. .... St. Orofino Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | White | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Carrico

6. DATE OF BIRTH (month, day, and year) 4-11-1905

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 29 | 4 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc** Home Work

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER FATHER

13. NAME Arthur Grayeill

14. BIRTHPLACE (city or town) (State or country) unascertained

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Henry Carrico Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Headsman Date. 8-27, 1934

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida.

20. FILED 8-27, 1934 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1934, to Aug. 24, 1934
I last saw h[illegible] alive on Aug. 24, 1934: death is said to have occurred on the date stated above, at 8:50 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia and Endocarditis - and pneumonia following Septic abortion | |
| Other **contributory causes** of importance: | |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) A. K. Coppenhagen M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90185

**PLACE OF DEATH**

County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 69

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry W. Thompson

(a) Residence. No. Weippe Iadho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Thompson

6. DATE OF BIRTH (month, day, and year) Sep 1 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Powder man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8 34

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Ross Thompson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Addia Colson ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Elizabeth Thompson Weippe Iadho

18. BURIAL, CREMATION, OR REMOVAL Place Pierce Date 8/5, 1934

19. UNDERTAKER (Address) V. A. Shaw Orofino Ida

20. FILED 8/2, 1934 V. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8—1—1934

22. I HEREBY CERTIFY, That I attended deceased from about 1928, 193, to August, 1934
I last saw him alive on July 14 ?, 1934; death is said to have occurred on the date stated above, at 10 30 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dynamite Explosion | 8/1/34 |

Other contributory causes of importance: None

Name of operation — Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/1, 1934
Where did injury occur? Near Weippe Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Dynamite Explosion
Nature of injury Blew up face & body

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Powder man

(Signed) W. W. Robertson, M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90186

**PLACE OF DEATH**
County of Clearwater
City of Weippe

Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 70

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Marie Richman 9

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Girl | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 2. | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Grangeville, Idaho

FATHER

13. NAME John A. Bachman

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Anna Spencer

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) John Bachman Weippe Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Cemetery Date July 20 1937

19. UNDERTAKER Nelson Bachman Funeral Home
(Address) Weippe Idaho

20. FILED 8-3-, 1934 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/17/34, 193..., to 7/19/34, 193...
I last saw her alive on January 27, 193..., death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Whooping cough | June 1934 |

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193...
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....

(Signed) R. J. Hopkins, M. D.
(Address) Grangeville, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 90188

**PLACE OF DEATH**
County of Custer
City of Clayton

Registration District No. 10
Primary Registration District No. 2186
Local Registrar's No. 178
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Robert Campbell

(a) Residence. No. St.
(If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Keene

6. DATE OF BIRTH (month, day and year) March 17 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 5 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ranching
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utica Wis.

PARENTS

10. NAME OF FATHER Thomas Campbell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Ellen Shaw
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant Thomas E Campbell
(Address)

15. Filed Aug 21, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 21 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Apr'l 1934, to Aug 21 1934
that I last saw him alive on Aug 14 1934
and that death occurred, on the date stated above, at 8:15 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) pneumonia from Chills
(duration) 9 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. L. Hurtley M. D.
Sept 9, 1934 (Address) C. Ralton, Ida

19. Place of Burial, Cremation, or Removal: Challis Idaho — Date of Burial: Aug 23 1934

20. Undertaker: W n C Doebler — Address: Salmon Ida

SEP 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90189

**PLACE OF DEATH**
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2184 Local Registrar's No. 176
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. (Charley) Poulson 127

(a) Residence. No. (Virginia) St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charley Poulson

6. DATE OF BIRTH (month, day and year) Jan 7- 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 23 | 6 | 0 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Cassville
(State or country) Missouri

PARENTS

10. NAME OF FATHER J. C. Beck

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER White

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant Mrs Andrew Gini
(Address)

15. Filed Aug 20, 1934 Edna Mc Kinney Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH July 7, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

I saw this patient but once on the night in a dirty, dead & Coma Convulsions with unconscious with a Bronco (duration) ..... yrs. ..... mos. ..... ds.
~~CONTRIBUTORY~~ (Secondary) Probably acute infection
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. L. Hartley, M. D.
Aug 20, 1934 (Address) Challis

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| May Idaho | July 8 1934 |
| 20. Undertaker Relatives & Friends | Address Challis, Ida. |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90190

**PLACE OF DEATH**
County of Custer
City of Clayton

Registration District No. 108
Primary Registration District No. 218½ Local Registrar's No. 172

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaiah Virbick

198

(a) Residence. No. Clayton St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Lyell Arthur Virbick

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 55 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bountyful Utah

FATHER
13. NAME Richard Hartley
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Clarence Hyrum Virbick Rupert, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rockland Ida. Date July 11, 1934

19. UNDERTAKER Mc Rocke
(Address) Salmon Idaho

20. FILED July 7, 1934 Elena McKenney Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 8-P- m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause of death determined by autopsy 7-7-34 | |
| Other contributory causes of importance: Pneumonia, involving L. Chest wall & pericardium Heart caused death | by [illegible] |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/6, 1934
Where did injury occur? Custer Co. Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. D. Bradley, M. D.
(Address) Challis, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90191

**PLACE OF DEATH**

County of Elmore
City of Glenns Ferry
Registration District No. 36
Primary Registration District No. 2021
Local Registrar's No. 4

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Burnette

(a) Residence. No. Glenns Ferry St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Doretta Burnette

6. DATE OF BIRTH (month, day, and year) Jan-10-1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 5. Yrs.

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME James Burnette

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Margaret Vanderberg

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Doretta Burnette Glenns Ferry Ida.

18. BURIAL, CREMATION, REMOVAL Place Glenns Ferry Date 7-24, 1934

19. UNDERTAKER J. L. Galpin M. Hample
(Address)

20. FILED 7-24, 1934 Mrs Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to July 22, 1934
I last saw him alive on July 19, 1934, death is said to have occurred on the date stated above, at 4.15 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral embolism | 7-22-34 |

Other contributory causes of importance:
Chr. myocarditis
Myocardial degeneration
Mitral Stenosis

Name of operation none Date of
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) M. Schneidelbach M.D.
(Address) Glenns Ferry Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90192

Local Registrar's No. 131

## PLACE OF DEATH

County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 3021
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Brewer

(a) Residence. No. Glenns Ferry Idaho
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 4 1873

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 6 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Missouri

PARENTS

10. NAME OF FATHER: Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country): dont know.
12. MAIDEN NAME OF MOTHER: Emily Burgess.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Illinois

14. Informant: Lloyd Brewer
(Address) Glenns Ferry Idaho

15. Filed Aug 25, 1934 Mrs Mary Sullivan Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 23 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934, to Aug 23, 1934
that I last saw her alive on Aug 23, 1934
and that death occurred, on the date stated above, at 11 55 a.m.
The CAUSE OF DEATH* was as follows:

Nephritis - pyenephrosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ?
Did an operation precede death? Yes Date of 1926
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical
(Signed) John W Davis M. D.
Aug 25, 1934 (Address) Glenns Ferry Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Glenns Ferry Ida | Aug 25 1934 |

20. Undertaker: J C Zacher — Address: Mt Home Ida

15.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE
State File No. 90193

Local Registrar's No. 15

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jung Louie

(a) Residence. (Usual place of abode) No. Mt. Home, Idaho St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Chinese | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | " | " | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation about 23.

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Louie Wee Yep.

14. BIRTHPLACE (city or town) (State or country) Canton China

MOTHER

15. MAIDEN NAME Lee See

16. BIRTHPLACE (city or town) (State or country) Canton China

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Boise Ida Date 7/21, 1934

19. UNDERTAKER G. E. Barber
(Address) Mt. Home Ida.

20. FILED 7-21, 1934 A. Hyndman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wound. | |
| by 32 Colt Automatic pistol | |
| in his own hand | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/15 1934

Where did injury occur? Mountain Home, Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Phil F. Green Coroner, M. D.

(Address) Mt. Home Ida

D. Pittinger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 90193

Local Registrar's No.

SEP - 1 1937

(No. St. Alphonsus) 170

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louie Garr Jum

(a) Residence. No. Mountain Home, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Chinese | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Restaurant owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23 years

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Louie Wu Yep

14. BIRTHPLACE (city or town) Canton (State or country) China

MOTHER

15. MAIDEN NAME Lee See

16. BIRTHPLACE (city or town) Canton (State or country) China

17. INFORMENT (Address) Charlie Yuen Mountain Home, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Idaho Date 7/21/34, 193

19. UNDERTAKER (Address) G. C. Zacher Mountain Home, Idaho

20. FILED Sept. 1, 193 7 R. Sharp Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wound L. upper abdomen | 7-15-34 |
| Ruptured spleen | |

Other contributory causes of importance:

Name of operation Splenectomy Date of 7-15-34

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7-15-1934

Where did injury occur? Mountain Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Gunshot wound

Nature of injury Lacerated spleen

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. B. Shaw, M. D.

(Address) .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

Jas. W. Hawkins
[redacted], M. D., DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

August 23, 1937

AUG 25 1937

Mrs. G. C. Zacker
Mountain Home, Idaho

Dear Madam:

We have a request for a certified copy of the death record of a Chinaman, Jum Louie, who died at St. Alphonsus Hospital at Boise, Idaho, July 15, 1934.

We find this record on file in this bureau, but the death record states he died at Mountain Home. It also states the death was suicide at Mountain Home on July 15, 1937.

We believe this information given on the death record as to the place of death is incorrect as the hospital records show he died in Boise. Will you kindly make an investigation and advise on the bottom of this letter.

Also, was this man's name Louie Jum, or was it Jum Louie, or perhaps Louie Garr? Thanking you in advance, we are

Very truly yours,

Bureau of Vital Statistics

Pearl Dillingham

Pearl Dillingham
State Registrar

pd/hec

My records show the name as being Louie Garr. Jum.
Shot himself in Mountain Home was removed to St Alphonsus Hospital and died there.
Mrs Kenneth Zacker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

Jas. W. Hawkins
[redacted] M. D., DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

Aug. 28, 1937

Mr. A.F. Anderson
Mountain Home, Idaho.

Dear Mr. Anderson:

We have a request for a certified copy of the death record of a Chinaman who died July 15, 1934, in Boise, Idaho.

We have on file the death certificate of Jum Loui who died at Mountain Home on the above date. The record is signed by the Coroner P.F:Green of Mountain Home, Idaho.

We have checked with hospital records and find that Louie Garr Jum died in the St. Alphonsus Hospital in Boise, Dr. Pittenger being the attending physician.

We are unable to issue a certified copy until this record is corrected. Will you kindly contact Mrs. G.C. Zacher the Mortician at Mountain Home and have her make out a new record with the exception of the medical side, which we will present to Dr. Pittenger for completion?

Thanking you, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham

PEARL DILLINGHAM
STATE REGISTRAR

PBA

Final Certificate enclosed

RETURNED SEP 10 '34

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90194

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Taft Benson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie D. Benson

6. DATE OF BIRTH (month, day, and year) June 24 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 1 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME Geo T. Benson

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Louisa Ballif

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Ezra T. Benson Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Whitney Date Aug 15 1934

19. UNDERTAKER MW. Mendrieks
(Address) Preston

20. FILED Sept 8, 1934 G. W. State Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/13/34 193

22. I HEREBY CERTIFY, That I attended deceased from 7/31/34, 193, to 8/13/34, 193 4

I last saw him alive on 8/13/34, 193: death is said to have occurred on the date stated above, at 8/30A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis with peritonitis. | |

Other contributory causes of importance:

Name of operation Appendectomy with drainage Date of 8/9/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90195

**PLACE OF DEATH**

County of Franklin

City of Preston Idaho Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh Stewart Geddes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Geddes

6. DATE OF BIRTH (month, day, and year) July 25 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | I | I | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Plain City Utah

FATHER

13. NAME Wm. Geddes

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Martha Stewart

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Estella Payton Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Aug 26 1934

19. UNDERTAKER M.W.Hendricks
(Address) Preston Idaho

20. FILED Sept 8, 1934 G.W. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Aug. 24, 1934.
I last saw h. alive on Aug 24, 1934: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac decompensation | June 1 1934 |
| Uremia | August 1934 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. P. Cutler, M. D.

(Address) Preston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90196

**PLACE OF DEATH**

County of Franklin
City of Preston

Registration District No. 17
Primary Registration District No. 2117
Local Registrar's No. 6

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Maria Carolina Stauffer

(a) Residence. No. 73 So. 1st. West St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| fe | wh | widow |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ulrich Stauffer

6. DATE OF BIRTH (month, day, and year) Jan. 20, 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ins Bern
(State or country) Switzerland

FATHER

13. NAME Abraham Duscher

14. BIRTHPLACE (city or town)
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Magdalena Gallus

16. BIRTHPLACE (city or town)
(State or country) Switzerland

17. INFORMENT Jacob Hebbles
(Address) PReston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Logan, Utah Date Aug. 8, 1934

19. UNDERTAKER Gudmundsen
(Address) Logan, Utah

20. FILED Sept 8, 1934 G. W. Stater
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to Aug 4, 1934
I last saw her alive on Aug 4, 1934; death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| Arteriosclerosis | |

Other contributory causes of importance:

| | |
|---|---|
| Stroke 3 years ago | |
| Senility | |

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1934
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Eugene F. Poulsen, M. D.
(Address) Preston, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90197

**PLACE OF DEATH**
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME La Var Mecham Winn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 0 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER
13. NAME Heber Winn
14. BIRTHPLACE (city or town) (State or country) Preston

MOTHER
15. MAIDEN NAME Mable Mecham
16. BIRTHPLACE (city or town) (State or country) Riverdale

17. INFORMENT (Address) Father

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Aug 23, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Sept 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1934, to Aug 22, 1934
I last saw him alive on Aug 22, 1934; death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia Neonatorum | Aug 22. |
| Other contributory causes of importance: | |

Name of operation — Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orson J. Decker, M. D.
(Address) Preston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90198

PLACE OF DEATH
County of Franklin
City of Rumada Preston
Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Lee Andra

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug 24 1934
7. AGE: Years | Months | Days: 2 | If LESS than 1 day, ... hrs. or 4 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc NONE
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER
13. NAME Wm. F. Andra
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Louise Wamer
16. BIRTHPLACE (city or town) (State or country) Mapleton Idaho

17. INFORMENT (Address) W. F. Andra ( Father)
18. BURIAL, CREMATION, OR REMOVAL Place Whitney Idaho Date Aug 25 1934
19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho
20. FILED Sept 8, 1934 G. W. Stalker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 24 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934, to Aug 24, 1934
I last saw him alive on Aug 24, 1934; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Eugene Norden, M. D.
(Address) Preston, Idaho

RECEIVED SEP 14 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90200

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 147

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Leland Workman

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Sadie McAuliffe Workman

6. DATE OF BIRTH (month, day, and year) July 7 - 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parker Idaho

MOTHER FATHER

13. NAME George Albert Workman

14. BIRTHPLACE (city or town) (State or country) Farmington Utah

15. MAIDEN NAME Emma May Pratt

16. BIRTHPLACE (city or town) (State or country) Morgan Utah

17. INFORMANT (Address) Mrs Emmett Hughes St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 8/15, 1934

19. UNDERTAKER Geo W Hansen
(Address) St. Anthony Idaho

20. FILED Sept 10, 1934 Sarah B. Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/8, 1934, to 8/13, 1934.
I last saw him alive on 8/13, 1934; death is said to have occurred on the date stated above, at 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Chas W Williamson M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

[redacted]

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90201

## PLACE OF DEATH

County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 286
(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Marion Crawford
(a) Residence No. Tuttle Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 5-22-1865
7. AGE: Years 69 | Months 1 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Powersbell Mo

MOTHER FATHER
13. NAME: James Crawford
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME: Lydia Bay
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Ruth Crawford
18. BURIAL, CREMATION OR REMOVAL
Place. Gooding Date. 8-14-, 1934
19. UNDERTAKER (Address): A C Thompson Gooding
20. FILED 8-15-, 1934 J H Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/17 1934
22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1934., to 8-17, 1934.
I last saw him alive on 8-11, 1934.: death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of intestines | ? |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. none Date of. -
What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J H Cromwell, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6

DO NOT WRITE IN THIS SPACE
State File No. 90202

RECEIVED SEP 4 [illegible]

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Smith

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

129

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
4. Color or Race: color
5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 15 1851

7. AGE — Years: 83 | Months: 2 | Days: 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Copenhagen
(State or country) Denmark

FATHER

13. NAME Nels Thompson

14. BIRTHPLACE (city or town) .....
(State or country) Denmark

MOTHER

15. MAIDEN NAME Nopknown

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT C W Marchant
(Address) Emmett Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Ida Date 8/2, 1934

19. UNDERTAKER C A Buckmun
(Address) Emmett Idaho

20. FILED 8/1, 1934 J. C. Rappold
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-28-, 1934., to ....., 193....
I last saw her alive on 7-28-, 1934. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | |
| atheromatous arteries | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cerebral Hemorrhage | |
| with paralysis | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~Was~~ there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90203

RECEIVED JAB

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Biederback

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | wht | widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 31 - 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 75 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Comanche
(State or country) Iowa

MOTHER FATHER

13. NAME Wm Boyhouse

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Ray Stevenson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Boise Ida Date 8/26 1934

19. UNDERTAKER C. W. Buckingham
(Address) Emmett Idaho

20. FILED 8/26 1934 J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to Aug 24, 1934
I last saw her alive on Aug 24 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach and Liver | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90204

RECEIVED SEP 4

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

182

2. FULL NAME Dale Edmon Prindle

(a) Residence. No. Emmett Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Ellen Prindle Emmett Idaho

6. DATE OF BIRTH (month, day, and year): July 9 - 1914

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 20 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: day laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Fossil Oregon

MOTHER FATHER

13. NAME: Burl Edmon Prindle

14. BIRTHPLACE (city or town) (State or country): Oregon

15. MAIDEN NAME: Laura Cox

16. BIRTHPLACE (city or town) (State or country): Oregon

17. INFORMANT (Address): Mrs. Martha Dale Prindle

18. BURIAL, CREMATION OR REMOVAL

Place Hagerman Ida Date 8/31, 1934

19. UNDERTAKER (Address): C. D. Buckheim Emmett Idaho

20. FILED 8/30..., 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental drowning | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) C. D. Buckheim Coroner Gem Co.

(Address) Emmett Idaho

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90205

**PLACE OF DEATH**

County of Idaho

City of Cottonwood

Registration District No.

Primary Registration District No. Local Registrar's No. 15

(No. Cottonwood, Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Emmett Mc Calmon

(a) Residence. No. Burlington, Colorado St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farm Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burlington, Colo

FATHER

13. NAME Mourice Mc Calmon

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ,,

16. BIRTHPLACE (city or town) (State or country) ,,

17. INFORMANT (Address) Geo. Mc Kinnon, Nezperce, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burlington, Colorado Date Aug. 17 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED Aug. 17, 1934 W. F. Orr
per J.B. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1934 to Aug. 17, 1934
I last saw him alive on Aug 17 1934; death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental burn by gasoline while filling tractor tank | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 17 1934
Where did injury occur? Nezperce Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** On farm
Manner of injury Fell on Body Surface burned
Nature of injury 3/3 of Body Surface burned

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Tractor working on
(Signed) Healy F. Orr M. D.
(Address) Cottonwood Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

# Oregon State Board of Health — Certificate of Death

197

1. PLACE OF DEATH — State Registered No.
County Idaho — State Idaho — Local Registered No. 103
Township ... or Village ... or
City Payette — No. ... St., 90206 Ward
Length of residence in city or town where death occurred 30 yrs. mos. ds. (If death occurred in a hospital or institution, give its name instead of street number) How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Riggs Libbs

(a) Residence: No. ..., ... St., ...
(Usual place of abode) (If nonresident, give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed or Divorced (Write the word) |
|---|---|---|
| male | white | widowed |

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Ella Frances Smith

6. DATE OF BIRTH (month, day and year) April 9. 1863

| 7. AGE | Years | Months | Days | If less than 1 day, ....hrs. or .... min. |
|---|---|---|---|---|
| | 70 | 2 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stock raiser

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. stockman

10. Date deceased last worked at this occupation (month and year) June 25 34 — 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Springfield Ill.

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (state or country)

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (state or country)

17. INFORMANT Mrs Mary Stickney (address) Joseph Ore

18. BURIAL, CREMATION OR REMOVAL Place Enterprise Date 7-2, 1934

19. UNDERTAKER C. A. Collinsworth (Address) Joseph Ore.

20. Filed 7-2-, 1934 — B. Chapman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| Shot in head by party unknown | |
| | |
| | |
| | |
| | |

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Hom. Date of injury 6-25, 1934
Where did injury occur? Payette Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Shot in head
Nature of injury Gunshot wound.

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Geo H. Tremain, M. D.
(Address) Coroner Ida & Hoskin Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP 10 1934

PLACE OF DEATH

County of Idaho

City of Dixie

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90207

Registration District No. 10 3

Primary Registration District No. 2161 Local Registrar's No. 106

(No. On Salmon River )
(If death occurred in a hospital or institution, give its name instead of street and number)

182

2. FULL NAME Anthony Marsh

(a) Residence. No. North Fork Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE — Years: 35 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME ,,

14. BIRTHPLACE (city or town) ,, (State or country)

MOTHER

15. MAIDEN NAME ,,

16. BIRTHPLACE (city or town) ,, (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place On Salmon River Date Aug. 7, 1934

19. UNDERTAKER Geo. Trnary
(Address) Kooskia, Idaho

20. FILED Sept. 1, 1934. B. Chipman
Registrar (Seal)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drown in Salmon river | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? unknown Date of injury.., 193.

Where did injury occur? Idaho Co.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** Public place

Manner of injury Drowned

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Geo. W. Trenary M. D.

(Address) Kooskia Idaho

Coroner Ida. Co.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90208

Registration District No. 10 3
Primary Registration District No. 1001 Local Registrar's No. 106
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Johnson

1898

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 38 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Aug 10, 34

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 9-1, 1934 B. Chipman (B.M.)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Killed by falling rock | |
| facture skull | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 8-9 1934
Where did injury occur? Southfork Road
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Public place
Manner of injury Falling Rock
Nature of injury Skull fracture q.

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify .....
(Signed) Geo. N. Freyary M.D.
(Address) Grangeville Idaho

Coroner Ida. Co.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90209

Registration District No. 103

Primary Registration District No. 001 Local Registrar's No. 107

(No. County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Dan Herrold

(a) Residence. No. Grangeville, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Chris Herrold

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Rachel Herrold

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Clifford Cyr (Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Grangeville, Date Aug 19, 1934

19. UNDERTAKER Glenn Ailor (Address) Grangeville, Idaho

20. FILED 9-1-, 1934 B. Chipman (Seal) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934, to Aug 17, 1934.

I last saw h- alive on 8-17, 1934; death is said to have occurred on the date stated above, at 3.9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Chronic Interstitial nephritis | 3 yrs. |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) B. Chipman M. D.

(Address) Grangeville, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 12 1934

PLACE OF DEATH

County of Idaho

City of Stites

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90210

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 371

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Shaw

(a) Residence. No. St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Feb 18-1931

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 3 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockia Idaho

FATHER

13. NAME James M Shaw

14. BIRTHPLACE (city or town) (State or country) Weston — Oregon

MOTHER

15. MAIDEN NAME Eleanor Olive Lyster

16. BIRTHPLACE (city or town) (State or country) Mt. Carmel Illinois

17. INFORMENT (Address) Eleanor Olive Shaw Stites Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kamiah Date Aug 29 1934

19. UNDERTAKER (Address) Geo Jeremy Rockia

20. FILED Aug 29, 1934 J M Verbeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21st, 1934, to Aug 27th, 1934

I last saw her alive on Aug 27-, 1934: death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tbc - Abdominal type - Ulceration Whole Alimentary tract | |
| Other contributory causes of importance Accidents tendency - Just recovered from effects of pneumonia of June 1933 | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H W Wentworth, M. D.

(Address) Stites Idaho

RECEIVED SEP 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90211

**PLACE OF DEATH**
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 370

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jasper Newton Harvey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ellen Harvey
6. DATE OF BIRTH (month, day, and year): June 16 1848
7. AGE: Years 86; Months; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): May 1928
11. Total time (years) spent in this occupation: 60 —

12. BIRTHPLACE (city or town) (State or country): Polk Co Iowa

FATHER
13. NAME: Lysander Harvey
14. BIRTHPLACE (city or town) (State or country): York Co Penn

MOTHER
15. MAIDEN NAME: Rebecca Lewis
16. BIRTHPLACE (city or town) (State or country): York Co Penn

17. INFORMENT (Address): Newton Jasper Harvey Kooskia Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Pine Hills Cemetery Kooskia July 8 1934
19. UNDERTAKER: None (Address)
20. FILED July 8, 1934 J M Neubert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 6 1934
22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to July 6th, 1934
I last saw h— alive on —, 193—: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Debility & age — | |
| Other contributory causes of importance: | |

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H W Newtonth, M. D.
(Address) Stites Idaho

1164

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Annis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 90212

Local Registrar's No. 42

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

161 a

2. FULL NAME Norman Chester Geisler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Babe |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 14, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annis
(State or country) Idaho

FATHER

13. NAME Chester Geisler

14. BIRTHPLACE (city or town) Ogden
(State or country) Utah

MOTHER

15. MAIDEN NAME Angie Hansen

16. BIRTHPLACE (city or town) Grace
(State or country) Idaho

17. INFORMENT Chester Geisler
(Address) Lorenzo R[illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place Annis, Ida. Date August 21, 193[illegible]

19. UNDERTAKER None
(Address)

20. FILED Aug 21, 1934 A. E. Eckert Registrar. 8/22/34

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934, to Aug 20, 1934
I last saw h/M alive on Aug 20, 1934: death is said to have occurred on the date stated above, at 9 30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patulous foramen ovale | 8/14/34 |

Other contributory causes of importance:
Premature birth

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lora A. Nichols, M. D.
(Address) Rexburg Idaho

FORM V. S. [illegible] M. 1-19.

RECEIVED SEP 11 1934

# CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

(No. ..... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 90213

Registered No. 43

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Jefferson

City of Roberts Ida

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Katherine Coleman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: 8 (Month) 15 (Day) 1934 (Year)

7. AGE: ..... Yrs. ..... Mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Roberts Ida

10. NAME OF FATHER: John Wesley Coleman

11. BIRTHPLACE OF FATHER (State or Country): Topeka Kans

12. MAIDEN NAME OF MOTHER: Mary Price

13. BIRTHPLACE OF MOTHER (State or Country): Draper Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Coleman.

(Address) Rigby Ida

15. Filed Aug 24 1934 A B Eckerall Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8 (Month) 23 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/15 1934, to 8/23 1934, that I last saw her alive on 8/23 1934, and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows: Hemorrhage tuberculosis

(Duration) ..... Yrs. 30 min mos. ..... ds.

Contributory (Secondary): Influenza Bronchopneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Earl D Jones M. D.

8/23 1934 (Address) Roberts Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 8 days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rigby Ida — DATE OF BURIAL: 8-24 1934

20. UNDERTAKER: None. — ADDRESS

RECEIVED SEP 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90214

**PLACE OF DEATH**
County of Jefferson
City of Lorenzo
Registration District No. 98
Primary Registration District No. 9176
Local Registrar's No. 44

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME F. Henry Lohmeyer

(a) Residence. No. Lorenzo St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Lohmeyer

6. DATE OF BIRTH (month, day, and year): May 7, 1849

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 85 | 3 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hamburg, Germany

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Fred Lohmeyer, Rexburg Rt #1

18. BURIAL, CREMATION, OR REMOVAL Place: Lanham, Neb. Date: Sept. 1, 1934

19. UNDERTAKER: Jack G. Ford
(Address): Idaho Falls, Idaho

20. FILED: Aug 28, 1934 A. B. Eckhardt, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): August 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1934, to Aug 27, 1934
I last saw him alive on July 15, 1934: death is said to have occurred on the date stated above, at 6-30p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset | Duration |
|---|---|---|
| Arteriosclerosis | Years | Standing |
| Internal abdominal Hemorrhage | | |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) Andrew McCauley, M.D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90215

**PLACE OF DEATH**
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emery Jay Hall.

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Annie E. Hall.

6. DATE OF BIRTH (month, day, and year) Sept. 28 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) Sept. 1931

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Orin Hall.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Matilda Reynolds.

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT Lem Hall (Address) Rigby, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Idaho Date 8-13, 1934

19. UNDERTAKER A B Eckersell (Address) Rigby, Idaho.

20. FILED Aug 10, 1934 A B Eckersell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1934, to Aug 9, 1934
I last saw him alive on Aug 9th, 1934; death is said to have occurred on the date stated above, at 12:15 Noon m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Old Age. Arterio sclerosis | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Anderson, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 90216

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unnamed Koto

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | Yellow | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | / | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

FATHER

13. NAME Tom Koto

14. BIRTHPLACE (city or town) Japan
(State or country)

MOTHER

15. MAIDEN NAME Kii SaKamaKi

16. BIRTHPLACE (city or town) Japan
(State or country)

17. INFORMENT Tom Koto
(Address) Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Cemetery Date Aug 4, 193 4

19. UNDERTAKER D. C. L'Heureux
(Address) Jerome Idaho

20. FILED 8/4, 193 4 C. F. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 193 4, to Aug. 2, 193 4

I last saw h..... alive on ....., 193..... : death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance as follows:

| | Date of onset |
|---|---|
| Prematurity Premature infant | |
| 8 mo gestation | |
| Overwork & lifting | |
| by mother with | |
| Other contributory causes of importance: | |
| Anemia to infant | |
| through separation | |
| of placenta | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Wendell

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 90217

160

2. FULL NAME Infant Ottinger

(a) Residence. No. ..... Jerome Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wendell Idaho.

FATHER

13. NAME M. L. Ottinger

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Ruby Jensen

16. BIRTHPLACE (city or town) (State or country) Beaver River Utah

17. INFORMENT (Address) Wendell Hospital Wendell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake City, Utah Date April 23, 1934

19. UNDERTAKER (Address) D. A. T. Thompson Jerome Idaho.

20. FILED 8/25, 1934 C. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra Cranial Haemorrage | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. F. Zeller, M. D.

(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 90218

(No. 129)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Rowence Vandeveer

(a) Residence. No. / St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? ~~4 mos. 6~~ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 16 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER

13. NAME Clarence Vandeveer

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Martha E. Seeley

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Clarence Vandeveer Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date July 7, 1934

19. UNDERTAKER D. A. L'Heureux (Address) Jerome, Idaho

20. FILED 7/6, 1934 C. F. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic | |
| Glomerulo Nephritis | |

Other contributory causes of importance:

| | |
|---|---|
| Streptococcus infection of throat 2 mos preceding. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90219

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME George Forest Spencer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Emma Spencer

6. DATE OF BIRTH (month, day, and year) 1872-10-6

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 6-1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rockton
(State or country) Penn.

FATHER

13. NAME Geo. Spencer

14. BIRTHPLACE (city or town) Old Town
(State or country) Maine

MOTHER

15. MAIDEN NAME Kate Laborde

16. BIRTHPLACE (city or town) Rockton
(State or country) Penn.

17. INFORMANT (Address) Forest H Spencer

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Spirit Lake Ida Date 8-13-1934

19. UNDERTAKER (Address) Cassady Funeral Home Spirit Lake Ida.

20. FILED Aug. 11, 1934 A. C. Spooner
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8...a...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| (Death sudden) | |
| Other **contributory causes** of importance: | |
| Two previous attacks | |
| Ch. Valvular heart disease | |

Name of operation — Date of —

What test confirmed diagnosis? —. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. C. Spooner M. D.
(Address) Spirit Lake, Ida

RECEIVED SEP 10 [redacted]

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Kootenai

City of Spirit Lake,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90220

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Eduard Johnson

(a) Residence, No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 3d 1873

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 61 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wasa Finland

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): A. B. Nelson Rathdrum Ida

18. BURIAL, [redacted] Place Evergreen Cemetery Spirit Lake. Date 8-20, 1934

19. UNDERTAKER (Address): Cassel Funeral Home Rathdrum Ida

20. FILED 8-[redacted]6, 1934 A. C. Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to Aug. 5, 1934.

I last saw him alive on Aug. 5, 1934: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Insect bite on upper lip with streptococcus cellulitis of lip & face, and general toxemia and septicemia. | 7-26-34 |
| ~~Other contributory causes~~ of importance: (Insect supposed to be black gnat or black widow spider.) | |

Name of operation Local incision of face Date of 8-2-34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Logger - bitten in woods.

(Signed) John W. Schaer M. D.

(Address) Spirit Lake, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE

State File No. 90221

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Reuben Osterberg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Schoolboy |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 22 - 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 11 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Deary Ida

MOTHER FATHER

13. NAME Axel Osterberg

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Helen Peterson

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Axel Osterberg Troy Ida

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Cem Date June 27 1934

19. UNDERTAKER (Address) John J. Pickerd Troy Idaho

20. FILED June 26 1934 Lucy M. Pickerd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/24/34 ..., 193..., to 6/24/34 ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | 6/24/34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Doyle M. Lochry M. D.
(Address) Moscow Idaho

RECEIVED AUG 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90222

**PLACE OF DEATH**

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 65.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Azila Azeneth Carlson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Olaf Carlson

6. DATE OF BIRTH (month, day, and year) 5-29-1902

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 32 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. House Wife

10. Date deceased last worked at this occupation (month and year) 7-1934

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Dayton (State or country) Mo.

FATHER

13. NAME Robert E. Smith

14. BIRTHPLACE (city or town) Calloway (State or country) Mo.

MOTHER

15. MAIDEN NAME Myrtle Hartwell

16. BIRTHPLACE (city or town) Calloway (State or country) Mo.

17. INFORMENT (Address) Olaf Carlson, Palouse, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse, Wash Date 7-30, 1934

19. UNDERTAKER D. D. Kimball (Address) Palouse, Wash.

20. FILED 7/28, 1934 Dr. J. W. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23rd, 1934, to July 27th, 1934
I last saw her alive on July 27th, 1934: death is said to have occurred on the date stated above, at 7:15 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Liver. death following operation for removal of gall bladder for gall stones. | |
| Other contributory causes of importance: | |

Name of operation Cholecystectomy Date of July 24th
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Thompson, M. D.
(Address) Potlatch, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90223

PLACE OF DEATH
County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2140
Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry David Fiscus

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Fiscus

6. DATE OF BIRTH (month, day, and year) Jan, 25.1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 6 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Owner

10. Date deceased last worked at this occupation (month and year) Oct, 1933

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Neosho
(State or country) Missouri

FATHER

13. NAME William Fiscus

14. BIRTHPLACE (city or town)
(State or country) N.Carolina

MOTHER

15. MAIDEN NAME Mary Mouser

16. BIRTHPLACE (city or town)
(State or country) N.Corolina

17. INFORMENT Walter A. Fiscus
(Address) Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Freeze Idaho Date Aug, 12, 1934

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash.

20. FILED Aug 11th, 1934 J.W. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1934, to Aug 10th, 1934.
I last saw him alive on Aug. 10th, 1934: death is said to have occurred on the date stated above, at 730a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1933 |
| Other contributory causes of importance: | |
| Uraemia. | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J.W. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90221

**PLACE OF DEATH**

County of Latah

City of Near Palouse Wash, Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

101 C

2. FULL NAME Harry Clifford Kamm

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Kamm

6. DATE OF BIRTH (month, day, and year) July 14.1901

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 32 | 0 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Aug. 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Colton Wash

FATHER

13. NAME John Kamm

14. BIRTHPLACE (city or town) (State or country) Highland Illinois

MOTHER

15. MAIDEN NAME Etta Whitley

16. BIRTHPLACE (city or town) (State or country) Pullman Wash,

17. INFORMENT (Address) John Kamm Palouse Wash,

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash, Date Aug. 8, 1934

19. UNDERTAKER D. D. Kimball (Address) Palouse Wash,

20. FILED Aug. 7th, 1934 J. W. Thompson Registrar,

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934, to Aug 6, 1934
I last saw him alive on Aug 6, 1934: death is said to have occurred on the date stated above, at 3P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Aug 5 |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) E. K. Wolf, M. D.
(Address) Palouse Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90225

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 64
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret F. Van de Walker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4, 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 2 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stenographer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) 1931
11. Total time (years) spent in this occupation 15 yr.

12. BIRTHPLACE (city or town) (State or country) Pope County, Minn.

FATHER
13. NAME Chas. W. Van de Walker
14. BIRTHPLACE (city or town) (State or country) Belvidere, Boone Co. Ill.

MOTHER
15. MAIDEN NAME Ellen Nora Lacey
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Mrs. Clive Reyburn Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 8/31 1934

19. UNDERTAKER H.R. Short (Address) Moscow Ida.

20. FILED 8/30, 1934 Harry Erickson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/29 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-2-, 193 4, to 8-29-, 193 4
I last saw her alive on 8-29-, 193 4; death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic Cancer of right breast, arm, lung etc | |
| Cancer Ca of right breast | |
| Other **contributory causes** of importance: | |
| Broncho pneumonia | |

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Joseph E. Wilson M. D.
(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Latah

City of ~~Moscow~~ Spokane

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90226

Registration District No. 61

Primary Registration District No. 1911 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Levi T. Hammond

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Alice Hammond

6. DATE OF BIRTH (month, day, and year) Sept. 18, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired City Treasurer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 25 yr.

12. BIRTHPLACE (city or town) (State or country) Batavia, Ill.

FATHER

13. NAME Joseph Hammond

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Eliza Olson

16. BIRTHPLACE (city or town) (State or country) Byron, N.Y.

17. INFORMANT (Address) George E. Hammond Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moscow Date 8/20, 1934

19. UNDERTAKER (Address) H. R. Short Moscow, Idaho

20. FILED 8/20, 1934 Harry Cushman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1933, to Aug. 17, 1934.

I last saw h... alive on Aug. 17, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma | |
| Prostatic Hypertrophy | |
| | |
| | |
| | |
| **Other contributory causes of importance:** | |
| None | |
| | |
| | |

Name of operation Prostatectomy Date of 1930

What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Hagedorn, M. D.
(Address) Moscow Ida

RECEIVED

# PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90227

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 62

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

88 L

2. FULL NAME William Garrison Barge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | ~~Married~~ |

5a. If ~~married, widowed,~~ or divorced
HUSBAND of (or) WIFE of Inis Barge

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 10 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Insurance Agent

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 8/10/34

11. Total time (years) spent in this occupation 40 yr.

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER

13. NAME Morris M. Barge

14. BIRTHPLACE (city or town) ..... (State or country) Ohio

MOTHER

15. MAIDEN NAME Myria Friel

16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Mrs. W. G. Barge
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION~~
Place... Moscow ..... Date 8/12, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 8/11, 1934 Harry Erickson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/10 1934

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1934, to Aug 10, 1934

I last saw h~~im~~ alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hypertension | |
| Sudden heart failure | |
| Dead on arrival | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Swanhorst M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ED 10 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90228

PLACE OF DEATH
County of Latah
City of Moscow (rural)

Registration District No. 6 1
Primary Registration District No. 1011
Local Registrar's No. 6 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

88 L

2. FULL NAME Isom Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Brown

6. DATE OF BIRTH (month, day, and year)
June 8, 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 84 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) 1919

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Dayton, (State or country) Ohio

MOTHER FATHER

13. NAME Troy Brown

14. BIRTHPLACE (city or town) Not known (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Mrs. E. H. Settle
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date Aug. 7, 193 4

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 8/6, 193 4 Stanley Eubanks
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 4, 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) E. E. Armstrong, M. D.
(Address) Moscow, Idaho

RECEIVED AUG 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90229

PLACE OF DEATH

County of Latah

City of Juliaetta

Registration District No. 63

Primary Registration District No. 2143

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Jane Weatherby

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: U. R. Weatherby

6. DATE OF BIRTH (month, day, and year): Sept 9 1855

7. AGE: Years 78 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Etheridge

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Susan

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Ben Weatherby Juliaetta

18. BURIAL, CREMATION, OR REMOVAL Place: Ivy Ridge Date: June 6, 1934

19. UNDERTAKER (Address): John Packard Troy Idaho

20. FILED June 5, 1934 B. F. Nesbit Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 3, 1934

I last saw her alive on June 3, 1934: death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. H. Christensen, M. D.

(Address) Kendrick Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP

**PLACE OF DEATH**

County of Lemhi

City of Baker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 47

Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE

State File No. 90230

Local Registrar's No. )

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Hicks

(a) Residence. No. Baker Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. and Farm owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) A. Kuhn Baker Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date Aug 12, 1934

19. UNDERTAKER (Address) William C. Hoeble Salmon Ida.

20. FILED Sept 12, 1934 Chas C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Natural Cause | |
| Probably heart Trouble | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William C. Hoeble, M. D. Coroner

(Address) Salmon Idaho.

properly classified. Exa
ac of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Leadore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 47

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 90231

Local Registrar's No.

(No. 1 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Samuel H. Sims

(a) Residence. No. Leodare St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 1, 1874

7. AGE: Years 59 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livestock farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) Austin Texas

FATHER

13. NAME William Sims

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Hilda L. Sims Salmon, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date Aug. 15 1934

19. UNDERTAKER (Address) William C. Peebler Salmon Ida

20. FILED Sept 12, 1934 Chas E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Aug 13, 1934

I last saw h[illegible] alive on Aug 14, 1934; death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F S Wright, M. D.

(Address) Salmon

FORM V. S. No. 5-A-25M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH — SEP 17 1934
County of Lewis
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. St.)

State File No. 90232
Local Registrar's No.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Marjorie Oneal

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| F | white | Single |

6. DATE OF BIRTH: July (Month) 4 (Day) 1919 (Year)

7. AGE: 15 Yrs. 1 Mos. 20 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Waupon wash

10. NAME OF Father: F. L. O Neal

11. BIRTHPLACE OF FATHER (State or Country): Mchenry Miss.

12. MAIDEN NAME OF MOTHER: Hazel Walker

13. BIRTHPLACE OF MOTHER (State or Country): Spokane wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): F L O Neal
(Address): Kamiah Idaho

15.
Filed 9-13 1934 Nell Robertson
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 24th (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 18 1934 to Aug 19..., that I last saw her alive on August 24th 1934, and that death occurred on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

(Duration) ....yrs. ....mos. 8 ds.

Contributory (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
8/24 1934 (Address) [illegible]

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs. ....mos. ....days. In the State ....yrs. ....mos. ....ds.
Where was disease contracted if not at place of death?
Former or usual residence

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| I.O.O.F. Cemetary Kamiah Ida | 8-25 1934 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Kamiah Funeral Home | Kamiah Ida |

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REGISTRAR'S No. 1525 Reg. No. 1-16-73

# CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 47

Primary Registration District No.

File No. 189

Registered No. 90233

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho

(No. , St.)

If death occurs away from usual residence, give facts called for under special information. Village

2. FULL NAME Elbert Franklin Billups

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

6. DATE OF BIRTH: Dec (Month) 22 (Day) 1869 (Year)

7. AGE: Yrs. 64 Mos. 3 ds. 22

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): West Virginia

10. NAME OF FATHER: Allen Billups

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Hulda Moore

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) X Ada Billups

(Address) X Nezperce Ida

15. Filed May 27 1934 Albert Huff Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 11 (Day) 1934 (Year) 1-10-a m.

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933 191 to April 11 1934 191, that I last saw him alive on Feb. 20 1934 191, and that death occured on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 2 Yrs. mos. ds.

Contributory (Secondary) cord bladder

(Duration yrs. 4 mos. ds.

(Signed) R. E. Duncan M. D.

5-22-34 (Address) Craigmont Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: April 13 1934

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & ROBS. 24653

FORM V. S. No. 5-25 M. 1-16-13.

RECEIVED AUG 17 1934

# CERTIFICATE OF DEATH.

Registration District No. 47

Primary Registration District No.

(No. ..... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 190

Registered No. 90234

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho

If death occurs away from usual residence, give facts called for under special information. Rout

2. FULL NAME X Laurie Hanson-Knutson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Widowed

6. DATE OF BIRTH. X April 23 (Month) (Day) 1856 (Year)

7. AGE: 78 Yrs. 11 Mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... at home

(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Norway

10. NAME OF FATHER Hans Kristensen

11. BIRTHPLACE OF FATHER (State or Country) Norway

12. MAIDEN NAME OF MOTHER Marit Jakobsen ~~Carrie Hanson~~

13. BIRTHPLACE OF MOTHER (State or Country) Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hans Knutson

(Address) Nezperce, Ida.

15. Filed May 27 1934 Albert Huff Local Registrar

SYMS - YORK CO., PRS. & BDRS. 24653

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month) April (Day) 21 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11- 1934, to April 21- 1934, that I last saw her alive on April 11- 1934, and that death occured on the date stated above, at 9 30 P.M.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) Yrs. 3- mos. - ds.

Contributory (Secondary) - nephritis Interstitial

..... (Duration - yrs. 6 - mos. ..... ds.

(Signed) G. W. Cooper M.D. M. D.

19..... (Address) Nezperce Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Nezperce Cemetery — DATE OF BURIAL: April 23 1934

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

RECEIVED AUG 17 1934

FORM U. S. No. 5-25 M. 1-16-13

# CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 47

Primary Registration District No.

File No. 90235

Registered No. 192

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idah (No. ....., ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME X Jesse Wilford Turner

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH. X April 16 (Month) (Day) 1919 (Year)

7. AGE: 15 Yrs. 1 Mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) X Nez Perce, Idaho

10. NAME OF FATHER X Loyd C. Turner

11. BIRTHPLACE OF FATHER (State or Country) X Iowa

12. MAIDEN NAME OF MOTHER X Aressia Farmer

13. BIRTHPLACE OF MOTHER (State or Country) X Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) X Fred C Turner

(Address) X Nez Perce Idaho

15. Filed Aug 14 1934 Albert Huff Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH X May (Month) 25 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to May 5 1934, that I last saw h. live alive on May 5 1934 and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(Duration) ..... Yrs. 1 mos. ..... ds.

Contributory (Secondary) unknown

(Duration ..... yrs. ..... mos. ..... ds.

(Signed) O G Pearson M. D.

..... 19 ..... (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce Catholic Cemetery | DATE OF BURIAL: May 27 1934

20. UNDERTAKER: Albert Huff | ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

VED FOR BINDING

BYRNS - YORK CO., PTRS. & BDRS. 24654

RECEIVED AUG 1 1934

# CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 47 1884

Primary Registration District No.

File No. 90236

Registered No. 193

1. PLACE OF DEATH.
[redacted] Lemhi
City of Spencer Idaho
(No. ..... , ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elton Ray Clark

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH. July 26 1934
(Month) (Day) (Year)

7. AGE: 14 Yrs. — Mos. — ds.
IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Student
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE
(State or Country) Nez Perce, Idaho

10. NAME OF FATHER: Dallas Clark

11. BIRTHPLACE OF FATHER
(State or Country) Illinois

12. MAIDEN NAME OF MOTHER: Mary E Marker

13. BIRTHPLACE OF MOTHER
(State or Country) Latah, Washington

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Dallas Clark
(Address) Clarkston Washington

15. Filed July 25 1934 Albert Huff
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July 25 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1934, to July 25 1934, that I last saw h alive on Dead July 25 1934, and that death occured on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Killed by falling in barn of Wheat and was crushed and smothered
(Duration) — Yrs. — mos. — ds.
Contributory (Secondary) none
(Duration ✓ yrs. ✓ mos. ✓ ds.
(Signed) Gr. H. Cooper M. D.
19 (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence .....

19. ~~PLACE OF BURIAL OR~~ REMOVAL: Clarkston Wash
DATE OF BURIAL: July 25 1934

20. UNDERTAKER: Albert Huff
ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SPACE RESERVED FOR BINDING

EVANS-LUNDY CO., PTRS. & BDRS. 24653

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90237

PLACE OF DEATH
County of Kootenai
City of Craigmont
Registration District No. 50
Primary Registration District No. 779
Local Registrar's No. 9

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy J. Randall

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James O. Randall
6. DATE OF BIRTH (month, day, and year): Mar 16. 1876
7. AGE: Years 58; Months 5; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Asheville North Carolina

FATHER
13. NAME: John Brown
14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER
15. MAIDEN NAME: Martha Gribble
16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMENT (Address): J. O. Randall Craigmont Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Craigmont Date: 8-26, 1934
19. UNDERTAKER (Address): C. E. Clover Craigmont Ida
20. FILED: 8/27, 1934 R. D. Russell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 23 1934
22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Aug. 23, 1934
I last saw him alive on Aug. 23, 1934: death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 8/20/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Interstitial Nephritis | unknown |
| Hypertention | unknown |
| Arteriolar Sclerosis | 1932 |

Name of operation: none Date of:
What test confirmed diagnosis? Clinical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) K. H. Collins, M. D.
(Address) Craigmont Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lewis
City of Reubens

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 56
Primary Registration District No. 217

DO NOT WRITE IN THIS SPACE
State File No. 90238

Local Registrar's No. 8

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Celia E Pitts

164

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George Addison Pitts

6. DATE OF BIRTH (month, day, and year) Sept 22 1843

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 90 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scott New York
(State or country)

FATHER

13. NAME Amos Brown

14. BIRTHPLACE (city or town) Mass
(State or country)

MOTHER

15. MAIDEN NAME Lucy Mowry

16. BIRTHPLACE (city or town) Mass
(State or country)

17. INFORMENT Georgianna Nelt
(Address) Reubens

18. BURIAL, CREMATION, OR REMOVAL Place Reubens Date 8-4, 1934

19. UNDERTAKER C E Clovis
(Address) Craigmont Ida

20. FILED Aug 6, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1934, to July 30, 1934
Last saw h[illegible] alive on July 30, 1934 death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile decay | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. E. Watts, M. D.
(Address) Gifford Idaho

RECEIVED SEP 11 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90239

Registration District No. 100

Primary Registration District No. 2128 Local Registrar's No. 47

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar John Davis

(a) Residence. No. Rexburg Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

17

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Pauline Kauer Davis

6. DATE OF BIRTH (month, day and year): March 7 - 1885

7. AGE: Years 49 | Months 5 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.): Aug. 1931

11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town) (State or country): Medicine Lodge Idaho

FATHER

13. NAME: Emory Willard Davis

14. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

MOTHER

15. MAIDEN NAME: Anna Eliz Davis

16. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

17. INFORMANT: Mrs. Anna Davis
(Address) 409 N. Water Ida Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Burton Cem. Date: Sept. 3, 1934

19. UNDERTAKER: Vern J. Keller
(Address) Rexburg, Ida.

20. FILED ... 9 ... 8 ..., 1934. ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~193~~ to ~~193~~, 193....

I last saw h....alive on ~~193~~: death is said to have occurred on the date stated above, at 8, P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Committed Suicide | |
| Shot himself with a 22 | |
| Winchester Automatic Gun | |
| #100870 - in Mouth - Buffet | |
| entering the roof of mouth and | |
| Other **contributory causes** of importance: | |
| Shooting Destroyed Base of Brain, Death | |
| ~~Was~~ instantly | |
| Suicide was committed at his | |
| home at Rexburg, Idaho. | |

Name of operation: ... Date of: ...

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? Suicide Date of injury: Aug 30, 1934
Where did injury occur? Rexburg, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury: Shot with 22 Gun
Nature of injury: Suicide

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify: ....

(Signed) Vern J. Keller Coroner
(Address) Rexburg, Idaho, Madison County

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90240

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Salina Paul

(a) Residence. No. ..... Rexburg ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 50 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter George Paul

6. DATE OF BIRTH (month, day, and year): March 14 - 1862

7. AGE — Years: 72 — Months: 5 — Days: 9 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Invalid

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wellsville Utah

FATHER

13. NAME: George Painter

14. BIRTHPLACE (city or town) (State or country): England Utah

MOTHER

15. MAIDEN NAME: Jane Herbert

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Walter G. Paul Rexburg

18. BURIAL, CREMATION OR REMOVAL
Place: Rexburg Date: 8/27, 1934

19. UNDERTAKER (Address): Russell R. Flamm Rexburg Idaho

20. FILED: 9-8-, 1934 J. R. Forbes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/23 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to 8 23, 1934.
I last saw h[illegible] alive on 8 10, 1933.: death is said to have occurred on the date stated above, at 5 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 1932 |
| Senility | |
| | |
| | |
| | |
| Other **contributory causes of importance:** | |
| Pyloric obstruction | 1923 |
| Curvature of Spine | 1900 |
| paralysis of legs | |

Name of operation: None Date of:
What test confirmed diagnosis? Laboratory test Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Roger A. Paul M. D.
25 (Address) Rexburg Idaho

33

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Madison

City of Rexburg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90241

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph William Clements.

(a) Residence. No. Rexburg # 3. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Rebecca Violet McLeod Clements

6. DATE OF BIRTH (month, day and year): Oct 26 1886.

7. AGE: Years 47 Months 9 Days 18. If LESS than 1 day, ... hrs. or ..... min.

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lamas, Idaho

**FATHER**

13. NAME Eugene P. Clements.

14. BIRTHPLACE (city or town) (State or country) St. Anthony Minn.

**MOTHER**

15. MAIDEN NAME Bertha E. Nichols

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT (Address) Mrs. J. W. Clements Rexburg #3.

18. BURIAL, CREMATION OR REMOVAL Place Rexburg Ida. Date Aug. 16 1934

19. UNDERTAKER (Address) Nyman & Rathbun Rexburg Idaho.

20. FILED 9-8-, 1934. J. Rydning Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14., 1934, to Aug. 14..., 1934.

I last saw him alive on Aug. 14., 1934; death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Myocarditis | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. C. Rathbun M. D.

(Address) Rexburg, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied, ACCURACY should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Madison

City of Redburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90242

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gibson Elmer Burk.

(a) Residence. No. Redburg St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Roseanna Catman Burk

6. DATE OF BIRTH (month, day, and year): Jan. 7 1867

7. AGE: Years 67 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm hand
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Broadway, County Mo.

FATHER

13. NAME: William Wallace Burk
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Mary Jane Bowman
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs. G. E. Burk, Redburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burton, Idaho Date: Aug 17 1934

19. UNDERTAKER (Address): Wm. J. Kelley, Redburg Idaho

20. FILED 8-18-, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1934, to August 14, 1934.
I last saw him alive on Aug. 14, 1934; death is said to have occurred on the date stated above, at 5. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General diffuse septic peritonitis | few days before death |
| Cause undetermined possibly ruptured appendix. | |

Other **contributory causes** of importance:

Name of operation: none Date of: .....
What test confirmed diagnosis? symptoms Was there an autopsy? No
Peritoneal cavity full of pus -

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? - Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis A. Kiefer, M. D.
(Address) Rexburg Idaho

8/14/34

RECEIVED SEP 11

PLACE OF DEATH

County of Madison

City of Sugar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90243

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 43

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

107

2. FULL NAME Emma Josephine Ladle

(a) Residence. No. Sugar Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: John J. Ladle

6. DATE OF BIRTH (month, day, and year): March 10- 1877.

7. AGE — Years: 57 | Months: 4 | Days: 22. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Salt Lake Utah.

FATHER

13. NAME: Joseph Burdett

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Ann Welding

16. BIRTHPLACE (city or town) (State or country): Salt Lake Utah.

17. INFORMANT (Address): John J. Ladle Sugar City Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Sugar Ida. Date: Aug. 6th 193 4

19. UNDERTAKER (Address): Nuss & Kelly Rexburg Idaho.

20. FILED 9-8, 1934. J. R. Lyon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Aug 2, 1934.
I last saw h[illegible] alive on Aug 2, 1934: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | Aug 1-1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Rebitis -
Traumatic - of leg
Obesity

Name of operation: none Date of: .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

8/6/34 (Signed) Lorin T. Kelly M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90244

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 41

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Harrison Harriman

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 3, 1912

7. AGE: Years 21 | Months 10 | Days 17 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lorenzo, Idaho

FATHER

13. NAME: William Harriman

14. BIRTHPLACE (city or town) (State or country): Parowan, Utah

MOTHER

15. MAIDEN NAME: Melissa Clifford

16. BIRTHPLACE (city or town) (State or country): La Belle, Idaho

17. INFORMANT (Address): Melissa Harriman, Portland Oregon

18. BURIAL, CREMATION OR REMOVAL
Place... Annis Idaho... Date 7/23.., 1934

19. UNDERTAKER (Address): Russel R. Flamm, Rexburg Idaho

20. FILED 8-8..., 1934 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to July 20, 1934

I last saw him alive on July 20, 1934; death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cervical Abscess | Neck Left |
| Embolism to heart | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

RECEIVED AUG 22 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90245

**PLACE OF DEATH**
County of Nez Perce
City of Lapwai

Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____

(No. Fort Lapwai Sanatorium) 24
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Wheeler

(a) Residence. No. Ahsahka, Idaho. St. Ahsahka, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Indian | S |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 6 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank. etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ahsahka, Idaho

FATHER

13. NAME Harry Wheeler

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Ida James

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Harry Wheeler, Ahsahka, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ahsahka, Idaho Date July 9th, 1934

19. UNDERTAKER Brower-Wann (Address) Lewiston, Idaho.

20. FILED July, 1934 George Gaisford M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/8/34 193

22. I HEREBY CERTIFY, That I attended deceased from 7/8/34, 193..., to 7/8/34, 193...
I last saw him alive on 7/8/34, 193...: death is said to have occurred on the date stated above, at 5:43 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| MENINGOCOCCUS MENINGITIS | ?? |

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? spinal puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Ralph M. Allen, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 2 1934

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 90246

(No. 887)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Elliot

(a) Residence. No. ..... St. Town Bell Creek Lapwai Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Elliott deceased

6. DATE OF BIRTH (month, day, and year): May 13, 1849

7. AGE: Years 85 | Months 3 | Days 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ontario Canada

FATHER

13. NAME: Andrew Young
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Elizabeth McQuat
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Jas. H. Elliot Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Clarkston Date: 7/3, 1934 Clarkston Wash

19. UNDERTAKER (Address): Bowers Mortuary Co Lewiston Ida

20. FILED July, 1934 George Gaymond Registrar. No.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-18-, 1934, to ....., 193..
I last saw h alive on 4-18-, 1934: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ? |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George Gaymond M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted]

STATE OF IDAHO
NT OF PUBLIC WELFARE
U OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90247

City of Culdesac Registration District No. 128

Primary Registration District No. Local Registrar's No.

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Hamilton Vaughan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of E R Vaughan

6. DATE OF BIRTH (month, day, and year) May 6 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burlington Iowa
(State or country)

FATHER

13. NAME David Clawson

14. BIRTHPLACE (city or town) Penn
(State or country)

MOTHER

15. MAIDEN NAME ( Unknown) Rankin

16. BIRTHPLACE (city or town) Unkonown
(State or country)

17. INFORMENT (Address) D R Haminlton Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Idaho Date 7/29, 1934

19. UNDERTAKER H R Merchant
(Address) Clarkston Washington

20. FILED July, 1934 Geo. Taigman M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-26- 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-11-34, 193..., to 7-25-34 193...
I last saw h[illegible] alive on 7-25-, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other contributory causes of importance:

| | |
|---|---|
| Uraemic Myocarditis | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. Taigman M. D.
(Address) Culdesac Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C... TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 16 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90248

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. ..... 90

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Augusta E Ehlert

(a) Residence. No. ..... St. Sweetwater Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wm Ehlert

6. DATE OF BIRTH (month, day, and year): Nov 11 1857

7. AGE: Years 77 | Months 3 | Days 8 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Dodge Co. Wisconsin

FATHER
13. NAME: Wm Ehlert
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs Ehlert Sweetwater Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida Date 7/23 1934

19. UNDERTAKER: Bowers Mortuary Co
(Address) Lewiston, Idaho

20. FILED July ....., 1934 Mrs A Fairmard
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-13-33, 1933, to 11-14-33, 1933
I last saw h.. alive on 11-19-33, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart disease | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1933
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Fairmard, M. D.
(Address) Lewiston Idaho

SEP 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90250

**PLACE OF DEATH**

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 25

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Burton Dean Williams

(a) Residence. No. ..... St. Samaria Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

114

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22 1929

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 5 | 2 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Samuel Verlin Williams

14. BIRTHPLACE (city or town) Samaria
(State or country) Idaho

MOTHER

15. MAIDEN NAME Mary Elizabeth Smith

16. BIRTHPLACE (city or town) Willard
(State or country) Utah

17. INFORMENT (Address) S. V. Williams Samaria Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Samaria Idaho Date Sept 1, 1934

19. UNDERTAKER J. Sury Hansen
(Address) Malad Idaho

20. FILED Aug 31, 1934 J. M. Kerns
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1934 to Aug 30, 1934
I last saw h[illegible] alive on Aug 30 1934; death is said to have occurred on the date stated above, at 4:10 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute enteritis | Aug 25 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) O. K. Malan, M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90251

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 22
Primary Registration District No. 2069
Local Registrar's No. 21

(No. ) 185
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Evans Thomas

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Lewis Thomas

6. DATE OF BIRTH (month, day, and year) Nov 6 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation Active life

12. BIRTHPLACE (city or town) (State or country) Fillmore Mo.

FATHER

13. NAME Edward D Evans

14. BIRTHPLACE (city or town) (State or country) Herwain Wales

MOTHER

15. MAIDEN NAME Alice Richards

16. BIRTHPLACE (city or town) (State or country) Myrthyrtidville Wales

17. INFORMENT (Address) Alice Davis Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Burial Date Aug 26, 1934

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho,

20. FILED Aug 31, 1934 J. M. Thomas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1934, to Aug 25, 1934
I last saw h alive on Aug 16, 1934 death is said to have occurred on the date stated above, at 1 00 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coming To This | Mch 1-34 |
| Senile Decay | |

Other contributory causes of importance:

Injury To Hip

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? Aug 1, 1934
Where did injury occur? Malad Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall on floor
Nature of injury Broken Hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Thomas M. D.
(Address) Malad Ida

SEP 17 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90252

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 20

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Franklin Fredrickson Jr.

(a) Residence. No. Malad St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | wh | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 29 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 12 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc — student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME John F. Fredrickson Sr.
14. BIRTHPLACE (city or town) Portland
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lavenia Olsen
16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMENT J. F. Fredrickson
(Address) Malad, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Malad Date Aug. 24 1934

19. UNDERTAKER
(Address) Logan, Utah

20. FILED Aug 31 1934 J. M. Nelson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1934 to Aug 21, 1934
I last saw him alive on Aug. 21, 1934: death is said to have occurred on the date stated above, at 12 M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Head & body injuries | |
| recd. in auto accident | |
| Concussion of brain. | |

Other contributory causes of importance:

Name of operation Trephining Date of Aug 20.
What test confirmed diagnosis? Operation Was there an autopsy? no,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug 21 1934
Where did injury occur? 7 miles south of Malad, Ida on highway.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On highway.
Manner of injury Car passenger to bicycle.
Nature of injury Head & body contusions & cuts

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify no.

(Signed) W. G. Grant, M. D.
(Address) Malad, Idaho

SEP 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90253

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2669
Local Registrar's No. 18

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Warren Wongan

(a) Residence. No. ..... St. Washikie Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie Perdash

6. DATE OF BIRTH (month, day, and year) Mar 1 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 36 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Washikie
(State or country) Utah

FATHER

13. NAME Querich Wongan

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Eliza Hootchew

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMENT Joseph Parry
(Address) Washikie Utah

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Washikie Utah Date Aug 11, 1934

19. UNDERTAKER J. Levy Bowman
(Address) Malad Idaho

20. FILED Aug 21, 1934 J. M. Kerns
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 9 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to Aug 9, 1934
I last saw h[illegible] alive on Aug 9, 1934; death is said to have occurred on the date stated above, at 920a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis following ruptured appendix | - |
| Other contributory causes of importance: | |
| None | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M.D.
(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 1 - 10

**PLACE OF DEATH**

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2669

DO NOT WRITE IN THIS SPACE

State File No. 90254

Local Registrar's No. 17

(No. ) 9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Janice Caroline Kent

(a) Residence. No. Malad Idaho R F D # 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Baby |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Daniel W Kent

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Clara Nielsen

16. BIRTHPLACE (city or town) Brigham
(State or country) Utah

17. INFORMENT (Address) Daniel W Kent Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St John Idaho Date Aug 3, 1934

19. UNDERTAKER J. Ben Ransom
(Address) Malad Idaho

20. FILED Aug 31, 1934 J M Nunes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to Aug. 2, 1934
I last saw her alive on Aug 1, 1934; death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Whooping cough | July 1934 |
| Bronchial pneumonia | July 21, |

Other contributory causes of importance:
Probably meningitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) V. P. Garst, M. D.
(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90255
State File No.....

County of Power
City of Am. Falls, Ida
Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 29
(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Taysom

(a) Residence. No. Rockland, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Hutchinson Taysom

6. DATE OF BIRTH (month, day, and year) August 14, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 54 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**..... Farmer

10. Date deceased last worked at this occupation (mo. and yr) Aug. 1934

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Rockland, Ida.

FATHER

13. NAME David J. Taysom

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Martha Parker

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Mrs William Taysom Rockland Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rockland, Ida. Date Aug. 12 1934

19. UNDERTAKER A. W. Davis.
(Address) Am. Falls, Ida.

20. FILED Aug. 11, 1934 Grenier Nott
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934, to Aug. 9, 1934.
I last saw him alive on Aug 9, 1934: death is said to have occurred on the date stated above, at 7 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental | |
| Compression injury to chest caused by wheel of heavily loaded wagon passing over chest. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? Yes.

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/8 1934
Where did injury occur? Country home.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in home, or in **public place**. While hauling wheat at his home.
Manner of injury Run over by loaded wagon.
Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farming.
(Signed) N. H. Farrell M. D.
(Address) Am. Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Power

City of Am. Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90256

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 28

(No. 357 Van Buren Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Fred Bowler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Bowler

6. DATE OF BIRTH (month, day, and year) Dec 4 1870

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 63 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 7yrs

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Coring, Iowa
(State or country)

FATHER

13. NAME William Bowler

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER

15. MAIDEN NAME Rozella Martin

16. BIRTHPLACE (city or town) .....
(State or country) Iowa

17. INFORMANT Nancy Bowler
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date Aug. 8, 1934

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Ida.

20. FILED 8-8..., 1934. Genevieve Nolte
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to August 6, 1934.
I last saw him alive on August 6 1934.: death is said to have occurred on the date stated above, at 3:10 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric neurosis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90257

County of Power

City of American Falls Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Humphrey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | w | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fay Humphrey

6. DATE OF BIRTH (month, day, and year) July 13-1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Fay Humphreys American Falls

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date ....., 193

19. UNDERTAKER (Address) Byron B. Howard

20. FILED Aug. 24, 1934 Genevieve Nalder Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1934, to Aug 21, 1934

I last saw h— alive on Aug 21, 1934: death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) V. G. Logan, M. D.

(Address) American Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90258

## PLACE OF DEATH

County of Power
City of Am. Falls, Ida.
Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 31
(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Annie Casandra Christensen

(a) Residence. No. Am. Falls, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 51 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| f | white b | widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lynn, (State or country) Utah.

FATHER

13. NAME John Calvert
14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER

15. MAIDEN NAME Mary A. Gardner
16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT J. M. Christensen (Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Neeley, Idaho. Date Aug. 28 1934

19. UNDERTAKER A. W. Davis (Address) Am. Falls, Ida.

20. FILED 8-28, 1934. Genevieve Nolt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-~~26~~-1934

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1934, to August 26, 1934.
I last saw h.er alive on Aug. 25., 1934.: death is said to have occurred on the date stated above, at 3:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hepatic Cancer | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury...193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) J. M. Logan, M. D.
(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90259

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 8
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Noccarotto
(a) Residence. No. Kellogg Idaho St. Kellogg Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 19 1934
7. AGE: Years | Months: 1 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wallace Idaho

FATHER
13. NAME: Dominick Noccarotto
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME: Pauline Bardi
16. BIRTHPLACE (city or town) (State or country): Wallace Idaho

17. INFORMANT (Address): Dominick Noccarotto Kellogg Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Wallace Idaho Date: Aug 22 1934
19. UNDERTAKER (Address): J. A. Burr (Ward Bud Co.) Wallace Ida.
20. FILED: Aug 21, 1934 John Burr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to Aug. 19, 1934
I last saw him alive on 8-18, 1934; death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Kidney Malformation | July 19 1934 |
| Syphilis, Prenatal | " |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) .... E. H. Gerald M. D.
(Address) Wallace, Idaho

Manny RECEIVED SEP [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90260

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 7

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jeromina Cortez

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: Mexican
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 12 1902
7. AGE: Years 32 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mexico

MOTHER FATHER
13. NAME: Eugenio Cortez
14. BIRTHPLACE (city or town) (State or country): Mexico
15. MAIDEN NAME: Lucia DelaTorre
16. BIRTHPLACE (city or town) (State or country): Mexico

17. INFORMANT (Address): Ted Cortez Kellogg, Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Kellogg, Idaho Date: Aug 20 1934
19. UNDERTAKER (Address): M. C. Thornhill Kellogg, Idaho
20. FILED Aug 20, 1934 John Kerr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Aug 17, 1934
I last saw her alive on Aug 17, 1934 death is said to have occurred on the date stated above, at 9:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Acute | |
| Nephritis Chronic | |
| Pulmonary Tuberculosis | |

Other **contributory causes** of importance:

None known

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? — (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. [illegible] M.D.
(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90261

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 9

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel R Brunton

(a) Residence. No. Mullan Idaho St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced. HUSBAND of (or) ~~WIFE of~~ Jessee Brunton.

6. DATE OF BIRTH (month, day, and year) April 14-1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 4 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead Mining

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Rockford Ill.

MOTHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known.

FATHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Mrs Jessie Brunton Mullan Idaho

18. BURIAL ~~CREMATION OR REMOVAL~~ Place Mullan Idaho. Date Aug 22, 1934.

19. UNDERTAKER (Address) J. A. Bower Ward Und Co Wallace Idaho.

20. FILED Aug 21 1934. John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193X., to Aug 20....., 1934.
I last saw him alive on Aug 20 1934.; death is said to have occurred on the date stated above, at 6:10 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary T.B. | 1930 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner
(Signed) H. W. Colton M. D.
(Address) Mullan Ida.

RECEIVED SEP [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90262

**PLACE OF DEATH**

County of Shoshone
City of Wallace

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 10
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 101a

2. FULL NAME William Eugene Hall

(a) Residence. No. Mullan Idaho St. Mullan Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July - 20 - 1918
7. AGE: Years 16 | Months 0 | Days 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wallace Idaho

FATHER
13. NAME: William C Hall
14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER
15. MAIDEN NAME: Clara Timken
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT: William C Hall
(Address): Mullan Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Mullan Ida. Date: Aug 28 1934

19. UNDERTAKER: J. A. Creer (Wood Lund Co)
(Address): Wallace Ida.

20. FILED: Aug 27, 1934 John Bauer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ..7-12.., 1933., to ..8-25.., 1934.
I last saw h[illegible] alive on Aug 25, 1934.; death is said to have occurred on the date stated above, at 1230 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | Aug 20-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Diabetis mellitus | 7-12-33 |
| | |
| | |

Name of operation: No Date of:
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Pneumonia, M. D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 101
Local Registrar's No. 11

DO NOT WRITE IN THIS SPACE
90263
State File No.

(No. 1 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

188

2. FULL NAME Alphonse Joseph Euderlin

(a) Residence. No. Beaver Creek, Ballaron North Fork
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Otilda Brown

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 74 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Forest Grove Cem Wallace Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida Date: Sept 1, 1934
19. UNDERTAKER (Address): B. G. Mazzetti Wallace Ida
20. FILED: Sept 1, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): August 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 193..
I last saw him alive on ..... 193..; death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | |
| Duration 3 days | |
| Edema of lungs | |
| Duration 3 days | |
| Chronic nephritis | |
| Duration 2 years | |

Other contributory causes of importance:
Auto wreck

Name of operation: — Date of:
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: Aug 30, 1934
Where did injury occur? Kellogg Public Road
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Road
Manner of injury: Driving car off grade
Nature of injury: Broken neck
24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) Mrs Mary Euderlin
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECORDED SEP 21 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90264

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 47
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Earl Till

(a) Residence. No. 507 South Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kathleen Hackett Till

6. DATE OF BIRTH (month, day, and year) Sept 13 1898

7. AGE: Years 35 Months 11 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Machinist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: B.N.&S. Co.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER FATHER
13. NAME George W. Till
14. BIRTHPLACE (city or town) (State or country): Michigan
15. MAIDEN NAME Josephine Estrake
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT Kathleen Till
(Address) Kellogg Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane, Wash. Date Aug 18 1934

19. UNDERTAKER M. C. Thomas
(Address) Kellogg, Ida.

20. FILED Sept. 10, 1934 Wm. Nelson McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1934, to Aug. 16, 1934.
I last saw him alive on Aug. 16., 1934.: death is said to have occurred on the date stated above, at 2:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Miliary Tuberculosis | 1 month. |
| Pneumokoniosis | Several years. |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Miner
(Signed) Harold T. Condersen, M. D.
(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 90265

Local Registrar's No. 46

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Elizabeth Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Lina Baiz Brown

6. DATE OF BIRTH (month, day, and year): Sept 27-1868

7. AGE: Years 65 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER
13. NAME: John Cosgriff
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Morgan
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Harry M. Brown

18. BURIAL, CREMATION, OR REMOVAL
Place: Kingston Idaho Date: July 29 1934

19. UNDERTAKER: P. L. Grant
(Address)

20. FILED Sept 10, 1934 Mrs. Helen M. McBride
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932 to July 26, 1934
I last saw her alive on July 26, 1934; death is said to have occurred on the date stated above, at 10:20 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Extreme Cachexia, | |
| Following Carcinoma of Thyroid with | |
| Metastases to spine | |

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Harold T. Anderson, M. D.
(Address) Kellogg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 90266

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**
County of TETON
City of DRIGG

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 4
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** MARY ELLEN HIATT

(a) Residence. No. Driggs, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of CARL HIATT

6. DATE OF BIRTH (month, day and year) June 1 - 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 59 | 2 | 9 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) TENN

PARENTS

10. NAME OF FATHER WILLIAM FEALE
11. BIRTHPLACE OF FATHER (city or town) (State or Country) TENN
12. MAIDEN NAME OF MOTHER CLARA L. SHEPPARD
13. BIRTHPLACE OF MOTHER (city or town) (State or County) TENN

14. Informant (Address) CARL HIATT DRIGG, IDAHO

15. Filed Aug 13, 1934 Vere M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) 11 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-30 1934 to 8-11 1934
that I last saw her alive on 8-11 1934
and that death occurred, on the date stated above, at 1.10 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) C. H. Fagan, M. D.
8-13, 1934 (Address) Driggs

19. Place of Burial, Cremation, or Removal: Fairview Mo. Date of Burial: 8-16 1934

20. Undertaker: Lewis Kiser Address: Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90267
State File No.

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 177

(If death occurred in hospital or institution, give its name instead of street and number) (No. )

2. FULL NAME H. M. Calico

(a) Residence. No. Hansen St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

C. 3. 9

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 26 1856

7. AGE — Years: 78 | Months: 6 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER / FATHER

13. NAME Calico

14. BIRTHPLACE (city or town) (State or country) Kansas

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo. Calico
(Address) Hansen

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date Aug 26 1934

19. UNDERTAKER G. D. Drake
(Address) Twin Falls

20. FILED Aug. 27 1934 Geo. C. Talley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1932 to July 19 1934

I last saw him alive on July 19 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |

Other **contributory causes** of importance:

Name of operation Prostatotomy Date of 3/6/33.

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. J. Finnegan M. D.
(Address) Twin Falls Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90268

## PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 173
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adema Clampett 9:20 AM

(a) Residence. No. Ranch St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 20 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Idaho

FATHER

13. NAME Arthur Clampett

14. BIRTHPLACE (city or town) .... (State or country) Ark

MOTHER

15. MAIDEN NAME Marion Amar

16. BIRTHPLACE (city or town) .... (State or country) Okla

17. INFORMANT Mrs. Clampett
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Aug 23, 1934

19. UNDERTAKER F. E. Drake
(Address) Twin Falls

20. FILED Aug. 23 1934 Geo. C. Talley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 22 1934

22. I HEREBY CERTIFY, That ~~I was not permitted to see~~ deceased ~~from~~ but saw her brother on 8/20, 1934.

I ~~last saw h... alive on ..... 193...~~ ; death is said to have occurred on the date stated above, at .... m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid fever. | |
| Brother suffering from same cause, also father, cousins one of whom died. Faith healers | |

Other **contributory causes** of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) C. D. Weaver M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90269

PLACE OF DEATH
County of Twin Falls
City of
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 155

(No. 1¾ Miles East of Hansen)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Burton Calico

(a) Residence. No. St. Hansen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Nettie Montgomery

6. DATE OF BIRTH (month, day, and year) Nov 19 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 25 | 8 | 24 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bearville
(State or country) Arkansas

FATHER
13. NAME Henry M Calico
14. BIRTHPLACE (city or town) Fedville
(State or country) Arkansas

MOTHER
15. MAIDEN NAME Callie Walker
16. BIRTHPLACE (city or town) Pierceville
(State or country) Arkansas

17. INFORMENT Roscoe C Calico
(Address) Hansen Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem. Date Aug 6, 1934

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Ida

20. FILED Aug. 6, 1934 Geo. C. Halley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3, 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from ....., 193..., to ....., 193...
I last saw ~~him alive~~ on Aug. 3, 1934: death is said to have occurred on the date stated above, at 1001 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Death caused as result of chest traumatism due to auto accident | |
| Severed arch of aorta | |
| Linear fracture of sternum | |
| Other contributory causes of importance: | |
| Internal hemorrhage | |

Name of operation ~ Date of ~
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury Aug 3 1934
Where did injury occur? 1¾ Miles East of Hansen
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On state highway
Manner of injury Accidental auto
Nature of injury Traumatism of chest

24. Was disease or injury in any way related to occupation of deceased? ~
If so, specify ~

Coroner (Signed) T. A. Dwyer, M. D.
(Address) Filer Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90270

**PLACE OF DEATH**
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 156
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard R. Smith
(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: wh
5. Single, Married, Widowed or Divorced (write the word): widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 1894
7. AGE: Years: 40 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nebraska

MOTHER/FATHER
13. NAME: W. F. Smith
14. BIRTHPLACE (city or town) (State or country): Iowa
15. MAIDEN NAME: Carolina Fells
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mrs. C. A. Small Filer
18. BURIAL, CREMATION OR REMOVAL
Place: Filer Date: Aug., 193..
19. UNDERTAKER (Address): T. E. Hopkins Twin Falls
20. FILED Aug. 6, 1934 Geo. Valley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-2-1934
22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 193...., to ....., 193....
I last saw him ~~alive~~ on Aug. 2, 1934: death is said to have occurred on the date stated above, at 8:50 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound | |
| through heart with No. 8 1/2 Shot gun | Instant. |
| Other **contributory causes** of importance: | |
| Despondency | 1 Week. |

Name of operation. None Date of.....
What test confirmed diagnosis. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury, 8-2-34, 193..
Where did injury occur? Filer Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Gun shot wound
Nature of injury Internal Hemorrhage
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) T. E. Wright M.D. M. D.
(Address) Filer Ida.

Coroner of Twin Falls County.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 30271

**PLACE OF DEATH**
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 159

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Metz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emily P.

6. DATE OF BIRTH (month, day, and year): May 3 - 1882

7. AGE: Years 52 | Months 2 | Days 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tipton Iowa

FATHER
13. NAME: Martin Metz
14. BIRTHPLACE (city or town) (State or country): Muscatine Iowa

MOTHER
15. MAIDEN NAME: Maggie Maurrer
16. BIRTHPLACE (city or town) (State or country): Tipton Iowa

17. INFORMENT (Address): Mrs Emily Metz Filer Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Filer Cemetery Date: 8 - 2, 1934

19. UNDERTAKER: White Mortuary Inc
(Address): Twin Falls Idaho

20. FILED: Aug. 7, 1934 Geo. C. Halley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to July 13, 1934
I last saw him alive on July 28, 1934: death is said to have occurred on the date stated above, at 6:08 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Esophagus Stenosis (from Lye - self inflicted) | June 15-34 |
| Other contributory causes of importance: Manic - Depressive Psychosis | 3 years |
| Influenza | 3 yrs. |

Name of operation: None Date of: None
What test confirmed diagnosis? Clinical - X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Charles B. Beymer, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90272

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 158

(No. 440 4th Ave. N.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Clarence Williams

(a) Residence. No. 440 4th Ave. N. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or)~~ ~~WIFE of~~ Josie Williams

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Restaurant Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wichita, Kansas

FATHER

13. NAME James H. Williams

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Julia Glenn

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMENT (Address) Mrs. J. C. Williams, Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin, Idaho Date 8/8-, 1934

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Ida.

20. FILED Aug. 8, 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/8- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13th, 1934, to Aug 8th, 1934.
I last saw h... alive on Aug 3rd, 1934: death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio vascular Renal disease | |

Other contributory causes of importance:
High Blood Pressure

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Lamb, M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90273

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 160

(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marlin ~~Rieberg~~ Reuben Dodge

(a) Residence. No. Rock Creek Canyon St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6 1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

MOTHER / FATHER

13. NAME Wilford Dodge

14. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

15. MAIDEN NAME Julia Humphreys

16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Filer Idaho Date 8/10.., 1934

19. UNDERTAKER Evans & Johnson (Address) P. L. Young Mgr

20. FILED Aug. 10, 1934 Geo. C. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/8, 1934, to 8/9, 1934
I last saw him alive on 8/8, 1934; death is said to have occurred on the date stated above, at 2.50 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malnutrition | |
| Possible date of | |
| Onset | 6/8/1934 |
| | |
| Other **contributory causes** of importance: | |
| Entero-Colitis | 10 days. |

Name of operation None Date of...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~ Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Russell P. Gray M.D.

(Address) Twin Falls Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90274

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 164

(No. 151 --2Nd. Ave. East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George S. Avant

(a) Residence. No. 151--2Nd, Ave East St.
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha A. Avant

6. DATE OF BIRTH (month, day, and year) Mar. 4Th 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 69 | 5 | | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Hotel Oporator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME John V. Avant,

14. BIRTHPLACE (city or town) (State or country) No. Inf.

MOTHER

15. MAIDEN NAME Mary Trout

16. BIRTHPLACE (city or town) (State or country) No. Inf.

17. INFORMENT (Address) J.F. Avant. 4Th Ave, E Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Aug. 12 193 4

19. UNDERTAKER S. C. Phillips,
(Address) Twin Falls

20. FILED Aug. 10, 193 4 Geo. E. Talley, R.S.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 8Th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1934, to Aug 8th, 1934

I last saw him alive on Aug 8th, 1934; death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombus | 2 P.M. 8.8.34 |
| | |
| | |
| | |
| Other contributory causes of importance: Acute gall Stone & Calculi with Chole-cystitis | 10 P.M. 8-7-34 |

Name of operation O Date of

What test confirmed diagnosis? O Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Handley, M.D.

(Address) Twin Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90275
State File No.....

Registration District No. 37
Primary Registration District No. ..... Local Registrar's No. 162
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. A. White

(a) Residence. No. Twin Falls County Farms St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Florence White
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years: 73 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Telegrapher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ..... (Address) Hospital
18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Aug. 12, 1934
19. UNDERTAKER Evans & Johnson
(Address) Twin Falls
20. FILED Aug. 12 1934 Geo. C. Halley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Aug 10, 1934
I last saw h. alive on Aug. 10, 1934 death is said to have occurred on the date stated above, at 4 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Carcinoma | Not known |
| Metastasis | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? X-Ray + Exam Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo C Halley M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90276

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 165

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Dawn

(a) Residence. No. ..... Filer St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 10 1867

7. AGE — Years: 70 | Months: 10 | Days: 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: Joel Crossman

14. BIRTHPLACE (city or town) (State or country): N Y

15. MAIDEN NAME: Sarah Dimmig

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Paul Dawn Filer

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Aug 8, 1934

19. UNDERTAKER (Address): F E Drake Twin Falls

20. FILED Aug 9, 1934 Geo C. Halley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934., to Aug 3, 1934.
I last saw ... alive on Aug 3, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of rectum | |
| Renal & liver | |
| Hence | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation Colostomy Date of 7-7-34

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90277

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 166

(No. Curtis Hotel Cottage)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maxine Snopshire

(a) Residence. No. Filer St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 3 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date Aug. 9, 1934

19. UNDERTAKER F. E. Drake
(Address) Twin Falls

20. FILED Aug. 7, 1934 Geo. C. Halley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1934, to Aug. 6, 1934.

I last saw her alive on Aug. 6, 1934; death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Aug. 2/34 |
| General Peritonitis | " |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. Wilson, M. D.

(Address) Twin Falls, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90278

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 167

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME J. J. Walton

(a) Residence. No. R. Co. Farm St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1854

7. AGE: Years 80 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION OR REMOVAL Place Filer Date Aug. 1934

19. UNDERTAKER F. E. Draper (Address) Twin Falls

20. FILED Aug. 10 1934 Geo. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to Aug. 8, 1934

I last saw h.. alive on Aug. 8, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Unknown |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90279

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 169

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Hampton Cox

(a) Residence. No. 426 - 5 Ave N. St. Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maude Williams

6. DATE OF BIRTH (month, day, and year): July 17 1886

7. AGE — Years: 49 | Months: 1 | Days: 1da | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Musician
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Orchestra
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Pigeon Creek North Carolina

FATHER
13. NAME: Isam Cox
14. BIRTHPLACE (city or town) (State or country): Pigeon Creek North Carolina

MOTHER
15. MAIDEN NAME: Mary Williams
16. BIRTHPLACE (city or town) (State or country): Pigeon Creek North Carolina

17. INFORMANT (Address): Dr. J. Langenswalter

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Date: ....., 193..

19. UNDERTAKER (Address): Evans & Johnson Main Twin Falls Idaho

20. FILED: Aug. 14, 1934 Geo. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1934, to Aug. 13, 1934.
I last saw him alive on Aug. 13, 1934; death is said to have occurred on the date stated above, at 3:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? O. Was there an autopsy? O

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) J. E. Langenswalter, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90280

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 170
(No. 128 10th Ave. N.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mildred Elizabeth Elrod.

(a) Residence. No. 128, 10th Ave. N. City. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept., 23, 1920

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 13 | 10 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hominy, Okla.

FATHER
13. NAME Samuel B. Elrod
14. BIRTHPLACE (city or town) (State or country) Woodbury, Tenn.

MOTHER
15. MAIDEN NAME Fannie Gertrude Harris
16. BIRTHPLACE (city or town) (State or country) Wartrace, Tenn.

17. INFORMANT Mrs. S. B. Elrod.
(Address) 128-10th Ave. N.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 8-15., 1934

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho

20. FILED Aug. 13 1934 Geo. C. Talley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1934, to Aug. 13, 1934.
I last saw her alive on Aug. 13 1934; death is said to have occurred on the date stated above, at 2:15 P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Anterior Poliomyelitis | |
| Bronchopneumonia | Aug 9-34 |

Other **contributory causes** of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. Alexander Brenner By Elec. B. Brenner M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 171

DO NOT WRITE IN THIS SPACE
State File No. 90281

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Klingemann

(a) Residence. No. ~~Husband of~~ Hansen St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Louis Klingemann

6. DATE OF BIRTH (month, day, and year) May 1-1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 4 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison Co. Illinois

FATHER
13. NAME Charles Finke
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Sophia Kramer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Louis Klingemann Hansen Idaho.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Aug. 16, 1934
19. UNDERTAKER Whitt Mortuary Inc. (Address) Twin Falls, Idaho.
20. FILED Aug 13, 1934 Geo. C. Kelly, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to Aug 13, 1934
last saw her alive on Aug 13, 1934; death is said to have occurred on the date stated above, at 8 32 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric carcinoma with metastasis | not known |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Gastroenterostomy Date of 8/9/34
What test confirmed diagnosis? Clinical, operation & X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) George C. Hoskey, M. D.
(Address) Twin Falls, Idaho

RECEIVED SEP 12

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90282

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 172

(No. Twin Falls County General Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred J. Marshall.

(a) Residence. No. Murtaugh, Idaho (25 yrs.) St. Murtaugh, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 21 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) [redacted] of Delphine Marshall

6. DATE OF BIRTH (month, day and year) June 2, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lincolnshire England

MOTHER FATHER

13. NAME Mitchel Marshall

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Ren Marshall Murtaugh, Idaho.

18. BURIAL, [redacted]
Place. Twin Falls Date. 8-23, 1934

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls Idaho.

20. FILED Aug. 22 1934 Geo. E. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-21 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934, to Aug. 21, 1934.
I last saw him alive on Aug. 21, 1934. death is said to have occurred on the date stated above, at 9:30 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 1933 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Nephritis, chronic interstitial | |
| | |

Name of operation. None Date of.....
What test confirmed diagnosis?... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1934.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm. F. Passin, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90283

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 178 / 174

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Taylor Kevan,

(a) Residence. No. 730- 2nd Ave. N. City. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Kevan

6. DATE OF BIRTH (month, day and year) August 22nd, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

MOTHER FATHER

13. NAME Charles Kevan

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Jean Taylor

16. BIRTHPLACE (city or town) Peasley (State or country) Scotland

17. INFORMANT (Address) Mrs. Etta Kevan Twin Falls, Idaho.

18. BURIAL, ~~CREMATION~~ ~~REMOVAL~~
Place Twin Falls Date 8-24.., 1934

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho.

20. FILED Aug. 23 1934 Geo. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. ..., 1934, to Aug. 22, 1934.
I last saw him alive on Aug. 19, 1934: death is said to have occurred on the date stated above, at 2:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | Jan - 1934 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. W. Wilson M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90284

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 74176

(No. Lamb Cabins 2Nd. Ave So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Gutierrez

(a) Residence. No. Lamb Cabins 2Nd. Ave. So St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 21-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 6. | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho.

FATHER

13. NAME Pedro Gutierrez

14. BIRTHPLACE (city or town) .....
(State or country) Mexico

MOTHER

15. MAIDEN NAME Erma Shields

16. BIRTHPLACE (city or town) Alpha
(State or country) Idaho.

17. INFORMENT Pedro Gutierrez
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Filer Idaho Date 22Nd., 1934

19. UNDERTAKER S.C. Phillips,
(Address) Twin Falls, Idaho.

20. FILED Aug. 24, 1934 Geo. C. Halley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 20Th 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ ..... ~~to~~ ....., on 8/20/34, at 3 a.m., 193..., I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 4.45 P.M. The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ileo-colitis. | 8/18/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Weaver, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90285

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 178

(No. Twin Falls, Idaho,)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Stearley,

(a) Residence. No. Route #1, Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Stearley

6. DATE OF BIRTH (month, day, and year) Aug., 15, 1854

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | 0 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pine Grove, Penn.

MOTHER FATHER

13. NAME George Stearley,

14. BIRTHPLACE (city or town) (State or country) Wertzenberg Germany

15. MAIDEN NAME Baroara Kraft

16. BIRTHPLACE (city or town) (State or country) Wertzenberg, Germany.

17. INFORMANT (Address) Mrs. W. W. Wight, R.R.#1, Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Date 8-30-, 1934.

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED Aug. 29, 1934. Geo. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to Aug., 28....., 193.4.

I last saw him alive on Aug. 28., 1934.: death is said to have occurred on the date stated above, at 5:45 mP.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ar. hypertension (Senility) | Gradual |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Sclerosis of Coronary | |
| Artery with | |
| Heart Failed | Aug 28th 1934 |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? - Date of injury.., 193.

Where did injury occur? -
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Russell P. Craft M.D.

(Address) Twin Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90286

**PLACE OF DEATH**

County of Twin Falls

City of Murtaugh Idaho. Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 1 75

(No. Murtaugh, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Reed

(a) Residence. No. Murtaugh, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July.19-1925

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 9 | 1 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colo.

FATHER

13. NAME Vincent Reed

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Bessie Borland

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) Vincent Reed Murtaugh, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Aug.23, 1934

19. UNDERTAKER S.C. Phillips. (Address) Twin Falls, Idaho.

20. FILED Aug. 12 1934 Geo. C. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug.21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Child was dead when I first saw him. Fracture of Skull Contusion of brain numerous other fractures

Date of onset

Other contributory causes of importance

Struck by automobile while crossing highway

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8.21, 1934

Where did injury occur? Main St. Murtaugh Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On public highway

Manner of injury Struck by auto

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John L. Caughley M.D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90287

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls,
Registration District No. 37
Primary Registration District No. 7085
Local Registrar's No. 179
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Roy

(a) Residence. No. Twin Falls, Ida. St. Route #3
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 25-1927

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 6 | 10 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida.

FATHER
13. NAME Adolph Roy
14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER
15. MAIDEN NAME Mary Tupin
16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) Adolph Roy Twin Falls, Route #3

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls. Date Aug. 30, 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Ida.

20. FILED Aug. 30, 1934 Geo. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 29 Th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934, to Aug 29, 1934
I last saw her alive on Aug 27, 1934; death is said to have occurred on the date stated above, at 3.30 PM.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis Acute Perforated | July 24 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: General Peritonitis | July 29 |
| Obstruction Bowel | Aug 4 |

Name of operation Appendectomy Date of Aug 2
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1934
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Weaver, M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 30788

PLACE OF DEATH

County of Twin Falls

City of Twin Falls, Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 1

(No. 191 Addison Ave,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mable Larkins Talmadge

(a) Residence. No. 191 Addison Ave. St.
(Usual place of abode) (If nonresident give city or

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth?

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7-1899

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 34 | 9 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kans.

FATHER

13. NAME Wm. J. Moser

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Maggie Grimm

16. BIRTHPLACE (city or town) (State or country) Kans.

17. INFORMENT (Address) Mrs. Wm. J. Moser Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Aug. 29 1934

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Idaho.

20. FILED Aug. 29, 1934 Gail Valley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug.

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1934, to Aug

I last saw h alive on aug 26

to have occurred on the date stated above, at

The principal cause of death and related c were as follows:

Intestinal Obstruction

Other contributory causes of importance:

Name of operation Laparotomy Date of March 29/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hawkinson, M. D.

(Address) Twin Falls Idaho

# DISINTERMENT PERMIT

## IDAHO STATE BOARD OF HEALTH

## BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Mable Larkins Talmadge now lying buried in Twin Falls Cemetery, in the City or Town of Twin Falls County of Twin Falls State of Idaho, who died on the 27 day of August, 1934 Aged 34 years ____ months ____ days, the cause of death being Intestinal Obstruction and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by Dr. H. W. Wilson attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by railway private or railway conveyance to Memory Gardens Cemetery in the City or Town of Concord County of ---- State of California to take effect upon the approval by the local board of health of the City, Town, or County of Twin Falls it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho, this 12th day of September, A.D. 1969.

Permit issued to:
Reynolds Funeral Chapel
P. O. Box 1142
Twin Falls, Idaho

W. W. Benson
by Director, Division of Vital Statistics
Joyce B. Tobias

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ____ State of Idaho, this ____ day of ____, 19__.

Health Officer

FORM BH 56-019

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90289

Registration District No. 237
Primary Registration District No. 2085 Local Registrar's No. 168
(No. 7)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wellington Thompson

(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 24 1825
7. AGE: Years 9 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Idaho
13. NAME: Jacob Thompson
14. BIRTHPLACE (city or town) (State or country): Iowa
15. MAIDEN NAME: Mandy Annis
16. BIRTHPLACE (city or town) (State or country): Okla
17. INFORMANT (Address): Jacob Thompson Twin Falls
18. BURIAL, CREMATION OR REMOVAL
Place: Sulphur Date: Aug 12 1934
19. UNDERTAKER (Address): T. E. Drake Twin Falls
20. FILED Aug. 12 1934 Geo. C. Talley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 11 1934
22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 193..., to ....., 193....
I last saw him alive on Aug. 12 193 4 death is said to have occurred on the ~~date stated above~~, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid fever | July 18-34 |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury. Infection
Nature of injury, Intestinal infection

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. A. Wright M. D.
(Address) Twin Falls County Coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | 1915 |
| *Chronic interstitial nephritis* | 1921 |
| *Cerebral hemorrhage* | *July* 5, 1927 |
| | |
| | |
| Other CONTRIBUTORY CAUSES of importance: | |
| *Gallstones* | *May* 1, 1923 |
| | |

EXAMPLE II

| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | 1 *week ago* |
| *Run over by street car* | 1 *week ago* |
| *Peritonitis* | 3 *days ago* |
| | |
| | |
| Other CONTRIBUTORY CAUSES of importance: | |
| *Gastroenteritis* | 1 *year* |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90290

**PLACE OF DEATH**

County of Twin Falls

City of Castleford

R.F.D.

Registration District No. 39

Primary Registration District No. 7087

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christopher J. Syvertsan

44

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): Sept. 19 — 1859

7. AGE — Years: 74 — Months: 11 — Days: X — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: S. N. Syvertsan

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): A. Syvertsan Castleford Ida

18. BURIAL, CREMATION OR REMOVAL. Place: Twin Falls Date: 8/23, 1934

19. UNDERTAKER (Address): Evans and Johnson Buhl Ida

20. FILED 8-20, 1934. J. H. Murphy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1934, to 8-19, 1934

I last saw him alive on 8-19, 1934 death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of | |
| Stomach | 2 |
| (Pylorus) | |

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis? X Ray + Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Ike Evans, M. D.

(Address) Buhl Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Burke

R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90291

Registration District No. 39

Primary Registration District No. 7087

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Brooks

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 7 Aug 10 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | X | X | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burke Ida

FATHER

13. NAME O. G. Brooks

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Eunice Dorman

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT O. G. Brooks
(Address) Burke

18. BURIAL, CREMATION OR REMOVAL
Place Burke Date Aug 11, 1934

19. UNDERTAKER Evans & Thompson
(Address) Burke - D. Johnson

20. FILED Aug 10, 1934 J. W. Copley
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934, to Aug 10, 1934.

I last saw him alive on Aug 9, 1934, death is said to have occurred on the date stated above, at 10 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patent foramen ovale | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. R. Perry M. D.

(Address) Burke Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90292

County of Twin Falls
City of Burley
R. F. D.

Registration District No. 39
Primary Registration District No. 7087
Local Registrar's No.

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Clara Methvin

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: John Methvin

6. DATE OF BIRTH (month, day, and year): June 13 - 1869

7. AGE — Years: 65 — Months: 1 — Days: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Private family
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Columbus City Iowa

FATHER
13. NAME: Otto Ehrman
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Mary Jane Whistler
16. BIRTHPLACE (city or town) (State or country): Peoria

17. INFORMANT (Address): John Methvin Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 8-5 1934

19. UNDERTAKER (Address): Evans & Ehrman

20. FILED 8-3 1934 — Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-30 1934, to 8-1- 1934
I last saw her alive on 8-1- 1934: death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation | 8-1-34 |
| of Heart | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Fatty Degeneration | 1932 |
| of Heart | |
| | |

Name of operation: none Date of:
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Freeman M. D.
(Address) Burley Idaho

RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90293
State File No.....

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.....

(No. 9 ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James C. Robertson

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15 - 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 25 | x | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Baker

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mammoth (State or country) Utah

FATHER

13. NAME C. O. Robertson

14. BIRTHPLACE (city or town) Spanish Fork (State or country) Utah

MOTHER

15. MAIDEN NAME Nellie Hutchins

16. BIRTHPLACE (city or town) Spanish Fork, Utah (State or country)

17. INFORMANT John C. Rodeg (Address) Buhl

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 8/10 1934

19. UNDERTAKER Evans & Johnson (Address) By J. C. Johnson

20. FILED 8-9, 1934 J. T. Murphy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1934, to 8-8, 1934

I last saw him alive on 8-8, 1934; death is said to have occurred on the date stated above, at 1.8 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcic | 7-13-34 |
| Septicemia | |
| from nail puncture | |
| of leg | |

Other **contributory causes** of importance:

Name of operation Drainage Date of 7-16-34

What test confirmed diagnosis? Lab + clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury Nail Snag

Nature of injury Nail puncture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Exc by accident

(Signed) Dr. Jennings, M. D.

(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90294

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. 9 )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Moore

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Janey Moore

6. DATE OF BIRTH (month, day, and year) Oct 3 - 1871

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 62 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Alden Moore

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Mrs. Janey Moore Burke

18. BURIAL, CREMATION OR REMOVAL

Place Burke Date 8/9/1934

19. UNDERTAKER Evans & Johnson (Address) Burke

20. FILED 8-10, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1934, to 8-9, 1934

I last saw him alive on 8-7, 1934 death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Pyloris | 2 |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? clin + Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Evans M. D.

(Address) Burke Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90295

County of Twin Falls

City of Burke

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. .....

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice E. Taylor

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cyrus N. Taylor

6. DATE OF BIRTH (month, day and year) Feb. 4 - 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME M. J. Chapman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sarah Ann Close

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT (Address) Glenn Taylor Burke

18. BURIAL, CREMATION OR REMOVAL
Place Burke Date 8/15, 1934

19. UNDERTAKER (Address) Evans & Johnson Burke Idaho

20. FILED 8-13, 1934 J. W. Burkett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to 8-12, 1934.

I last saw her alive on 8-1-34; death is said to have occurred on the date stated above, at 1. AM m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 8-11-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis, Cardiac | 10 yrs |
| Hypertrophy, Embolism | |
| (Chron) chron interstitial nephritis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical and autopsy NO

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. L. Barry, M. D.

(Address) Burke Idaho

RECEIVED SEP 8 [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90297

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2117 Local Registrar's No. 7

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy Sergeant Widener

(a) Residence. No. / Monroe Creek St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | Wht | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14-1932

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 2 | 2 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER / FATHER

13. NAME Cyrenius Widener

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Della Conner

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Della Widener (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Ida Date 8-2-, 1934

19. UNDERTAKER L. B. Northam (Address) Weiser Idaho

20. FILED Aug 22, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to Aug 1, 1934
I last saw him alive on Aug 1, 1934: death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 7-26-34 |
| General septicemia | 7-31-34 |
| | |
| | |
| Other **contributory causes** of importance: Influenza | July 13, 1934 |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Curtis, M. D.
(Address) Fuller Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90298

County of Washington

City of Weiser

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie McClement

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Wht

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 20 - 1865

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 10 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Teacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wis.

FATHER

13. NAME: James McClement

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Annie J. Roper

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT (Address): R. M. McClements 410 Bellplaine Park Ridge Chicago

18. BURIAL, CREMATION OR REMOVAL
Place: Weiser Idaho Date: 8-17-1934

19. UNDERTAKER (Address): R. B. Northam Weiser Idaho

20. FILED Aug 22, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-15-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934, to Aug 15, 1934

I last saw h[illegible] alive on Aug 15, 1934; death is said to have occurred on the date stated above, at [illegible] m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dementia Praecox or Senile Psychosis | Indefinite |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hayden Hancher, M. D.

(Address) Weiser Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 30295

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No.
Primary Registration District No. 1010
Local Registrar's No. 9

(No. 8 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Lurella Hall

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | Wht | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ben Holloway

6. DATE OF BIRTH (month, day, and year) Jan 23 1879

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 6 | 24 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Oscar M Peck
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Dont
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ernest L Holloway
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 8-18-, 1934

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Aug. 22 1934 Emma Hamilton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-17-1934

22. I HEREBY CERTIFY, That I attended deceased from aug 15, 1934, to aug 17, 1934.
I last saw her alive on aug 17 1934; death is said to have occurred on the date stated above, at 1:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| acute obstruction | aug 10 34 |
| of bowels. | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. M. Marshall M. D.
(Address) Weiser

RECEIVED SEP 9 1934

5

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90300

Registration District No. 816

Primary Registration District No. 1010 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Naomi Lone Jordan

(a) Residence. No. 336 E Court St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | Wht | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| — | 5 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Merrill Jordan

14. BIRTHPLACE (city or town) (State or country) Wash

MOTHER

15. MAIDEN NAME Pearle Jones

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT (Address) Merrill Jordan Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mann Creek Date 9-7 1934

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Sept. 6, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1934, to 8-30, 1934

I last saw h alive on Aug. 28, 1934: death is said to have occurred on the date stated above, at 4 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholera Infantum | 8-26-34 |
| Infantum | |

Other **contributory causes** of importance:

Marasmus Complication

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. A. Schmidt M. D.
(Address) Weiser Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90301

Registration District No. 86

Primary Registration District No. 2117 Local Registrar's No. 11

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl William Thurer

(a) Residence. No. Crane Creek St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Annie Thurer

6. DATE OF BIRTH (month, day, and year) Feb 26 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 57 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER FATHER

13. NAME Carl William Thurer

14. BIRTHPLACE (city or town) ..... (State or country) Germany

15. MAIDEN NAME Caroline Smith

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Annie Thurer (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Idaho Date 9-6-1934

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED Sept 6, 1934 Emma Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by hanging | |
| self to tree | |
| No Inquest | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) L. C. Northam Coroner M. D.

(Address) Weiser Idaho

SEP 22 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70302

**PLACE OF DEATH**
County of Bonneville
City of ~~Chubbuck~~.

Registration District No. 73
Primary Registration District No. 21-12
Local Registrar's No. 174

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Todd Williams.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Blanch Taylor.

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.I.C.R.R.Co. Street Car Barns.
10. Date deceased last worked at this occupation (month and year) Aug. 1934
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Sarah Jane Todd
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Chris Lee Rigby, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Ogden, Utah Date Sept 5, 1934

19. UNDERTAKER (Address) Rigby, Idaho.

20. FILED Sept. 13, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 11:48 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| By drowning | |
| Contributory causes | |
| Accidently when | |
| fishing | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? Country Pond Rexburg
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Snake River
Manner of injury Boat turned over
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Dailey Cramer, M.D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

90303

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90303

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1992

2. FULL NAME Walter Kolniak

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20, 1916

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 18 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** CCC Camp

10. Date deceased last worked at this occupation (mo. and yr.) 9/2/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Buffalo
(State or country) N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT ... Civilian C. Corps
(Address) Records

18. BURIAL, CREMATION OR REMOVAL
Place... Spokane, Wn. Date. Sept. 3 193.4

19. UNDERTAKER Mission Funeral Home
(Address) Spokane, Wn.

20. FILED 9-25, 193... Walter Roberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 2 194

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3:..P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemmorhage and internal | |
| Injuries | |

Other **contributory causes** of importance:

Name of operation... None ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following: Accident 9/2 4
Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?... Near Alder Creek..
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ..Industry.....

Manner of injury.. Struck by falling tree.

Nature of injury.... Internal Injuries.....

24. Was disease or injury in any way related to occupation of deceased?. Yes If so, specify In woods.....

(Signed) Dior Mitchell Conner, M. D.

(Address) St. Maries, Idaho.....

RECEIVED SEP 2 1934

90304

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 90304

Local Registrar's No. 104

49

2. FULL NAME Allen Gott

(a) Residence. No. 507 - 14 ave So. St.
(Usual place of abode)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (Helen Gott)
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): may 12 - 1891

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 43 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country):

FATHER

13. NAME: Daniel C. Gott

14. BIRTHPLACE (city or town) (State or country): Rochester N. Y.

MOTHER

15. MAIDEN NAME: Sarah Park

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Mrs. Chas. Orr Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 9-23 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida.

20. FILED Sept 24 1934 Lyda Rodgers
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27th, 1934, to Sept. 20, 1934.
I last saw him alive on 9/19/1934: death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Duodenal hemorrhage | Sept. 14th |
| On the morning of Sept. 20 he had his 3rd hemorrhage which proved fatal. | |
| Other contributory causes of importance: | |
| Cancer of the pancreas which perforated the duodenum. | about Feb. 1934 |

Name of operation: none Date of:

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. A. Kellogg M. D.
(Address) Nampa, Idaho

9030 0

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70305

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 275

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roseltha Green Swett

(a) Residence. No. Rote # 5 Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Lyman Swett

6. DATE OF BIRTH (month, day, and year): June 11th. 1886

7. AGE — Years: 48 | Months: 3 | Days: 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Vernal, Utah

MOTHER FATHER

13. NAME: William Ryley Green

14. BIRTHPLACE (city or town) (State or country): New York State

15. MAIDEN NAME: Martha A. Lambert

16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): James W. Swett, Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 10/3/ 34

19. UNDERTAKER (Address): Schreiber & McCann, Boise Idaho

20. FILED Oct 1, 1934 W. M. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day and year): Sept 30 1934

22. I HEREBY CERTIFY, that I attended deceased from Apr. 23, 1934, to Sept 30, 1934.

I last saw h[illegible] alive on Sept. 30 1934 death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | 9-x-34 |
| Thyrotoxicosis | 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | 1934 |
| Cardiorenal Disease | 1934 |

Name of operation: Thyroidectomy Date of: [illegible]

What test confirmed diagnosis: B.M.R. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Bruce L. Budge, M. D.

(Address) Boise

90306

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90306

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 276

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Herfurth

(a) Residence. No. 105 North 11th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 15th. 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | --- | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Fire Man
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Humbold, Kas.
(State or country)

FATHER
13. NAME John Herfurth
14. BIRTHPLACE (city or town). Mo.
(State or country)

MOTHER
15. MAIDEN NAME C Weingardner
16. BIRTHPLACE (city or town).... U.S.A.
(State or country)

17. INFORMANT Mrs. Herfurth
(Address) Woodburn, Oregon.

18. BURIAL, CREMATION OR REMOVAL Boise, Ida.
Place... St. John's ... Date 10-3-, 1934

19. UNDERTAKER Schreiber & McCann,
(Address) Boise, Idaho.

20. FILED 10-2 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About Sept 30th 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h... alive on Last Been Alive 193...: death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown. But Natural | |
| Found Dead At His Place | |
| Of Employment. | |
| No Indication Of Foul Play | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. T. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 20307

-PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 59

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Russell Garst

(a) Residence. No. 1540 So. 9th East St. Soda Springs, Idaho
(Usual place of abode) Pocatello, Ida
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. mds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 16, 1911

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 23 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** 1

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Teacher in Public schools

10. Date deceased last worked at this occupation (mo. and yr.) 9/21/34

11. Total time (years) spent in this occupation 2 wks

12. BIRTHPLACE (city or town) (State or country) Nevada

FATHER

13. NAME Edward L. Garst

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Celia Dodd

16. BIRTHPLACE (city or town) (State or country) Topeka Kansas

17. INFORMANT (Address) Edward L. Garst Pocatello Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Pocatello Ida. Date Sept 24 1934

19. UNDERTAKER (Address) W. L. McFarland Pocatello Idaho

20. FILED 9/27, 1934. Dr. Russell Fagan
Registrar.

## MEDICAL CERTIFICATE OF DEATH 34

21. DATE OF DEATH (month, day and year) 9/22/3 193

22. I HEREBY CERTIFY, That I attended deceased from 9/21/34, 193..., to 9/22/34, 193....
I last saw h...alive on im 9/22/34, 193...: death is said to have occurred on the date stated above, at 2:45 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull, injury to the chest and back, Car accident | |

Other **contributory causes** of importance:

0

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following: 9/21/34
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur? 9 miles E. Soda SE
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Road
Manner of injury Car went over grade
Nature of injury Fract. Skull, etc

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Coach, on return trip from game
(Signed) Celia E. Garst, M. D.
(Address) Soda Springs, Idaho

State of Idaho )
: SS
County of Caribou )

This is to certify that the foregoing is a true and correct copy of a certificate of the deathof George Russell Garst of Pocatello, Idaho, filed September 22nd 1934,

Dr. Russell Tigert
Registrar.

Subscribed and Sworn to before me,
this 2nd day of October 1934.

L. T. Torgeson
Notary Public, Residing
at Soda Springs, Idaho.

My Commission Expires July 2, 1937

9230.7

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTRATION COPY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH — CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. .....

County of .....

City of Soda Springs

Registration District No. 82

Primary Registration District No. 7159 Local Registrar's No. 50

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Russell Dorst

(a) Residence. No. 546 So. 9th ave E St. Soda Springs, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 16, 1911

7. AGE — Years: 23 | Months: 7 | Days: 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School teacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Football Coach

10. Date deceased last worked at this occupation (mo. and yr.): 9/1913 4

11. Total time (years) spent in this occupation: 2 years

12. BIRTHPLACE (city or town) (State or country): Nevada

MOTHER FATHER

13. NAME: Edward L. Dorst

14. BIRTHPLACE (city or town) (State or country): Missouri

15. MAIDEN NAME: Celia Dodd

16. BIRTHPLACE (city or town) (State or country): Topeka Kansas

17. INFORMANT (Address): Edward L. Dorst Pocatello Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Pocatello Ida. Date: Sept 24, 1934

19. UNDERTAKER (Address): J. L. McCloskey Pocatello Idaho

20. FILED: Sept 24 1934 Russell Dorst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1934, to 9/22, 1934

I last saw him alive on 9/22, 1934 death is said to have occurred on the date stated above, at 2:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull, injury to Chest & back, Car accident | |

Other **contributory causes** of importance:

Name of operation: 0 Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 9/21/34
Where did injury occur? 9 miles E. Soda Sp, (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Road
Manner of injury: Car went over grade
Nature of injury: Fract. skull, etc.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Coach, on return trip from game

(Signed) Ellen Kackley M. D.
(Address) Soda Springs, Idaho

RECEIVED AUG 24 1934

90308

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70308

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Carl Trantow

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1893

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, and year): Nov 24, 1892

7. AGE: Years 42 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Marion
(State or country) Wisconsin

MOTHER FATHER

13. NAME William Trantow

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Mary Sthur

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs William Trantow
(Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 8/11, 1934

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED Aug. 11, 1934 L. M. Lyle
Registrar.
By D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/8/34 1893

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1934, to 8-8, 1934

I last saw him alive on 8-8, 1934; death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (Auto accident:) | |
| Shock & skull fracture | 8-8-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Fracture of left femur, rt. radius & ulna, ribs & both hands fractured, scapula left, large lacerations of scalp

Name of operation: None Date of

What test confirmed diagnosis: Observation Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury 1934
Where did injury occur? Grain Fields
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. While on road work
Manner of injury Auto accident
Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While at work

(Signed) L. L. Whitty, M. D.
(Address) Lewiston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

90309

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. ~~90309~~

Registration District No. 21

Primary Registration District No. 21 Local Registrar's No. 21

**PLACE OF DEATH**

County of Gooding

City of Hagerman

(No. 6 Miles South Hagerman Idaho.) in Snake River.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Homer Pitner

(a) Residence. No. 525 Warmsprings Ave (Usual place of abode) St. Boise Idaho. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July - 4 - 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 2 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Homer Pitner 525 Warmsprings Ave

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Oct. 2, 1934

19. UNDERTAKER (Address) Summers & Turbo. Boise Idaho.

20. FILED Oct 4, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally Drowned | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? Snake River Hagerman
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Swimming boat

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. E. Manuel Coroner M.D.

(Address) Gooding Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

90310 ✓

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90310

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 278

(No. 1408 Grand Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theresia Cecelia Stewart

(a) Residence. No. Boise County St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles A. Stewart

6. DATE OF BIRTH (month, day, and year) January 7 - 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sioux County Iowa
(State or country)

MOTHER FATHER

13. NAME Michael Braun

14. BIRTHPLACE (city or town) Brain Germany
(State or country)

15. MAIDEN NAME Anna Bilmayer

16. BIRTHPLACE (city or town) Dubuque
(State or country) Iowa

17. INFORMANT Mrs Rose Daniel
(Address) 1408 Grand ave Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/2, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-2, 1934 W. H. Rhoden
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1934, to Sept 29, 1934

I last saw her alive on Sept 29, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma and Convulsion | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Nephritis | |
| | |
| | |

Name of operation. None Date of.....

What test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) D. W. Feeney, M. D.

(Address) Boise Idaho

90311

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90311

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 110

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Edna Nisbet

(a) Residence. No. 301-21-Ave So. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Nisbet

6. DATE OF BIRTH (month, day, and year) 10/20/85

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 48 | 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Owatonna Minn.

FATHER

13. NAME Johathen Cartie

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sam Nisbet (Address) Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 10/6., 1934

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED Oct-8., 1934 Lydia L. Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/6 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18., 1934., to 10-6., 1934.
I last saw her alive on 10-6, 1934.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Pneumonia | |
| Tumor abdomen | |
| for 4 months | |
| | |
| | |
| Other **contributory causes** of importance: | |
| 2. Tumor abd for 4 or 5 | |
| months probable cancer | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace Pelham, M. D.
(Address) Nampa Ida.

90312

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70312

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Delbert Waddell

(a) Residence. No. [illegible] 22nd St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16 — 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 5 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murray Idaho

FATHER

13. NAME William H Waddell

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary B. Ward

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Chas. Waddell Hamilton Mont.

18. BURIAL, CREMATION, OR REMOVAL Place Hamilton Date 9/9, 1934

19. UNDERTAKER (Address) Brower-Wynne Co Lewiston

20. FILED 9/9, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carbolic Acid Poisoning Suicide | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Emil Brower Coroner

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70313

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1 a e 9
Primary Registration District No. 9 6
Local Registrar's No.
(No. 315 - Adams Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Daniel Miller

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lochie Miller

6. DATE OF BIRTH (month, day, and year) Nov. 21st 1896.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37. | 10 | 6. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denver Colorado.

FATHER
13. NAME E. A. G. Miller
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Mary Cornbaum
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs. Paul Miller 315 - Adams Street
18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Sept. 30th 1934
19. UNDERTAKER Brower - Warn Co. (Address) Lewiston Idaho
20. FILED 10/2, 1934 J. M. Eagle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1934, to Sept. 27, 1934
I last saw h alive on Sept. 27, 1934; death is said to have occurred on the date stated above, at 7P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tumor of Pituitary Gland | |

Other contributory causes of importance:

Name of operation Hypophysectomy Date of June 1934
What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. B. Eagle, M. D.
(Address) Lewiston, Idaho

90314

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90314

PLACE OF DEA

County of Canyon

City of Nampa

[redacted] istration District No. 1

[redacted] mary Registration District No. 2005 Local Registrar's No. 100

(If death [redacted] No. .....)
hospital or institution, give its name instead of street and number)

2. FULL NAME [redacted] Miller

(a) Residence. [redacted] Caldwell Idaho R#2
(Usual place
Length of residence in c[redacted]ere death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

41

## PERSONAL AN[redacted]AL PARTICULARS

3. SEX: male
4. Co[redacted]: white
[redacted]. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 20 - 1886 -

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 9 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nebraska

FATHER

13. NAME: Delbert Miller

14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Effie Taylor

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mrs. Queen E. Miller Caldwell Eda R#2

18. BURIAL, CREMATION OR REMOVAL
Place Greenlee Date 9-22-1934

19. UNDERTAKER (Address): C. H. Gackenbach Caldwell Idaho

20. FILED 9-26-1934 [redacted] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-18-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Sept. 18, 1934

I last saw him alive on Sept. 17, 1934: death is said to have occurred on the date stated above, at 7:30a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia following acute lymphangitis right arm | Aug. 27/34 |
| Other **contributory causes** of importance: | |
| Secondary anemia | |
| Bronchial pneumonia both lungs | Aug. 17/34 |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide or homicide~~? Yes Date of injury? Aug 26 1934
Where did injury occur? Country
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. At home on farm
Manner of injury Kicked by horse
Nature of injury Abrasion right little finger

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Kicked by horse

(Signed) Thos. E. Mangum M. D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 10 1934

90315

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90315

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 87

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Ledvina

1882

(a) Residence. No. Route #1 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 27, ~~1915~~ 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 17 ~~18~~ | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Lewis V. Ledvina

14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER

15. MAIDEN NAME Minnie May Davis

16. BIRTHPLACE (city or town) Nebraska
(State or country)

17. INFORMANT Doris M. Cranforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Sept 5 1934

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9-4, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1934., to September 2, 1934.
I last saw him alive on Sept. 2, 1934.: death is said to have occurred on the date stated above, at 6:40a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray and physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~Suicide~~ or Homicide? Yes. Date of injury 9/1 1934
Where did injury occur? Boiling Springs, Payette National Forest
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. industry
Manner of injury Limb of tree fell on his head
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify
(Signed) H. E. FOSTER M. D.
(Address) V.A.F., Boise, Idaho

90316

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 23

Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE

State File No. 90316

Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Wesley Nelson

(a) Residence. No American Falls, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

108

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 10, 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 18 | 6 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) American Falls Idaho.

FATHER

13. NAME Emil Nelson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Hilma Isaacson

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT (Address) Dewey E. Nelson

18. BURIAL, CREMATION OR REMOVAL
Place Fresno, Cal. Date On Arrival 193..

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Ida.

20. FILED Sept. 10, 1934 Gwenen Nott
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-9 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1934, to September 9 1934.
I last saw him alive on Sept 9, 1934; death is said to have occurred on the date stated above, at 5:10a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suffocation | |
| Other **contributory causes** of importance: | |
| Glossitis | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) American Falls, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

92317

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90317

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 193

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Keddy

(a) Residence. No. 533 West Lewis St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of: John Keddy

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 68 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Boyle Ireland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Anne Welch
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Thomas Lee Keddy Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Ida. Date: Sept 14 1934

19. UNDERTAKER (Address): D. McFarland Pocatello Ida

20. FILED Sept 14 1934 D. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-5-31, to 12-22-33

I last saw her alive on 12-22-33; death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable cerebral hemorrhage - chronic myocarditis and arteriosclerosis | |
| due to hypertension | |
| Dg. 790 Explored | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Pocatello

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90318

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Spalding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90318

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Arthur Buck

(a) Residence. No. N. Lapwai, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernice Buck

6. DATE OF BIRTH (month, day, and year): January 4, 1885.

7. AGE: Years 49 | Months 8 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Section Foreman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Camas Prairie Railway Co.

10. Date deceased last worked at this occupation (mo. and yr.): Sept. 12th, 1934

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Afton Iowa,

MOTHER FATHER

13. NAME: George Buck

14. BIRTHPLACE (city or town) (State or country): Iowa

15. MAIDEN NAME: Agnes Salisbury

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Bernice Buck, Spalding, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place.... Sept. 16, 1934 Date....., 193..

19. UNDERTAKER (Address): Brower Wann Company. Lewiston, Idaho.

20. FILED 9/15..., 1934. J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning Accidental | 9/13.34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.. Acc. Date of injury.., 193.
Where did injury occur? 2 miles south Spalding, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Highway
Manner of injury... Drowning
Nature of injury..... Car upset in slough

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) E. M. Brower M. D.
Coroner.
(Address) .....

90319

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70319

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 193
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Felix Heberall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (Write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 20 1878

7. AGE — Years: 56 | Months: 6 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER
13. NAME: Emil Heberall
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Hedwig Back
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Arthur Heberall Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Oct 3, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED Oct ..., 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934 to Oct 1, 1934
I last saw h... alive on Oct 1, 1934: death is said to have occurred on the date stated above, at 10 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Prostate | ? |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hydronephrosis of Kidney | ? |
| | |

Name of operation: Nephrotomy Date of: July 19
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70320

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 88

(No. On Way to Boise from Stone Quarry (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jose Domingo Iriondo

(a) Residence. No. Rt 5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Santa Iriondo
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 51 | Months | Days | If LESS than 1 day, ... hrs. or ... min.: May 12 1883

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mexico

MOTHER/FATHER
13. NAME: Jose Gabino
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: Josefa Ygnacia
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mateo Arregui
18. BURIAL, CREMATION OR REMOVAL: Boise
Place: Mt. Jolin Date: 9-1-, 1934
19. UNDERTAKER (Address): Schreiber & McCann
20. FILED 9-4-, 1934 W. T. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Head And Chest Injuries | |
| Caused By Slide And Fall | |
| While employed In Rock | |
| Quarry, | |
| Accident. | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. W. McCann Coroner M. D.
(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED OCT 10 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70321

**PLACE OF DEATH**

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 259

(No. St Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hull Baird

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME William E Cramer Bayley

14. BIRTHPLACE (city or town) Mumbai
(State or country) India

MOTHER

15. MAIDEN NAME ~~Lucy Baird~~

16. BIRTHPLACE (city or town) Boise
(State or country) Id

17. INFORMANT Mrs. Bertha Baird
(Address) Meridian

18. BURIAL, CREMATION OR REMOVAL
Place Morgan Cem Date Oct 14 1934

19. UNDERTAKER W E Mather
(Address) Meridian Idaho

20. FILED 9-14 1934 E W McKeeby
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-12 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-12-1934, to 9-12-1934
I last saw him alive on 9-12-1934; death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation of | |
| circulation of blood | |
| caused by Stroke | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible] M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70322

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 249

(No. St. Alphonsos)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Grace Chapman

(a) Residence. No. 1715 Idaho St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
September 8, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | | | 12 hours | 12 hrs. or ..... min. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Charles Floyd Chapman

14. BIRTHPLACE (city or town) (State or country) Oregon, Utah.

MOTHER

15. MAIDEN NAME Grace E. Brown

16. BIRTHPLACE (city or town) (State or country) Jorden Valley, Oregon.

17. INFORMANT (Address) Charles Floyd Chapman, 1715 Idaho St.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/9, 1934

19. UNDERTAKER (Address) Summers & Krebs 906 Bannock St.

20. FILED 9-10, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8-, 1934., to 9-8-, 1934.
I last saw her alive on 9-8-1934: death is said to have occurred on the date stated above, at 12:00 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| and non-partial | |
| non-closure of foramen | |
| ovale. | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Glen Davis, M. D.
(Address) Boise Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90323

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 89

(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

23

2. FULL NAME Fred Rackenberger

(a) Residence. No. 716 Franklin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Sant Rucker

6. DATE OF BIRTH (month, day, and year): October 4- 1875

7. AGE: Years 58 | Months 10 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Cook
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 6 years ago
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): San Francisco Calif

FATHER

13. NAME: Louis Rackenberger
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sofia Hausbruck
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Charley Rackenberger Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 9-4-1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Ida

20. FILED 9-4, 1934 W. R. Kodle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Sept 2, 1934.
I last saw him alive on Sept 2, 1934: death is said to have occurred on the date stated above, at 11:55 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis (Nonepidemic) | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Cannaway, M. D.
(Address) Boise

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 1 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70324

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 90
(No. Barber, Ida)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James William Cain

(a) Residence. No. 613 - 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

113

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (Write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 15 1934
7. AGE: Years | Months: 6 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Barber, Ida

MOTHER FATHER
13. NAME: John T. Cain
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Pansey May Garrett
16. BIRTHPLACE (city or town) (State or country): Nampa Ida

17. INFORMANT (Address): John T. Cain

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 9-5 1934

19. UNDERTAKER (Address): Schreiber & Un. Egan

20. FILED 9-4, 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1934, to Sept. 2, 1934.
I last saw h... alive on Sept. 2, 1934.: death is said to have occurred on the date stated above, at 3 0 ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Entero-colitis | 1 week |

Other **contributory causes** of importance:

| | |
|---|---|
| malnutrition from birth | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) A. M. Stowman, M. D.
(Address) Boise Ida

REC... OCT ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70325

**PLACE OF DEATH**

County of Ada
City of Boise
near Collister
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 91

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Mary Hart.

(a) Residence. No. Hart st Riverside St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. Color or Race white
5. Single, Married, Widowed or Divorced (write the word) widowed
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Hart.
7. DATE OF BIRTH (month, day, and year) May 21 1858
8. AGE — Years 76 — Months 4 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harrison Co Ken.
(State or country)

FATHER

13. NAME Joseph Edwards
14. BIRTHPLACE (city or town) Kentucky.
(State or country)

MOTHER

15. MAIDEN NAME artijmios ?
16. BIRTHPLACE (city or town) Kentucky.
(State or country)

17. INFORMANT Nellie Maude Atkins
(Address)

18. BURIAL, CREMATION OR REMOVAL Boise R.I.
Place Morris Hill. Date 9-9, 1934

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 9-12 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-5 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934, to 9-5, 1934.
I last saw her alive on 9-5, 1934; death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hepatitis - | several |
| Nephritis | years |
| Myocarditis - | ago. |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| arterio sclerosis for | several years |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) O. P. Hamilton M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70326

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 92

(No. Ada Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hew Fook

(a) Residence. No. Back 610 Fourth St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Yellow | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Quin Fook

6. DATE OF BIRTH (month, day, and year) 1838

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 96 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT (Address) Wyeong

18. BURIAL, CREMATION OR REMOVAL Boise, Ida. Cemetery Sec. A. C. Date 9-15 1934

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 9-17, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1934, to Sept. 4, 1934.

I last saw her alive on Sept. 4, 1934; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC... OCT ...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70327

## PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 93

(No. 5 mi. N.W. of Boise)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Basilio Jose Asumendi

(a) Residence. No. Rt. 1 5 Miles N.W. Of Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 14th June 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 2 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise (State or country) Ada

FATHER

13. NAME Francisco Asumendi

14. BIRTHPLACE (city or town) Jemein (State or country) Spain

MOTHER

15. MAIDEN NAME Jesusa Asumendi

16. BIRTHPLACE (city or town) Yrurita (State or country) Spain

17. INFORMANT Benito Yrurzun (Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL

Place St. John's Date 9/25, 1934

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 9-28 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 1:15 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Struck Bu Auto-Truck | |
| While Crossing Highway | |
| Accident | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? Public Highway (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....

(Signed) J. A. McCann Coroner, M. D.

(Address) Boise Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70328

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 94

(No. 5 mi N W of Boise)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesusa Asumendi

(a) Residence (Usual place of abode) No. R. D. 1.5 Miles N.W. OF Boise, St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francisco Asumendi

6. DATE OF BIRTH (month, day, and year): Jan - 1 - 1891

7. AGE — Years: 43 | Months: 8 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Guinetta Spain

FATHER

13. NAME: Francisco Iraniz

14. BIRTHPLACE (city or town) (State or country): Spain

MOTHER

15. MAIDEN NAME: Brijida Dunabeitia

16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMANT (Address): Benito Iraniz Boise Ida

18. BURIAL, CREMATION OR REMOVAL

Place St. John's Date 9/25, 193 4

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 9-28, 193 4 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 22 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 1:15 P.M

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Struck By Auto-Truck | |
| While Crossing Highway | |
| Accident. | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? On Public Highway

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....

(Signed) J. M. Cann Coroner M. D.

(Address) Boise Idaho

RECEIVED OCT 1 0 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70329

**PLACE OF DEATH**

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 239

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie June McKenzie

(a) Residence. No. Route 1 St. Eagle
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur Elmer

6. DATE OF BIRTH (month, day, and year) June 8th, 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 21 | 2 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Star Idaho

FATHER

13. NAME Thomas M. Ragsdale

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Josephine Barker

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT A. E. McKenzie
(Address) Eagle, Routel

18. BURIAL, CREMATION OR REMOVAL
Place Star Date 9-1-, 1934

19. UNDERTAKER W. McGratney Boise.
(Address)

20. FILED 9-1-, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1934, to 8-29, 1934
I last saw her alive on 8-29, 1934; death is said to have occurred on the date stated above, at 5 30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolus | 8-29-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Confinement | 8-29-34 |
| | |
| | |

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) A. W. Bonar, M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of nda

City of Boise.

OCT 10 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70330

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 241

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas. H. Glidden.

(a) Residence. No. Idaho City, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Unknown. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August. 22.1879.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 0 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chisworthy
(State or country) England.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT O.W. Mink.
(Address) Idaho City, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Aug 31. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 9-1, 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933., to Aug 29., 1934.

I last saw h~~e~~ alive on Aug 27, 1934.: death is said to have occurred on the date stated above, at 7:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Degeneration | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Kennaday M. D.
(Address) Boise. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boise. Ada

City of Ada Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90331

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 543

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Williams.

(a) Residence. No. Pacific Hotel. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1861.

7. AGE: Years 73. | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Groceryman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Texas.

MOTHER/FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Unknown.

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: A.A. Atwood.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Sept. 2. 1934

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 9-4, 1934 W N Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-30 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Aug 30, 1934.
I last saw him alive on Aug 30, 1934: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis | |
| Post-operative Colapse | Aug 15-19 34. |
| Senility. | |

Other **contributory causes** of importance:

Name of operation Cystotomy Date of July 20 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold T. Nokes, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70332

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 244

## PLACE OF DEATH

County of Ada

City of Boise.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Everett Barber.

(a) Residence. No. 1517. W. Jefferson St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 32 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Martha. J. Barber.

6. DATE OF BIRTH (month, day, and year)
January. 5.1861.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 7 | 27. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Attorney.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jay County
(State or country) Indiana.

MOTHER FATHER

13. NAME Emerson Barber.

14. BIRTHPLACE (city or town) New York.
(State or country)

15. MAIDEN NAME Calista Pingree.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Sidman. I. Barber.
(Address) 1517. W. Jefferson St.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill cemetery Date Sept. 5. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 9-4..., 1934 W. H. Rhodes
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/3 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1. 9...., 1934, to Sept. 3, 1934
I last saw him alive on Sept. 3, 1934, death is said to have occurred on the date stated above, at 4 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | |
| Et acetites | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Exhaustion | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical and Autopsy

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Kellogg M. D.
(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

west ✓

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70333

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 245

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cleland Wilford Ghormley. 188

(a) Residence. No. 2419. Sunset Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma. A. Ghormley.

6. DATE OF BIRTH (month, day, and year) September. 9.1906.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 27 | 11 | 23. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho Power Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon.

FATHER

13. NAME Virgil. F. Ghormley.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Edna Myers.

16. BIRTHPLACE (city or town) (State or country) Washington.

17. INFORMANT Mrs. Emma. A. Ghormley.
(Address) 2419. Sunset Ave. Boise,

18. BURIAL, CREMATION OR REMOVAL
Morris hill cemetery Date Sept. 4 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 9-4, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 9-2, 1934.
I last saw him alive on 9-2, 1934: death is said to have occurred on the date stated above, at 4:05 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Severe skull fractures | 9-2-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~ or ~~homicide~~? Date of injury 9-2 1934
Where did injury occur? Road from Idaho County to Ada
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public
Manner of injury Auto accident
Nature of injury Head injury only

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.
(Address) City

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70334

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 246

(No. St. Alphonsus Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Valentin Bidasolo

(a) Residence. No. Ct Boise Route #5 St. 185
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Beatriz

6. DATE OF BIRTH (month, day, and year): August 5 - 1889

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 45 | 0 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Stone Works
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spain

MOTHER FATHER

13. NAME: Eusenio Bidasolo
14. BIRTHPLACE (city or town) (State or country): Spain
15. MAIDEN NAME: Fracisca Osamis
16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMANT (Address): Carlos Etcolasa Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Mt. Joliet Date: 9-3-1934

19. UNDERTAKER (Address): Schreiber & Williams

20. FILED 9-6, 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/31 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/29, 1934, to 8/31, 1934

I last saw him alive on 8/30, 1934; death is said to have occurred on the date stated above, at 3:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Injuries to Head & Chest | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/29, 1934

Where did injury occur? Boise Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry

Manner of injury Fell on Rocks

Nature of injury Head & Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Lewis, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90335

## PLACE OF DEATH

County of Ada.
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 247
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Louise Walker.

(a) Residence. No. Sweet, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 4. 1925.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 9 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon.

FATHER

13. NAME David E. Walker.

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Freda Leitritz

16. BIRTHPLACE (city or town) (State or country) Minnesota.

17. INFORMANT David E. Walker.
(Address) Sweet, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/8, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 9-8, 1934 W. R. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1934, to Sept. 7, 1934.
I last saw her alive on Sept. 7, 1934. death is said to have occurred on the date stated above, at 12 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Respiratory paralysis | |
| incidental to Poliomyelitis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Neglect | |

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Harmon Swaner M. D.
(Address) Boise

OCT 10

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90336

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 248

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances June Feeny

(a) Residence. No. Melba Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 24 1930

7. AGE: Years 4 | Months 2 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nampa Idaho

FATHER

13. NAME: Frank Feeny

14. BIRTHPLACE (city or town) (State or country): Silver City Idaho

MOTHER

15. MAIDEN NAME: Agnes Cummins

16. BIRTHPLACE (city or town) (State or country): Bernardi Oklahoma

17. INFORMANT (Address): Agnes Feeny Melba Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 9/10, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 9-10, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1934, to Sept. 9, 1934.
I last saw her alive on Sept. 9, 1934; death is said to have occurred on the date stated above, at 5.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Agranulocytosis | June 1934 (Probably) |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Aplastic Anemias | June 1934 (Probably) |
| | |

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harmon Dreman M. D.

(Address) Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70337

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 250
(No. St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carmelo Sillonis
(a) Residence. No. Mt. Home, Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 4-12-1922

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 12 | 4 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Mt. Home
(State or country) Idaho.

PARENTS

10. NAME OF FATHER Nicholas Sillonis

11. BIRTHPLACE OF FATHER (city or town) Spain
(State or Country)

12. MAIDEN NAME OF MOTHER Angela Garriola

13. BIRTHPLACE OF MOTHER (city or town) Spain.
(State or County)

14. Informant Angela Bramosan
(Address) Mt. Home Ida.

15. Filed 9-10, 1934 W H Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 (Month) — 1 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1934 to Sept 1, 1934
that I last saw h~~im~~ alive on 8/31, 1934
and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hemorrhage from
Pulling a tooth
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Hemophelia
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Fred A Tillotson M. D.
9/6, 1934 (Address) Boise Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Mt. Home, Ida. | 9/3 1934 |

20. Undertaker G. S. Zacher Address Mt. Home Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70338

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 251

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joan Hope Alverson

(a) Residence. No. 1111½ Grove St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Kenneth V. Alverson

14. BIRTHPLACE (city or town) Van
(State or country) Michigan

MOTHER

15. MAIDEN NAME Hope Pileske

16. BIRTHPLACE (city or town) Drake
(State or country) N. Dakota

17. INFORMANT K. V. Alverson
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-9, 1934

19. UNDERTAKER Mrs. McBratney
(Address) Boise Idaho

20. FILED 9-10, 1934 P. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 7 1934

22. I HEREBY CERTIFY, That I attended deceased from First saw child at 9 3/4 a.m. 9/7/34 ..., 193.., at which time she was dead
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Edwin G. Coots, M. D.
(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70339

**PLACE OF DEATH**

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 252

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert Edward Cobb

(a) Residence. No. Route 3 St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

89

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Viola May

6. DATE OF BIRTH (month, day, and year) December 27, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | 8 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Martin S. Cobb

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Esther Schofner

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Mrs. May Cobb Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-9- 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 9-10 1934 W. H. Roeder Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-6-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-5 1934, to 9-6 1934
I last saw him alive on 9-6 1934; death is said to have occurred on the date stated above, at 3P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Empyema Pleura | 9-5-34 |
| Other **contributory causes** of importance | |
| Chronic Myocarditis | 1 yr. |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No ... If so, specify .....
(Signed) A. T. Bond M. D.
(Address) Boise Ida

RECEIVED OCT 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70340

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 253

(No. 7th. and Broad Sts.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert W. Farvill

(a) Residence. No. 416 S. 3rd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

204

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Farvill

6. DATE OF BIRTH (month, day, and year)
Dec. 28, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 68 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Plumber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

13. NAME Robt. Wm. Farvill

14. BIRTHPLACE (city or town) ??
(State or country)

MOTHER

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) ??
(State or country)

17. INFORMANT Mary Farvill
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date 9/10/, 1934

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 9-10, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7th 1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at About 9 PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown But Natural. | |
| Died While Walking Across | |
| Vacant Lot. | |
| | |
| No Indication Of Foul Play | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....
(Signed) J. V. McCann, M. D. Coroner
(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

X-129-5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70341

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 254

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

884

2. FULL NAME Sarah Rebecca Bloom

(a) Residence. No. 912 No. 10th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bruce Bloom

6. DATE OF BIRTH (month, day, and year) April 8, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 5 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorrance Kansas

FATHER
13. NAME William Garrett
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Gemima Black
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Floyd Bloom Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-13-34

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 9-11, 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1934, to 9-11, 1934.
I last saw her alive on 9-11, 1934; death is said to have occurred on the date stated above, at 3:35 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | 9-10-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Uremia. | Indefinite |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. T. West, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70342

**PLACE OF DEATH**
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 255

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sister Mary Dolorosa

(a) Residence. No. St. Alphonsus Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): August 24th 1865
7. AGE: Years 69 | Months | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Teacher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Jersey

FATHER
13. NAME Mr Crawley
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Sister M. Syluvia St. Alphonsus Hospital Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date 9-10, 1934 St. Johns

19. UNDERTAKER (Address): Schreiber & Mc Cann

20. FILED 9-12 1934 Boise Idaho W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 8 1934

22. I HEREBY CERTIFY, That I attended deceased from 1931 to ....., 193.., to ....., 193....
I last saw h.. alive on Sept. 7 1934: death is said to have occurred on the date stated above, at 6 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| Cerebral Hemorrhage | |
| Cerebral Embolism | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | |
| Arteriosclerosis | |
| + Chronic Nephritis | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also *the following:*
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) L. H. Falk M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70343

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 256

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irene Coffin Walker

(a) Residence. No. 1104 Warm Springs Avenue St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/27/75

7. AGE: Years 59 | Months 10 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho Ada County

MOTHER FATHER

13. NAME Franklin Rail Coffin

14. BIRTHPLACE (city or town) (State or country) Ottumwa, Iowa

MOTHER FATHER

15. MAIDEN NAME Irene Quivey

16. BIRTHPLACE (city or town) (State or country) Evansville, Wisconsin

17. INFORMANT (Address) Jack Davidson, 1104 Warm Springs Ave. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pioneer Cemetery Date 9/9, 1934

19. UNDERTAKER Scheibey & McCarty
(Address) Bannock St. Boise Idaho

20. FILED 9-12 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8-, 1934, to 9-8-, 1934

I last saw her alive on 9-8-, 1934. death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Was taken ill this morning | |
| while walking. Fell dead on the walk. | |
| Cause: Cerebral hemorrhage | |
| Other contributory causes of importance: | |
| Was not under family physician. Never known to have | |
| known of the last hypertension | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) H. W. Beck M. D.
(Address) Boise Ida

OCT 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90344

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 257

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances C. Goodrich

(a) Residence. No. 502 So. 14th St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

175

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: E.M.Goodrich

6. DATE OF BIRTH (month, day, and year): August 21st. 1869

7. AGE — Years: 65 — Months: 0 — Days: 20 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Denver, Col.

FATHER

13. NAME: Thomas W.West.

14. BIRTHPLACE (city or town) (State or country): U.S.A.

MOTHER

15. MAIDEN NAME: Louisa Kay

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): E.M. Goodrich Boise

18. BURIAL, CREMATION OR REMOVAL — Place: Pioneer Cemetery — Date: 9-12-, 1934 — Boise. Ida.

19. UNDERTAKER (Address): Schreiber & McCann, Boise, Ida.

20. FILED 9-12, 1934 W.N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/9/34 193..., to ..., 193...
I last saw h. alive on 9/9/34 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Food Poisoning | |
| Ptomaine Poisoning | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic arthritis and asthenia | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... H. A. Wahle, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED OCT 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10345

## PLACE OF DEATH

County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 260

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna. F. Morrow.

(a) Residence. No. Rocky Bar, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 3. 1858.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 0 | 10. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME George Mc Intire.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Jane wadkins.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Ethel Davenport.
(Address) New Meadows, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Sept. 15. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 9-15 1934 O.N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-13-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-3-, 1934, to 9-13-, 1934.
I last saw h[illegible] alive on 9-12-1934: death is said to have occurred on the date stated above, at 2 [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Complete breakdown of | |
| Paber - bad heart - Leg | |
| amputated years ago - | |
| nose and palate gone from | |
| necrosis of Comt - unable | |

Other **contributory causes** of importance:

| | |
|---|---|
| to talk plain - emaciated | |
| refused treat - | |
| two other causes for death | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED OCT 10 1934

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70346

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 261

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Sophia Hammond

(a) Residence. No. 515-8Ave So. St. Nampa, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-24-1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 71 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER FATHER

13. NAME Lars Larson

14. BIRTHPLACE (city or town) (State or country) Sweeden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT (Address) A.L.Hammond Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 9-11, 1934

19. UNDERTAKER (Address) F.K.Robinson Nampa, Ida.

20. FILED 9-15, 1934 W.R.Rhodes, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-2-34, 193..., to 9/8/34, 193....
I last saw h~~e~~r alive on 9/6, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Pylorus | |
| Stomach Trouble | June 1934 |
| Impairment of Gall-Bladder and Liver | |

Other **contributory causes** of importance:

Name of operation Exploratory + Gastro-intestinal Date of 8/15/34
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Emmett E. Rankin, M. D.
(Address) Boise, Idaho

OCT 10

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70347

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 262

(No. Idan-ha Hotel. 10th & Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

170

2. FULL NAME Elliott W. Burns

(a) Residence. No. Emmett St. Emmett Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 26th 1908

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 25 | 8 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Accountant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 5years

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER FATHER

13. NAME William H. Burns

14. BIRTHPLACE (city or town) Savannah
(State or country) Mo.

15. MAIDEN NAME Axie Head

16. BIRTHPLACE (city or town)
(State or country) Texas

17. INFORMANT (Address) Wm H Burns Emmett Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 9/17, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-17, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at About 3 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wound In Head | |
| Self Inflicted. | |
| Suicide. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Hotel
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. A. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

V

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70348

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 263

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtie Clark Armstrong.

(a) Residence. No. 1520 West Jefferson Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

15

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December. 30. 1846.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 87 | 8 | 19. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Prince Edward
(State or country) Island Canada.

FATHER

13. NAME Hugh Clark.

14. BIRTHPLACE (city or town). Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Gamble.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. R. H. Sigler.
(Address) 1520. W. Jefferson St.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date Sept. 21st 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 9-20, 1934 W. R. Rhodes
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-19 1934

22. I HEREBY CERTIFY, That I attended deceased from ...Aug. 1....., 193.4., to ....Sept....., 193.4.
I last saw her alive on .Sept. 18., 193.4.: death is said to have occurred on the date stated above, at 3:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Ascending Bulbar Paralysis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| Senility | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) .....M. Calloway....., M. D.
(Address) .....Boise.....Idaho....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70349

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 264

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Neal Oakes.

(a) Residence. No. 2815. West Jefferson Street. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Laura. L. Oakes.

6. DATE OF BIRTH (month, day, and year)
July. 7.1845.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 89 | 2 | 13. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Daniel Oakes.

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Julia Clough.

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT (Address) Mrs. Minnie Mc Clennan. 2815. W. Jefferson Street

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Sept. 22. 1934

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho

20. FILED 9-20. 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-20- 1934

22. I HEREBY CERTIFY, That I attended deceased from ...March. 3., 1934. to ...Sept. 20., 1934.
I last saw h.. alive on Sept 20. 1934. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Following Influenza | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) .....M. Calloway..., M. D.
(Address) .....Boise. Idaho.....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70350

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 265

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Mitchell

(a) Residence. No. 5 Mile District St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Mitchell

6. DATE OF BIRTH (month, day, and year)
November 14, 1864

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER FATHER

13. NAME Wm. A. Mitchell

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Ellen Thomas

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Mrs. Clara Mitchell
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place... Morris Hill... Date 9-22-, 193.4

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 9-21, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-20 193 4

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 193.4, to Sept. 20, 193.4
I last saw h[illegible] alive on Sept 20, 193.4: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |

Other **contributory causes** of importance:

| | |
|---|---|
| Prostatic obstruction with Engulgement of Kidneys | |

Name of operation. Cystotomy Date of 9/17/34
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70351

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 266

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary H. Darby

(a) Residence. No. 501 Jefferson St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | W. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Darby

6. DATE OF BIRTH (month, day, and year) February 7, 1841

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 93 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ---- (State or country)

MOTHER / FATHER

13. NAME --- Huffman

14. BIRTHPLACE (city or town) ------ (State or country)

15. MAIDEN NAME ---------

16. BIRTHPLACE (city or town) ------- (State or country)

17. INFORMANT ... Jack Musser (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Home Oregon... Date. 9-24-, 193.4

19. UNDERTAKER W. McBratney, Boise (Address)

20. FILED 9-21, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-21-193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6th, 1934, to Sept. 21st, 1934.
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ....Chronic Myocarditis | ..6 years |
| ...and Arteriosclerosis | .." " |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| ....Senility. | |
| | |
| | |

Name of operation.... None ..... Date of.....
What test confirmed diagnosis?.... clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ....J. M. Taylor..... M. D.
(Address) ..... Boise, Idaho.....

Taylor

OCT 10

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 70352

Registration District No. 2

Primary Registration District No. 1904 Local Registrar's No. 267

(No. St. & Rte. or Res.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Velma Edith Elam

(a) Residence. No. Route 5 St. Boise, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1918

| 7. AGE | Years | Months | Days | If LESS than 1 day... hrs. or ..... min. |
|---|---|---|---|---|
| | 15 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Jr. School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayette Ida

FATHER

13. NAME Byron Elam

14. BIRTHPLACE (city or town) (State or country) Skidmore Missouri

MOTHER

15. MAIDEN NAME Elsie Keifer

16. BIRTHPLACE (city or town) (State or country) Fayette Ida

17. INFORMANT Byron Elam
(Address) Boise R.T.#5

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 9/22 1934

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 9-22 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1934, to 9-21, 1934

I last saw h[illegible] alive on 9-21, 1934: death is said to have occurred on the date stated above, at 11:15 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Poliomyelitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Involvement accessory muscles respiration | |

Name of operation Physical & Lab. findings Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. West M. D.

(Address) Boise Idaho.

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 1 0 [illegible] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 70353

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 268

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Reuben Gardner

(a) Residence. No. 1219 Colorada Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | X Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 1st 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sandusky County Ohio

FATHER

13. NAME Horace Gardner

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Carey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Christina C. Gardner Coquille Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/15th, 1934

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 9-22, 1934 W. V. Rhoden
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About Sept. 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found Dead In His Home | |
| Cause Unknown But Natural | |
| No Indication Of Foul Play | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) J. J. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9035

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 269
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter A. Brown

(a) Residence. No. ..... St. Arrowrock Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 28 1854

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Indiana

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Nancy Hendron Day

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT (Address) J. A. Sanders Arroweock Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/22, 1934

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 9-22 1934 W. V. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-20 1934

22. I HEREBY CERTIFY, That I attended deceased from ...March 3..., 1933., to ...Sept. 20..., 1934.
I last saw him alive on ..Sept. 19 1934: death is said to have occurred on the date stated above, at 7:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| with myocardial degeneration | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) M. Calloway M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED OCT 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90355

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 270

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Smith

75

(a) Residence. No. 122. State Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred, 39 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February. 22. 1859.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 7 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** County

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Commissioner.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Engaand.

MOTHER FATHER

13. NAME Edward Smith.

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Lee. V. Smith.
(Address) 406. O'Farrel Street.

18. BURIAL, CREMATION OR REMOVAL
Pioneer Cemetery. Sept. Date 26. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-25., 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 193.4., to Sept. 22., 193.4.
I last saw him alive on Sept 22., 193.4: death is said to have occurred on the date stated above, at 12...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Landrys Paralysis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether *injury* occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. Calloway....., M. D.
(Address) ..... Boise.....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90356

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 271

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward L. Leppert

(a) Residence. No. 506 So. 3rd. St. Boise
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 10 (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice G.

6. DATE OF BIRTH (month, day, and year)
Sept. 23, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomeroy Ohio

FATHER

13. NAME Lawrence Leppert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Robinson

16. BIRTHPLACE (city or town) (State or country) -----

17. INFORMANT (Address) Alice C. Leppert Ruby, Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill. Date 9-23., 193 4

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 9-26 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-21-193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 193 4, to Sept 21, 193 4.
I last saw h[illegible] alive on Sept 20, 193 4.: death is said to have occurred on the date stated above, at 6:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Acute nephritis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Enlarged prostate | |
| Related 2 years | |
| Coming to climax | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify.....

(Signed) [illegible] M. D.
(Address) Boise Ida.

RECEIVED OCT 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90357

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 272

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Barbara Leimberger

(a) Residence. No. 1513 State St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Leimberger

6. DATE OF BIRTH (month, day, and year) March 15, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 72 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** AT Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME ??

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) John E. Gasser Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cemetery Date 9/26/34

19. UNDERTAKER (Address) W. McBratney Boise, Idaho

20. FILED 9-26 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 24 1934 (month, day and year)

22. I HEREBY CERTIFY, That I attended deceased from 9/23, 193.4, to 9/24, 193.4.

I last saw h alive on 9/23, 193.4; death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? Symp Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Sims M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90358

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 273

(No. 809 Main St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Joseph Dennan

(a) Residence. No. 1718 E Bannock St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: American

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Irene Dennan

6. DATE OF BIRTH (month, day, and year): September 5th 1886

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Clerk

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Pool Hall

10. Date deceased last worked at this occupation (mo. and yr.): 9-17-1934

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Highland-Harford County - Maryland

MOTHER FATHER

13. NAME: John Dennan Sr

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Lena Dennan

16. BIRTHPLACE (city or town) (State or country): Ireland Harford County Maryland

17. INFORMANT (Address): Margaret Dennan 1718 E Bannock Boise

18. BURIAL, CREMATION OR REMOVAL

Place: St Johns Cemetery Date: 9-24-, 1934

19. UNDERTAKER (Address): Gabriel & McCann

20. FILED 9-25-, 1934 W. L. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193....; death is said to have occurred on the date stated above, at 8:20 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown But Natural | |
| Dropped Dead While On Duty | |
| At Place Of Employment. | |
| No Indication Of Foul Play. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. J. McCann Coroner M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90359

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 274

## PLACE OF DEATH

County of Ada

City of Boise.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Prouty.

(a) Residence. No. 1218. Washington Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 8. 1870.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 0 | 18. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Building

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Contractor.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmetsburg, Iowa.

FATHER

13. NAME Thomas. J. Prouty.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Alva Eley. 1218. Washington St.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. Date 9/29, 1934

19. UNDERTAKER (Address) Summers & Krebs, Boise, Idaho.

20. FILED 9-29, 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June ..., 1922, to Sept. 26 ..., 1934.
I last saw him alive on June ..., 1934: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Sept 26/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hypertension | |
| Chronic nephritis | |

Name of operation None Date of .....
What test confirmed diagnosis? Post Mortem findings Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Alfred Burge Jr M. D.
(Address) Boise Idaho

RECEIVED OCT

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Mesa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90360

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hohstadt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 21 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| | | 1 | 9 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mesa Idaho
(State or country)

FATHER

13. NAME Earl Hohstadt

14. BIRTHPLACE (city or town) Okla
(State or country)

MOTHER

15. MAIDEN NAME Mary C Clemmyer

16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Caldwell Cemetery Date Sept 22, 1934

19. UNDERTAKER Family
(Address)

DR. ALVIN S. THURSTON
COUNCIL, IDAHO

20. FILED Oct 1, 1934, 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 193..., to Sept 22, 193...

I last saw h.. alive on Sept 22, 193...; death is said to have occurred on the date stated above, at 7:00 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 9/21/34 |
| Scarcely 1 mo. | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alvin S Thurston, M. D.

(Address) Council Ida

RECEIVED OCT 16

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of Fruitvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90361

Registration District No. 7 1

Primary Registration District No. ..... Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Henry McGinley

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Kathryn Mcginley

6. DATE OF BIRTH (month, day, and year)
Oct 21 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** tretired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Daniel McGinley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Sterling McGinley

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho, Date 9/18/34 193..

19. UNDERTAKER Lloyd Northam
(Address) Weiser Idaho.

20. FILED OCT 17 1934 193... DR. ALVIN S. THURSTON
COUNCIL, IDAHO Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17/34 193

22. I HEREBY CERTIFY, That I attended deceased from Aug ....., 193.34, to 9/17/34 ....., 193....
I last saw him alive on 9/17/34..., 193...: death is said to have occurred on the date stated above, at 2:00 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Cirrhosis of the liver | about |
| ..... | 4/34 |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| Senility | 6 mo. |
| ..... | ..... |
| ..... | ..... |

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify 0
(Signed) Alvin S. Thurston M.D., M. D.
(Address) Council Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90363

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 196

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

256

2. FULL NAME Infant Cobbledick

(a) Residence. No. 658 W. Sherman St. Poca., Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 17, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME James L. Cobbledick
14. BIRTHPLACE (city or town) (State or country) Troy, Montana.

MOTHER

15. MAIDEN NAME Martha Bingham
16. BIRTHPLACE (city or town) (State or country) Riverdale, Utah.

17. INFORMANT (Address) James L. Cobbledick Pocatello,

18. BURIAL, CREMATION OR REMOVAL
Place Poca, Idaho. Date Sept 19, 193.4

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Sept. 18, 193.4 D. Clay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.... to ....., 193....
I last saw h... alive on Sept 17, 193.4 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Still Born | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Prematurity | |
| Marasmus | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. C. Jensen M.D.
(Address) Pocatello, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90364

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 183

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Foust Hunter

(a) Residence. No. Pocatello, Idaho. 400 McKinley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

15 9 1

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 1, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day 15 hrs. or 40 min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

MOTHER FATHER

13. NAME Floyd F. Hunter

14. BIRTHPLACE (city or town) (State or country) Decatur, Tenn.

MOTHER

15. MAIDEN NAME Ioan Johnson

16. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

17. INFORMANT Floyd F. Hunter
(Address) 400 McKinley Ave. Poca.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Sept. 2, 1934.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello Idaho.

20. FILED Sept. 1, 1934. D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 1, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1934., to 9-1, 1934.

I last saw h-- alive on 9-1, 1934.; death is said to have occurred on the date stated above, at 10 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) ? | |
| Congenital Heart — | |
| Blue baby — | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation 20 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90365

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 205

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Rueckelman

(a) Residence. No. 329 N. 6th ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): March 6, 1851

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 83 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Merchant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: grain & feed
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Kenyon Mo.

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Harold Rueckelman Pocatello

18. BURIAL, CREMATION OR REMOVAL. Place: Pocatello Date: Sept 27 1934

19. UNDERTAKER (Address): E. L. McGlenn Pocatello Idaho

20. FILED Sept 25 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934, to Sept 25 1934

I last saw him alive on Sept 24 1934. death is said to have occurred on the date stated above, at 1:10 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Bronchitis | |
| Rheumatism | |
| Nephritis | |

Name of operation: None. Date of: .....

What test confirmed diagnosis? None. Was there an autopsy? ..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 17 [redacted] E OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.....

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 205

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Ruckleman

(a) Residence. No. General Hospital (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Nov 6, 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min |
|---|---|---|---|
| 83 | 10 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Herman, Pipsonia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Harold Ruckleman (Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Mt. View C. Date Sept 29 1934

19. UNDERTAKER H. L. McHaney (Address) Pocatello

20. FILED 9-29, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1934, to Sept 25, 1934

I last saw h[illegible] alive on Sept 25 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Cardio - Renal | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility. | |

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l **causes (violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Sawyer, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECORDED OCT [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90366

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 716 Local Registrar's No. 210
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. Warren Hahne

(a) Residence. (Usual place of abode) No. 628 S. 4th St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22, 1915

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 19 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Charles A. Hahne
14. BIRTHPLACE (city or town) (State or country) Le Sueur Minn

MOTHER

15. MAIDEN NAME Phoebe Bullock
16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMENT (Address) Mrs. C. A. Hahne Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Oct. 4, 1934

19. UNDERTAKER (Address) Downard's Funeral Home Pocatello, Idaho

20. FILED 10-3, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1934, to Oct. 1, 1934
I last saw h alive on 10-1, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid fever | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [signature], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED OCT 7 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90367

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 209

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Clarence Crowe

(a) Residence. No. Shaffer Apts. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vivian

6. DATE OF BIRTH (month, day, and year) June 21 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc A. S. L.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc accountant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Minneapolis (State or country) Minnesota

FATHER

13. NAME Hilary Crowe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Abbie Truitt

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT Mrs. Clarence Crowe (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Portland, Ore. Date Oct 1, 1934

19. UNDERTAKER Downing's Funeral Home (Address) Pocatello, Idaho

20. FILED Oct-1, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dropped dead on golf links probably acute dilatation heart | |
| Other contributory causes of importance: | |
| La Grippe | 12 days |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur W Hall Former M.D.

(Address) Pocatello.

RECEIVED OCT 1 7 [illegible] OF IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90368

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 208

(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gladys Jackson Halford

(a) Residence. No. 401 Randolph Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of L. W. Halford
6. DATE OF BIRTH (month, day, and year): June 2, 1909.
7. AGE — Years: 25 — Months: 3 — Days: 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Paradice, Utah.

FATHER
13. NAME: T. F. Jackson
14. BIRTHPLACE (city or town) (State or country): Paradice, Utah.

MOTHER
15. MAIDEN NAME: Hannah Welch
16. BIRTHPLACE (city or town) (State or country): West Heber, Utah.

17. INFORMANT: L. W. Halford (Address) Pocatello, Idaho.
18. BURIAL, CREMATION OR REMOVAL Place: Paradice, Utah. Date: Sept. 30, 1934.
19. UNDERTAKER: Hall Mortuary (Address) Pocatello, Idaho.
20. FILED Sept. 29, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 27 1934.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934, to Sept. 27, 1934.
I last saw her alive on Sept. 27, 1934; death is said to have occurred on the date stated above, at 4 ? ? m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intes. obstruction | |
| Intes. Stasis | |
| Toxaemia | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hysterectomy | |
| Intes. - obstruction | |
| Intes. Stasis | |

Name of operation Hysterectomy Date of 9/24/34
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Dunn M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 7 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90369

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 206
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

144

2. FULL NAME Wanda Putnam Johnson

(a) Residence. No. 1215 North Main St. Poca. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Jens K. Johnson
6. DATE OF BIRTH (month, day, and year): March 2, 1913.
7. AGE: Years 21 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): American Falls, Idaho.

FATHER
13. NAME: Roy G. Putnam
14. BIRTHPLACE (city or town) (State or country): Woodruff, Utah.

MOTHER
15. MAIDEN NAME: Elsie Benzley
16. BIRTHPLACE (city or town) (State or country): Randolph, Utah.

17. INFORMANT (Address): Jens K. Johnson, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Sept. 29, 1934

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Sept. 28 1934. D. Okay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to ..., 193..
I last saw him alive on ..., 193...: death is said to have occurred on the date stated above, at ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. | |
| Pneumonia | |
| Following | |
| Childbirth | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) ... M. D.
(Address) Pocatello, Idaho.

REGISTERED JUL 17 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90370

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 204

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carroll Wayne Duncan

(a) Residence. No. 533 North 12th East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept. 27, 1909
7. AGE — Years: 24 — Months: 11 — Days: 26 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Cafe work
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Green Forest Arkansas

FATHER
13. NAME: Charles M. Duncan
14. BIRTHPLACE (city or town) (State or country): Green Forest Arkansas

MOTHER
15. MAIDEN NAME: Luetta Donaldson
16. BIRTHPLACE (city or town) (State or country): Siloam Springs Arkansas

17. INFORMANT (Address): Charles M. Duncan Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Pocatello Date: Sept 26 1934
19. UNDERTAKER (Address): J. L. McGary Pocatello Idaho
20. FILED Sept 25 1934 N. C. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dont know probably | |
| Internal injury caused | |
| by being crushed under | |
| Automobile turn over | |
| (Accidental) | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury Sept 23 1934
Where did injury occur?..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Arthur W. Hall Coroner M.D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 30371

## PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 70
Primary Registration District No. 2161
Local Registrar's No. 203

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd M. Hammond

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Husband of Ruby Hodge

6. DATE OF BIRTH (month, day, and year) March 31, 1910.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 24 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah.

FATHER

13. NAME Milton J. Hammond

14. BIRTHPLACE (city or town) (State or country) Providence, Utah.

MOTHER

15. MAIDEN NAME Aroetta Hale

16. BIRTHPLACE (city or town) (State or country) Grantsville Utah.

17. INFORMANT Merrill W. Hammond
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date Sept 25 193 4

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Sept 25 1934 J. C. Ray
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 24, 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 ~, 1934, to Sept 24, 1934
I last saw h... alive on Sept ..., 1934; death is said to have occurred on the date stated above, at 8 4. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | |
| Meningitis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.
(Address) .....

RECEIVED OCT 7

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90372

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 202
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabella Hossack Storm

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1914

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 20 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Waitress

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Weiser IDAHO

FATHER

13. NAME William E. Storm

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Clara Columbine Mc.

16. BIRTHPLACE (city or town) (State or country) Mc. Donald Colorado

17. INFORMANT (Address) Wm E. Storm Weiser

18. BURIAL, CREMATION OR REMOVAL
Place. Weiser Idaho Date. 9/25/, 1934

19. UNDERTAKER Hall Mortuary
(Address) Pocatello Idaho

20. FILED. 9-25 1934 D C Ray
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile turn over | |
| crushed chest Internal | |
| injury broken neck | |
| (Accidental) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Arthur W. Hall, M.D.
(Address) Pocatello

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90373
State File No.

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 261
Local Registrar's No. 201

(No. ....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Hong Ding Yip. 89

(a) Residence. No. 238½ West Center St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Chinese
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 17. 1896.
7. AGE: Years 38 | Months 8 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mgr. of
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Canton Cafe
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Canton China

MOTHER FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Canton China
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): China

17. INFORMANT (Address): George Hong

18. BURIAL, CREMATION OR REMOVAL
Place: Canton China Date: Sept 26 1934

19. UNDERTAKER (Address): L. A. McEldowney Pocatello Idaho

20. FILED Sept 25 1934 D. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Sept 22, 1934.
I last saw him alive on Sept 20, 1934.; death is said to have occurred on the date stated above, at 3 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Vincents angina | Sept 12 1934 |

Other **contributory causes** of importance:

None

Name of operation None Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Brothers M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 90374

Local Registrar's No. 200

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Elizabeth B. Brady

74a

(a) Residence. No. 455 S. Garfield St.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | widowed |

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | — | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Central City Nebraska

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Hyland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Peter J. Layng N. Arthur

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake, Utah Date Sept. 24, 1934

19. UNDERTAKER Dunnard's Funeral Home (Address) Pocatello Idaho

20. FILED 9-22, 1934 D C Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 193 4, to Sept 20, 193 4

I last saw h alive on Sept 20, 193 4 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 9/15/34

Paralysis

Other contributory causes of importance:

Cerebral hemorrhage

Hypertension

Name of operation none Date of —

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) H. C. Jensen M. D.

(Address) Doc

9/21/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 17

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90375

**PLACE OF DEATH**
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 199

(No. County Poor Farm)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Thomas Whitaker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 21, 1849

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 85 | 5 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc unknown
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMENT County Poor Farm
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Sept. 21, 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 9-22, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1934, to Sept 20, 1934
I last saw him alive on Sept 17, 1934: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of Heart | Sept 6 |
| Pleural Effusion | Sept 6 |

Other contributory causes of importance:

| | |
|---|---|
| Acute dilatation of Stomach | Sept 6 |
| Pleural Effusion | Sept 6 |

Name of operation None Date of .....
What test confirmed diagnosis? Visual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) A. C. Davis, M. D.
(Address) Poc. Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90376

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 198

(No. Bannock County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence H. Bott

(a) Residence. No. Bannock County Infirmary St. 112
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| About | 67 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. *Total time* (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dr. H. C. Irwin
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Sept. 22, 1934.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Sept. 19, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 16, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Sept. 16, 193.. I last saw him alive on Sept. ....., 193.. death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation | |
| Tachycardia | |
| Mural Effusion | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chr. G. D. | |
| Mural Effusion | |

Name of operation None Date of.....
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Irwin M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9037

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 197

(No. 635 West Hayden)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gordon Dwain McDonald

(a) Residence. No. 635 West Hayden St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) May 25th, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) *spent in this* occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME Gordon E. McDonald
14. BIRTHPLACE (city or town) unknown
(State or country) Idaho

MOTHER
15. MAIDEN NAME Ada Rever
16. BIRTHPLACE (city or town) New Mocket
(State or country) Iowa

17. INFORMANT Gordon E. McDonald
(Address) 635 West Hayden

18. BURIAL, CREMATION OR REMOVAL
Place Mt. View Cem. Date Sept22 1934

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 9-22 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1934, to Sept. 19, 1934.
I last saw him alive on Sept. 18, 1934.: death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bacillary dysentery | Sept 10 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| dehydration | Sept 16 |
| acidosis | " 16 |

Name of operation None Date of
What test confirmed diagnosis? No. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. M. Dougall, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90378

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 195

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

43

2. FULL NAME Charles W. Coffin

(a) Residence. No. 306 North Arthur St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Husband of Coral Luther

6. DATE OF BIRTH (month, day, and year)
September 12, 1871.

7. AGE — Years: 63 | Months: 0 | Days: 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Railroad

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Huntsville, Utah.

MOTHER FATHER

13. NAME Cyrus T. Coffin

14. BIRTHPLACE (city or town) (State or country) Indiana.

15. MAIDEN NAME Harriet Langley

16. BIRTHPLACE (city or town) (State or country) Jersey Island

17. INFORMANT (Address) Mrs. Charles W. Coffin 306 N. rthur

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Sept. 20 1934.

19. UNDERTAKER Athur W. Hall
(Address) Pocatello, Idaho.

20. FILED Sept. 19 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934 to Sept 18, 1934
I last saw him alive on Sept 14 1934. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma | |
| Heart failure | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | |
| | |
| | |
| | |

Name of operation Radium Date of ....
at Salt Lake City Utah
What test confirmed diagnosis? Was there an autopsy? None Performed

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify None
(Signed) H. H. Lyman M. D.
(Address) Pocatello Idaho

RECEIVED OCT 17 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90379

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 194

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glenda Joyce Mullikan

(a) Residence. No. North 5th City, McKinley ave
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 8 1932

7. AGE — Years: 2 — Months: — — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER

13. NAME: Glen Mullikan

14. BIRTHPLACE (city or town) (State or country): York Nebraska

MOTHER

15. MAIDEN NAME: Lula Fletcher

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Glen Mullikan Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: Sept 18 1934

19. UNDERTAKER (Address): F. L. McHugh Pocatello Idaho

20. FILED 9-18 1934 D. C. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1934 to Sept 14 1934

I last saw her alive on Sept 14 1934; death is said to have occurred on the date stated above, at 4:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis Chronic | 7 mo. |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| acute Nephritis | 4 days |

Name of operation none Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) D. C. McDougall M. D.

(Address) Pocatello, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90380

Registration District No. 28
Primary Registration District No. 216 / Local Registrar's No. 192

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John R. Newton 10 a

(a) Residence No. City - 332 W Center St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~: Millie Newton

6. DATE OF BIRTH (month, day, and year): Mar 15, 1858

7. AGE — Years: 76. Months: 5 Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: R.R. Engineer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Newton Iowa

FATHER
13. NAME: Enoch Newton
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: Elizabeth Lamb
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Mrs. Millie Newton Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Idaho, 1934

19. UNDERTAKER (Address): J. C. McKay Pocatello Idaho

20. FILED Sept 14 1934 J. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-10 ..., 193..., to 9-13 ..., 193...
I last saw him alive on 9-13, 193...: death is said to have occurred on the date stated above, at 1:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Lobar Pneumonia | |
| | |
| | 9-10-34 |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. Brothers M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90381

**PLACE OF DEATH**

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 191

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mattie Brooks

90

(a) Residence. No. 455 North 5th St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed or Divorced (write the word): widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: about 65 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Columbus Ohio

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Charles A. Young Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Ida. Date: Sept 14 1934

19. UNDERTAKER: L. L. McCarty
(Address): Pocatello Idaho

20. FILED: Sept 14 1934 D. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12., 1934., to Sept. 14., 1934.

I last saw her alive on Sept. 14, 1934., death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-renal | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. W. Hungshart, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90382

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 190

(No. Farm Home North Pocatello)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John William Wheeler

(a) Residence. No. Farm Home North Pocatello Route 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Wheeler

6. DATE OF BIRTH (month, day and year) Oct. 17th, 1849

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 84 | 8 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clifton
(State or country) Tenn.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT John Hudson
(Address) Route 1 Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mooreland, Ida Date Sept., 14 34

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 9-13-1934 D. S. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 12th 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-, 193 0, to Sept 12, 193 4.

I last saw h-- alive on Sept 10 34; death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. L. Groom M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

# CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 90383

Local Registrar's No. 189

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Driscoll

(a) Residence. No. 1036 N. Hayes St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13, 1868

7. AGE: Years 66 | Months 3 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Garage Owner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Albans
(State or country) Vermont

FATHER
13. NAME Michael Driscoll
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret Keneu
16. BIRTHPLACE (city or town)
(State or country) Vt.

17. INFORMENT Mrs F. Cooper
(Address) 1036 N. Hayes

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Sept. 13, 1934

19. UNDERTAKER Dorrard's Funeral Home
(Address) Pocatello Idaho

20. FILED 9-13, 1934 D C Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/7, 193 4, to Sept 10, 193 4
I last saw him alive on Sept 8, 193 4 death is said to have occurred on the date stated above, at 1:35 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Renal | |
| Arteriosclerosis | |
| Congestion Lungs | |
| Other contributory causes of importance: | |
| Heart & Kidneys | |
| Nephritis | |
| Arteriosclerosis | |

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L C Downs M. D.
(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90384

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 216
Local Registrar's No. 187

(No. St. Anthonys Hosp.) 189
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gentry Knight

(a) Residence. No. St. Brunswick Georgia
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced, (write the word): single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): Sept 1917 unknown
7. AGE: Years 19 | Months — | Days — | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Riding
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Jockey
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER
13. NAME: A S. Knight
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Fred Scriver

18. BURIAL, CREMATION, OR REMOVAL: Removal
Place Brunswick Ga. Date Sept 7, 1934

19. UNDERTAKER: Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED Sept 5, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1934, to Sept 5, 1934
I last saw h[illegible] alive on Sept 4, 1934; death is said to have occurred on the date stated above, at 1½ a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| Cerebral Hemorrhage | |
| Brain | |

Other contributory causes of importance:

| | |
|---|---|
| Fractured Skull | |
| Concussion of Brain | |

Name of operation: [illegible] Date of 9/3/34
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 9/3, 1934
Where did injury occur? Bannock County Fair Grounds
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Thrown from horse
Manner of injury " " "
Nature of injury fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. C. Jones, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90385

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 186
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs Etna O'Mahoney

(a) Residence. No. 1352 S. 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dennis J.

6. DATE OF BIRTH (month, day, and year) Feb. 3 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Melville (State or country) Utah

FATHER

13. NAME Frank Sadler

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Emma Edward

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMENT Dennis J. O'Mahoney (Address) Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Sept. 6, 1934

19. UNDERTAKER Dawson's Fun. Home (Address) Pocatello Ida

20. FILED Sept 5, 1934 D Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to Sept 4, 1934.

I last saw h[illegible] alive on Sept 4, 1934; death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Renal | |

Other contributory causes of importance:

| | |
|---|---|
| Cardio-renal | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A C Swan, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90386
State File No.....

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 185

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Lewis Starr.

(a) Residence. No. 403 N. 11th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Starr.
6. DATE OF BIRTH (month, day, and year): Jan. 25 1867
7. AGE: Years 67 Months 7 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Common
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: laborer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Belleview Kansas

FATHER
13. NAME: George Starr.
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. Myrtle Starr. Pocatello, Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Mt. View at Poca. Date: Sept 5, 193.4
19. UNDERTAKER (Address): W. L. McHan Pocatello, Idaho
20. FILED: Sept 3 193.4 D. O'Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 3 1934 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 193.4, to Sept 3, 193.4.
I last saw h[illegible] alive on Sept 2 193.4 death is said to have occurred on the date stated above, at 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ca Stomach ? | |
| Cirrhosis Liver | |
| Hyper. Prostate | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Duodenal ulcer | |
| Bronchitis Chr. | |
| Cirrhosis Liver | |

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Hauser, M. D.
(Address) Pocatello Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90387

County of Bannock
City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 184

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary M. Shirra

(a) Residence. No. 720 S. 10th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

44

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Ret C. Shirra

6. DATE OF BIRTH (month, day, and year): June 18, 1861

7. AGE: Years 70. Months 2 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: Edmund Allen
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Ret C. Shirra, Pocatello, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Pocatello, Ida Date: Sept 5 1934

19. UNDERTAKER (Address): D. L. McClain, Pocatello Ida

20. FILED: Sept 5 1934 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May-1-, 1934, to Sept. 3, 1934.
I last saw h[illegible] alive on Sept 1, 1934: death is said to have occurred on the date stated above, at 1:35 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90388

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 261
Local Registrar's No. 182
(No. St Anthony's Hospital)
(If death occurred in a hospital or institution, give name instead of street and number.)

2. FULL NAME Sarah Alice Colton

(a) Residence. No. Moyie Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. W. Colton

6. DATE OF BIRTH (month, day, and year) May 16 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 5 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER
13. NAME Ezra Evans
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Mary McKay
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) L. W. Colton Moyie Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell, Idaho Date Sept 3, 1934

19. UNDERTAKER Leonard
(Address)

20. FILED 9-2, 1934 D C Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 193X, to Sept 1, 193X
I last saw her alive on Sept 1, 193X; death is said to have occurred on the date stated above, at 10 PM.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | |
| Peritonitis | |
| Toxemia | |

Other contributory causes of importance Intestinal obstruction

Name of operation for intes. obs. Date of
What test confirmed diagnosis? Uremia Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Stevens, M. D.
(Address) Pocatello

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 14 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90389

PLACE OF DEATH
County of Bannock
City of Inkom
Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 158
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vernal Ray Andrews

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 31, 1934.

7. AGE — Years: 0 — Months: 0 — Days: 3 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Infant
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Inkom, Idaho.

MOTHER FATHER

13. NAME: John E. Andrews
14. BIRTHPLACE (city or town) (State or country): Kingston, Tenn.
15. MAIDEN NAME: Mary Romriell
16. BIRTHPLACE (city or town) (State or country): McCammon, Idaho.

17. INFORMANT (Address): John Andrews, Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: McCammon, Idaho. Date: Aug. 3, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Aug. 2, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 2, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to Aug. 1, 1934.
I last saw h[illegible] alive on [illegible] 1, 193[illegible] death is said to have occurred on the [illegible]ated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| Traumatic shock | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) D. C. Ray M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90391

**PLACE OF DEATH**
County of Bannock
City of Lava Hot Springs Ida
Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 21
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Wyley Cooper

(a) Residence. No. Lava Hot Springs Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

95.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced, HUSBAND of Delania A. Howes Cooper (or) WIFE of
6. DATE OF BIRTH (month, day and year): Dec. 29 - 1859 -
7. AGE: Years 74 Months 7 Days 6 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Rancher
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Ut.

FATHER
13. NAME Vincent J. Cooper
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Mary Jane Miller
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Homer Cooper Bancroft Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lava Hot Springs Date Sept 8 1934

19. UNDERTAKER (Address) C. A. Mortuary Soda Springs Ida

20. FILED Oct 19 1934 Mrs. G. E. Fitz Registrar
Oct 19 - 1934

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 4 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 ..., 1934 to Sept 4 ..., 1934.
I last saw h. alive on Sept 4 ..., 1934; death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility ? | |
| Peralysis Agitans | |

Other **contributory causes** of importance:

Name of operation ... None ... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Rich M. D.
(Address) Lava Hot Springs Ida

RECEIVED [illegible] STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 90392

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 20
(No. ) 16 10
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elaine Bloxham

(a) Residence. No. Lava St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No.

6. DATE OF BIRTH (month, day and year)

7. AGE — Years | Months | Days 15 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lava Hot Springs Idaho

PARENTS
10. NAME OF FATHER John Mirl. Bloxham
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Downey Idaho
12. MAIDEN NAME OF MOTHER Linda Verina Godfrey
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ogden Utah

14. Informant J. Mirl. Bloxham
(Address) Lava Hot Springs

15. Filed Oct-1-, 1934 Mrs J. J. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 28 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15 1934, to June 28 1934
that I last saw her alive on June 28 1934
and that death occurred, on the date stated above, at 6.00 P. m.
The CAUSE OF DEATH* was as follows:
Interstinal influenza
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Premature Delivery
8 mo. Gestation (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Examination

(Signed) C. A. Rich, M. D.
6-29, 1934 (Address) Lava Hot Spgs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Lava Hot Springs — Date of Burial: 6-29 1934

20. Undertaker: None — Address

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED OCT 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90393
State File No.....

**PLACE OF DEATH**

County of Bannock
City of Downey

Registration District No. 8 3
Primary Registration District No. 2160
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Franklyn Aldous

(a) Residence. No. ..... Downey, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

38

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Anna Lowe Aldous

6. DATE OF BIRTH (month, day, and year): Jan 29 1886

7. AGE: Years: 48 | Months: 7 | Days: 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Downey Idaho

MOTHER

13. NAME: Robert F. Aldous
14. BIRTHPLACE (city or town) (State or country): Huntsville Utah

FATHER

15. MAIDEN NAME: Matilda Fell Aldous
16. BIRTHPLACE (city or town) (State or country): Grantsville Utah

17. INFORMANT (Address): Downey Idaho Matilda Aldous

18. BURIAL, CREMATION OR REMOVAL
Place: Downey, Ida. Date: 9-23-1934

19. UNDERTAKER (Address): none

20. FILED: Oct. 1, 1934. Mary E. Coffin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Sept. 21, 1934.
I last saw him alive on Sept. 3, 1934: death is said to have occurred on the date stated above, at 4:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro Spinal Fever | |
| Sues | |
| | |
| | |
| | |
| Other **contributory causes** of importance: none | |
| | |
| | |
| | |

Name of operation: none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) Downey Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90394

**PLACE OF DEATH**

County of Bannock

City of Arimo

Registration District No. 5-3

Primary Registration District No. 2160 Local Registrar's No. 11

(No. Arimo, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Mary Catherine Gunter

(a) Residence. No. Arimo, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Zeb Vance Gunter

6. DATE OF BIRTH (month, day and year): March 8th, 1862

7. AGE — Years: 72 — Months: 5 — Days: 24 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Shannon County Missouri

MOTHER FATHER

13. NAME: John Hawkins

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Malita Whitworth

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT (Address): Zeb Vance Gunter, Arimo, Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Marsh Center Ida. Date: Sept. 4, 1934

19. UNDERTAKER (Address): H. L. McHan, Pocatello, Idaho

20. FILED Oct. 6, 1934. Mary C. C. Coffin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1926, to Sept. 2, 1933.

I last saw h[illegible] alive on Aug. 30, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Old Age | |
| | |

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Hathaway M. D.

(Address) Downey, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90395

**PLACE OF DEATH**
County of Bannock
City of Downey

Registration District No. 23
Primary Registration District No. 2160
Local Registrar's No. 14

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Ida L. Hancock Bowman

(a) Residence. No. Downey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Hyrum Bowman

6. DATE OF BIRTH (month, day, and year) December 6, 1883.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 50 | 9 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Downey, Idaho.

FATHER

13. NAME Charles B. Hancock

14. BIRTHPLACE (city or town) (State or country) Harrisville, Utah.

MOTHER

15. MAIDEN NAME Louisa A. Shurtliff

16. BIRTHPLACE (city or town) (State or country) Harrisville, Utah.

17. INFORMANT (Address) Delbert H. Bowman, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Downey, Idaho. Date Sept. 29, 1934.

19. UNDERTAKER (Address) Hall Mortuary, Pocatello, Idaho.

20. FILED Sept. 29, 1934. Mary E. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 27, 1934.

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Sept. 27, 1933.
I last saw him alive on Sept. 26, 1934: death is said to have occurred on the date stated above, at 7:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| Valvular Heart Disease | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. J. Harrington M. D.
(Address) Downey, Idaho.

RECEIVED OCT 11

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90396

Registration District No. 53
Primary Registration District No. 2100
Local Registrar's No. 16

## PLACE OF DEATH

County of Bannock
City of Downey
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nola Sabal Johnson 18y

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 9 | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Downey, Idaho
(State or country)

PARENTS

10. NAME OF FATHER J. Valdemar Johnson
11. BIRTHPLACE OF FATHER (city or town) Springville, Utah
(State or Country)
12. MAIDEN NAME OF MOTHER Nellie Thomas,
13. BIRTHPLACE OF MOTHER (city or town) Logansport, Indiana
(State or Country)

14. Informant Nellie Johnson
(Address) Downey Idaho

15. Filed Oct. 7, 1934 Mary C. Coffin
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 29 — 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 4:00 P. m.
The CAUSE OF DEATH* was as follows: accidently drowned

(duration) yrs. mos. ds.
CONTRIBUTORY none
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) W. J. Hastings M. D.
Oct 7 - 29 - 1934 (Address) Downey

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Cambridge | 19 |
| 20. Undertaker none | Address |

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90397

**PLACE OF DEATH**

County of Bannock
City of McCammon

Registration District No. 63
Primary Registration District No. 2160
Local Registrar's No. 15

(No. Residence )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Brixen Price

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 28, 1931.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Child
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Downey, Idaho.

FATHER

13. NAME: Brixen Price
14. BIRTHPLACE (city or town) (State or country): Smithfield, Utah.

MOTHER

15. MAIDEN NAME: Mary Edwards
16. BIRTHPLACE (city or town) (State or country): Green-river Wyoming.

17. INFORMANT (Address): Brixen Price McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Smithfield, Utah. Date Sept. 10, 1934.

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho.

20. FILED Sept. 10, 1934. Mary C. Coffin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 8, 1934.

22. I HEREBY CERTIFY, That I attended deceased from February, 1933, to Sept. 4, 1934.
I last saw him alive on Sept. 7, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Occipital decompression Date of June 1934
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. J. Mathiesen, M. D.
(Address) Downey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bear Lake
City of Liberty

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 53
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 90398

Local Registrar's No. 20

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Marion Matthews

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 Hyrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 12 1919

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 14 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Liberty Bear Lake Co Idaho

FATHER

13. NAME: Alonzo H. Matthews
14. BIRTHPLACE (city or town) (State or country): Liberty Idaho

MOTHER

15. MAIDEN NAME: Charlotte Hulme
16. BIRTHPLACE (city or town) (State or country): Bloomington Idaho

17. INFORMENT (Address): Alonzo H. Matthews Dingle Idaho R. D.

18. BURIAL, CREMATION, OR REMOVAL
Place: Liberty Date: Sept. 24, 1934

19. UNDERTAKER: Virgil Williams
(Address): Montpelier Idaho

20. FILED Oct 2, 1934 Beulah Hess Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934, to Sept 22, 1934
I last saw her alive on Sept 21, 1934, death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1926 |
| Other contributory causes of importance: Hypertrophic cirrhosis of Liver | |

Name of operation: Clinical findings Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C O Symons, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90399

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 19

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rondal Otto Peterson

(a) Residence. No. St Charles, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 20 - 1918
7. AGE: Years 16 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St. Charles Idaho

FATHER
13. NAME: Augustus Peterson
14. BIRTHPLACE (city or town) (State or country): St. Charles Idaho

MOTHER
15. MAIDEN NAME: Ellen Olsen
16. BIRTHPLACE (city or town) (State or country): Sandy Utah

17. INFORMANT (Address): Augustus Peterson St Charles Idaho
18. BURIAL, CREMATION OR REMOVAL Place: St. Charles, Idaho Date: Sept 16, 1934
19. UNDERTAKER (Address): Dist. of Montpelier Idaho
20. FILED Oct. 2, 1934. Beulah Hess Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 14 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1934, to Sept 14, 1934
I last saw him alive on Sept 13, 1934: death is said to have occurred on the date stated above, at 6:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suppurative Appendicitis | 9/2/34 |
| Other **contributory causes** of importance: | |

Name of operation: Appendectomy Date of: Sept 13
What test confirmed diagnosis: Surgical Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) C. O. Swan M. D.
(Address) Paris Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 5-7
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 90400

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peyton C. Evernghamm

(a) Residence. No. Montpelier, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Constance Evernghamm
6. DATE OF BIRTH (month, day, and year): Nov. 8- 1884
7. AGE: Years 49 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Power Co.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Superintendent
10. Date deceased last worked at this occupation (mo. and yr.): June 32
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): White Sulphur New York.

FATHER
13. NAME: John Evernghamm
14. BIRTHPLACE (city or town) (State or country): not known

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): Mrs. S. C. Evernghamm Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place: Montpelier Idaho Date: Aug. 3-, 1934

19. UNDERTAKER (Address): F. M. McElhaney Montpelier Idaho

20. FILED July 31 1934 W. H. Rees Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1-, 1934, to July 31, 1934.
last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11:20 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Meningitis | July 1-34 |
| Pulmonary T.B. | April 1932 |

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) ..... M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90402

County of Lake

City of Montpelier

Registration District No. 57

Primary Registration District No. 2136 Local Registrar's No.

(No. 74 e)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ortiz Blecher

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H Blecher

6. DATE OF BIRTH (month, day, and year) Nov 11 1861

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME ? Bellens ?

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Jos Klemsen

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John H. Blecher jr.
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Date Aug 5, 1934

19. UNDERTAKER Hall & Williams
(Address) Montpelier Idaho

20. FILED Aug 5, 1934 W. H. Hess
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1-1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to Aug 1, 1934.
I last saw her alive on Aug 1, 1934: death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | July 30/934 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Arterial Hypertension | Unknown |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Spencer H Eccles, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Bloomington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 90402

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Bateman

(a) Residence. No. Bloomington Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Herbert Bateman

6. DATE OF BIRTH (month, day, and year): March 11, 1871

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year): January 1934

11. Total time (years) spent in this occupation: 47 yrs.

12. BIRTHPLACE (city or town) (State or country): Bloomington Idaho.

FATHER

13. NAME: Anthony Madsen.

14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER

15. MAIDEN NAME: Jane Nelson.

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Mrs. Lorenzo Jacobsen Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place: Bloomington Ida. Date: Aug 8, 1934

19. UNDERTAKER (Address): F. M. Williams Montpelier Idaho.

20. FILED Aug 8, 1934 W. B. King Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1934, to Aug. 6, 1934.

I last saw her alive on Aug 6, 1934: death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Feb. 1934 |

Other contributory causes of importance:
Arterial Hypertension.
Mitral Regurgitation.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No
Systolic Murmur at apex, Dyspnea, Cough, Arterial Hypertension, Edema, Irregularity

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Spencer H. Leigh, M.D.
(Address) Paris Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 5

Primary Registration District No. 2186

DO NOT WRITE IN THIS SPACE

State File No. 90403

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Gumbrunen

(a) Residence. No. Montpelier St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced: ~~HUSBAND~~ (or) WIFE of Arnold Gumbrunen

6. DATE OF BIRTH (month, day, and year): Nov. 24, 1860

7. AGE: Years 73 | Months 9 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: John Caggen

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Mrs. Elma Jensen Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Montpelier Idaho Date: Aug. 25 1934

19. UNDERTAKER (Address): Fred Williams Montpelier Idaho

20. FILED: 8/25/, 1934 N. N. Lenz Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1934, to 8-22, 1934.
I last saw h~~is~~ alive on 8-22, 1934: death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 8-21-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. P. Gardner, M. D.

(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90401

Registration District No. 5-2

Primary Registration District No. 2136

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Otto Peterett

(a) Residence. No. ..... Montpelier, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Stettenhagen

6. DATE OF BIRTH (month, day, and year) Aug 5 1875

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 58 | 9 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Baker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Bakery

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME Gustav Peterett

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Julia Foster

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Mrs Otto Peterett
(Address) Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Montpelier, Idaho Date May 10 1934

19. UNDERTAKER [illegible]
(Address) Montpelier Idaho

20. FILED May 5, 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 6, 1934

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2 A. M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| Other **contributory causes** of importance: | |
| Coronal Sclerosis | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible], M. D.

(Address) .....

May 24

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 62
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 90405

Local Registrar's No. 15

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza Stewart

(a) Residence. No. Montpelier Ida St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John R. Stewart

6. DATE OF BIRTH (month, day, and year) April 16, 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 85 | 11 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Edward Stevenson
14. BIRTHPLACE (city or town) (State or country) Gibraltar

MOTHER
15. MAIDEN NAME Nancy Porter
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) D. Truman Stewart Montpelier Ida

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Ida Date April 1st, 1934

19. UNDERTAKER (Address) J. M. Wadsworth Montpelier Ida

20. FILED Mar 31, 1934 H. A. Kemp Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1933 to March 28, 1934
I last saw her alive on Mar 29, 1934: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Senile Decay

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. A. Kemp, M. D.
(Address) Montpelier Ida

RECEIVED OCT 3 1934

**N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 5

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE

State File No. 90406

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma C. Erickson

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 23- 1864

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Johan Erickson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT: Mrs. Ray Gardner
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Oct 26, 1934

19. UNDERTAKER: J. D. Williams
(Address) Montpelier Idaho

20. Filed Oct 3, 1934 H. M. Young
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20..., 1934 to Sept 22..., 1934.

I last saw her alive on Sept 22..., 1934: death is said to have occurred on the date stated above, at 12.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | Unknown |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Chronic Nephritis | Unknown |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Spencer A. Bush, M. D.

(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90407

**PLACE OF DEATH**

County of Bear Lake

City of Montpelier

Registration District No. 5

Primary Registration District No. 2131

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Sherman Day

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Flora May Shreve

6. DATE OF BIRTH (month, day, and year): July 31 1888

7. AGE — Years: 46 — Months: 1 — Days: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Archibald Penn

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. W. S. Day Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Montpelier Idaho Date: Sept. 25, 1934

19. UNDERTAKER (Address): Montpelier Idaho

20. FILED: Sept. 25, 1934 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934 to Sept 23, 1934

I last saw him alive on Sept 23, 1934; death is said to have occurred on the date stated above, at 3:35 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tabo-Paresis | Unknown |
| (Tabes Dorsalis) | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Lues. | Unknown |
| | |
| | |

Name of Operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Grant Robinson Ehrich, M. D.

(Address) Evanston Wyo.

Cause of death: Paresis Loss of sense of position Wasserman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 90408
Local Registrar's No.

(No. 160 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Gertsch

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 11, 1934

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Wm H. Gertsch
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Phyllis Cook
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) C. O. Moore Paris Ida

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier, Ida. Date Sept 13, 1934

19. UNDERTAKER E. M. Williams
(Address) Montpelier, Idaho

20. FILED Sept 13 1934 R H Thurston Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1934, to Sept 12, 1934

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Atelectasis. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. O. Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90410

County of Bear Lake
City of Montpelier
Registration District No. 2
Primary Registration District No. 2136
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Root (not named)

(a) Residence. No. Montpelier Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) Sept 23, 1934

7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Premature
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Ida.

FATHER
13. NAME Roy B. Root
14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER
15. MAIDEN NAME Mabel Potter
16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMENT (Address) Mrs. R. B. Root Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Ida. Date 9-24, 1934

19. UNDERTAKER (Address) J. M. Williams Montpelier

20. FILED 9/24, 1934 W. W. Kerr Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1934, to Sept 23, 1934
I last saw him alive on Sept 23, 1934; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity & Birth | |
| 6 hours, Jaundice | |

Other contributory causes of importance: Placenta Praevia & Hydramnios — Operation Fund Delivery by Version & Podalic Version — Date of 9/23/34

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Kerr M. D.
(Address) Montpelier Idaho

RECEIVED OCT 9 '34

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90411

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier
Registration District No. 2
Primary Registration District No. 2136
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Jennings Thorn
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161a

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant
6. DATE OF BIRTH (month, day, and year): Sept 6 1934
7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier Ida.

FATHER
13. NAME: William Donnal Thorn
14. BIRTHPLACE (city or town) (State or country): Montpelier Ida

MOTHER
15. MAIDEN NAME: Frances Jean Johnson
16. BIRTHPLACE (city or town) (State or country): Wallace Idaho

17. INFORMENT (Address): William D. Thorn Montpelier Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Montpelier Date: Sept 7, 1934
19. UNDERTAKER (Address): F. M. Wilkinson Montpelier
20. FILED 9/6, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 6 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1934, to Sept 6, 1934
I last saw him alive on Sept 6, 1934; death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Gestation | |
| (mos.) Pregnancy | |
| Immature Infant | |

Other contributory causes of importance: Cause of Premature birth is not known. Mother apparently healthy

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Montpelier Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 9

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2-136

DO NOT WRITE IN THIS SPACE

State File No. 90412

Local Registrar's No. 49

(No. ) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Reservoir M. Wright

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Wright

6. DATE OF BIRTH (month, day, and year) Aug 19 1873

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville Utah

FATHER

13. NAME John D. McArthur

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sarah Abbott

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Mrs. Wilford Price Paris Idaho

18. BURIAL, CREMATION OR REMOVAL Place Bennington Idaho Date May 27, 1934

19. UNDERTAKER J. M. Williams (Address) Montpelier Idaho

20. FILED May 27, 1934 P. M. Ross Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 193 4, to May 24, 193 4.

I last saw her alive on May 24 193 4: death is said to have occurred on the date stated above, at 1.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sternum | |
| Locations 10, 11, 12 Dorsal | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Paralysis Urinary bladder | |
| | |
| | |

Name of operation None Date of.... No

What test confirmed diagnosis Clinical findings Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so specify.....

(Signed) C. A. Nixon M. D.

(Address) Paris Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90413
State File No.....

Registration District No. 5

Primary Registration District No. 2136 Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Dalrymple

(a) Residence. No..... Montpelier Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Gwendolin Pugmire

6. DATE OF BIRTH (month, day, and year): Nov 17 1903

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 30 | 6 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Forest Service

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Wardboro Idaho

MOTHER FATHER

13. NAME: Charles C. Dalrymple

14. BIRTHPLACE (city or town) (State or country): Paris Idaho

15. MAIDEN NAME: Rachael Dymock

16. BIRTHPLACE (city or town) (State or country): Bolgoonington Idaho

17. INFORMANT (Address): Mrs. Marilyn C. Dalrymple Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Montpelier Idaho Date June 3, 1934

19. UNDERTAKER (Address): W. W. Wilcox Montpelier Idaho

20. FILED May 21, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 31 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934 to May 31, 1934

I last saw him alive on May 31 1934; death is said to have occurred on the date stated above, at 8:55 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| complicated with Embolism (Suicidal) | |
| Other **contributory causes** of importance: | |
| Influenza | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. W. Wilcox M. D.
(Address) Montpelier Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of St Charles

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6-2

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE

State File No. 90414

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

170

2. FULL NAME William Hadley Floyd

(a) Residence. No. St Charles Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 17 1914

7. AGE: Years 19 | Months 9 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farm Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER

13. NAME: Frank E. Floyd

14. BIRTHPLACE (city or town) (State or country): St Charles Idaho

MOTHER

15. MAIDEN NAME: Rose Welker

16. BIRTHPLACE (city or town) (State or country): Bloomington Idaho

17. INFORMANT (Address): Mrs Rose Floyd Bloomington

18. BURIAL, CREMATION OR REMOVAL: St Chas Bloomington Idaho Date July 17, 1934

19. UNDERTAKER (Address): F. D. Williams Jr Montpelier Idaho

20. FILED July 6, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h... alive on ....., 193..., death is said to have occurred on the date stated above, at about 1:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wound to | |
| Through heart with | |
| 16 gauge Shot Gun | |
| (Self Inflicted) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, (specify).....

(Signed) ... M. D.

(Address) Montpelier Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of Georgetown

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE

State File No. 90415

144

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luella Ulate Robison

(a) Residence. No. .... Georgetown Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married -

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Roy Robison

6. DATE OF BIRTH (month, day, and year) Nov 14 - 1903

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 30 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Bennington Idaho

MOTHER FATHER

13. NAME Frank Weaver

14. BIRTHPLACE (city or town) (State or country) Utah

15. MAIDEN NAME Sarah Goudey

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Roy Robison Idaho
(Address) Georgetown Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Georgetown Idaho July 3 1934

19. UNDERTAKER Thatcher Idaho
(Address)

20. FILED July 2, 1934 ....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6., 1934 to July 2., 1934
I last saw him alive on July 2 1934.: death is said to have occurred on the date stated above, at 9:50 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Parturition, Post partum Hemorrh | 1 |
| Shock a Post Partum | |
| Hemorrhage 2½ hours | |
| Duration. | |

Other **contributory causes** of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Russell Liggett M. D.
(Address) Soda Springs Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90416

**PLACE OF DEATH**
County of Bear Lake
City of Paris

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John J. Passey.

(a) Residence. No. Paris Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Nate
6. DATE OF BIRTH (month, day, and year): Jan 24 - 1860
7. AGE: Years 74 | Months 4 | Days 27. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Farmington Utah

MOTHER FATHER
13. NAME Thos Passey
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME Drucilla Shobolt
16. BIRTHPLACE (city or town) (State or country): England
17. INFORMANT (Address): Aquilva P. Passey Lanark Idaho
18. BURIAL, CREMATION OR REMOVAL Place Lanark Idaho Date June 23 1934
19. UNDERTAKER (Address): J. M. Thomas Montpelier Idaho
20. FILED June 23, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193... death is said to have occurred on the date stated above, at 7:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found dead in bed shortly after retiring. Death | |
| Probably due to Cerebral Hemorrhage | |
| [illegible] | |
| Other **contributory causes** of importance: Age | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, Specify.....
(Signed) J. M. Thomas Co Coroner M. D.
(Address) Montpelier Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90417

Local Registrar's No. 31

PLACE OF DEATH
County of Bear Lake
City of Bloomington
Registration District No. 53
Primary Registration District No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

1612

2. FULL NAME Wm Jarvis McPhie.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Baby. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) September 30 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | | | | 8 hrs. or 45 min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho

PARENTS

10. NAME OF FATHER Darwin Earl McPhie.
11. BIRTHPLACE OF FATHER (city or town) Oakley
(State or Country) Wyoming
12. MAIDEN NAME OF MOTHER Millie Jarvis.
13. BIRTHPLACE OF MOTHER (city or town) Bloomington
(State or Country) Idaho.

14. Informant Darwin Earl McPhie
(Address) Bloomington Idaho.

15. Filed Oct 2, 1934. Beulah Hess
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 30 1934.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 30, 1934, to September 30 1934.
that I last saw him alive on September 30 1934
and that death occurred, on the date stated above, at 10:00 a.m.
The CAUSE OF DEATH* was as follows: Premature (7 months gestation)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Wt 4½ lbs. Not due for 2 mo.
(Signed) Spencer Hatch, M.D.
Sept 30, 1934 (Address) Paris Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Bloomington Ida. | Oct 1 1934. |
| 20. Undertaker None. | Address |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 90418

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Helen Austin Larsen

(a) Residence. No. Montpelier St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 17 1916
7. AGE: Years 17 | Months 9 | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

MOTHER OR FATHER
13. NAME: De Meade Austin
14. BIRTHPLACE (city or town) (State or country): Idaho
15. MAIDEN NAME: Blanch Peery
16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT (Address): John Larsen Montpelier Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Date: Aug 19, 1934
19. UNDERTAKER (Address): J. M. Hellstern Montpelier Idaho
20. FILED: Aug 17, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934, to Aug 16, 1934
I last saw her alive on Aug 16 1934: death is said to have occurred on the date stated above, at 1:25 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shot Gun wound | |
| followed by Pneumonia | |
| Gun (Accident While Hunting) | |

Other **contributory causes** of importance:

Name of operation: None Date: None
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. P. Sutton, M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90419

County of Benewah
City of Plummer P.O.
Registration District No. 46
Primary Registration District No. 2123 Local Registrar's No. 19
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Brostrom

(a) Residence. No. Plummer St. R.F.D. 90
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 52 mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna
6. DATE OF BIRTH (month, day, and year): Mch 31 1856
7. AGE: Years 78 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.): Jan 1934
11. Total time (years) spent in this occupation: 24 Yrs.

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER FATHER
13. NAME: Sven Brostrom
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Ellen - Dst Knos
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): T. Helman P. Brostrom Plummer Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash. Date 9/18 1934

19. UNDERTAKER (Address): Jaeger Funeral Home Fairfield Wn

20. FILED Sept 24 1934 Frida Robertson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14-1934

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1934, to Aug 14th 1934.
I last saw him alive on Sept 14th 1934.: death is said to have occurred on the date stated above, at 9 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enlarged Heart with Shortness of Walls | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Anemia | |
| | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Hennessy M. D.
(Address) Worley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Benewah
City of De Smet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90420

Registration District No. 31
Primary Registration District No. ____ Local Registrar's No. 11

(No. at Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ignace Joseph

(a) Residence. No. De Smet Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug 16 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 22 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm Work.

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) De Smet Idaho

FATHER

13. NAME Louis Joseph

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Agatha Moshell

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Agatha Joseph De Smet, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Reserve Date Sept 21, 1934

19. UNDERTAKER (Address) Kimball Funeral Home Tekoa, Wn

20. FILED Sept 20, 1934 John Post Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 193__, to Sept 19 19, 1934

I last saw him alive on Sept 19 19, 1934; death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophied heart | |

Other contributory causes of importance:

| | |
|---|---|
| Hemorrhage from bowels | |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) C B Glyer, M. D.

(Address) Tekoa

RECEIVED OCT 10 [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90421

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 18

(No. Platts Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna J. O'Brien

(a) Residence. No. ..... St. Clarkia Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth 10 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ~~Married~~ Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John O'Brien

6. DATE OF BIRTH (month, day, and year): March 20, 1898

7. AGE: Years 36 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Edmonton
(State or country): Alta. Canada

FATHER

13. NAME: W. H. Connor
14. BIRTHPLACE (city or town):
(State or country): Canada

MOTHER

15. MAIDEN NAME: Jemima Tait
16. BIRTHPLACE (city or town):
(State or country): Canada

17. INFORMANT: Mabel Zeek
(Address): Arlington Wash.

18. BURIAL, CREMATION OR REMOVAL: Removal
Place: Seattle Date: Sept. 26, 1934

19. UNDERTAKER: STAPISH & SON
(Address): ST. MARIES, IDAHO

20. FILED Oct. 8, 1934 Walter Doberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1934, to 9/24, 1934
I last saw her alive on 9/24, 1934, death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilation of heart | |
| Other **contributory causes** of importance: Mitral Stenosis with Hypertension | |

Name of operation: Surgical Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Allen B. Platts M. D.
(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90422

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 17

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

125

2. FULL NAME Frank Francis Honsowetz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Honsowetz

6. DATE OF BIRTH (month, day, and year) December 3, 1878

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 55 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Superintendent

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber yard

10. Date deceased last worked at this occupation (mo. and yr.) 9/8/34.

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Ludington (State or country) Mich.

FATHER

13. NAME John Honsowetz

14. BIRTHPLACE (city or town) ... (State or country) Germany

MOTHER

15. MAIDEN NAME Ann Benhack

16. BIRTHPLACE (city or town) ... (State or country) Germany

17. INFORMANT Mrs. Emma Honsowetz (Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn Date Sept. 20, 1934

19. UNDERTAKER Mitchell & Wessa (Address) St. Maries, Idaho.

20. FILED Oct. 8, 1934 H. Walter Doberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 18, 1934. 193

22. I HEREBY CERTIFY, That I attended deceased from May ..., 1933 to Sept 18, 1934

I last saw him alive on Sept 18, 1934; death is said to have occurred on the date stated above, at 4 G m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pancreatitis | Nov-1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cholelithiasis | ? |
| Cholecystitis | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ..., M. D.

(Address) St Maries

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90423

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Gene Shaw

(a) Residence. No. 2nd & Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27, 1927

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 7 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Plummer
(State or country) Idaho

FATHER

13. NAME Leonard V. Shaw

14. BIRTHPLACE (city or town) Ralston
(State or country) Wash.

MOTHER

15. MAIDEN NAME Lydia E. Grandstaff

16. BIRTHPLACE (city or town) Warden
(State or country) Wash.

17. INFORMANT Leonard V. Shaw
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Latah, Wash. Date Sept. 13 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho.

20. FILED Oct. 8., 1934 Walter Soberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 11 1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis None Was there an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? 9/11/34

Where did injury occur? St. Maries, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. St. Joe River

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Dr. W. E. Mitchell Coroner, M. D.

(Address) St. Maries, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90424

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 14

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Mary Dunback

(a) Residence. No. 14 and Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Dunback

6. DATE OF BIRTH (month, day, and year) April 3, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 81 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Now

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMENT (Address) Walter Dunback, Tekoa Wash

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn St. M. Date 9-3, 1934 Burial

19. UNDERTAKER STAPISH & SON (Address) ST. MARIES, IDAHO

20. FILED 9-25, 1934 Walter Doberg Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1934 to Aug 30, 1934

I last saw h alive on Aug 30, 1934 death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism | Aug 28 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Arteriosclerosis | ? |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Brownell, M. D.

(Address) St. Maries Idaho

RECEIVED OCT 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90425

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. I2I
Primary Registration District No. ~~2194~~ X I007

Local Registrar's No. 157

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

95

2. FULL NAME Hanson E. Carlson .

(a) Residence. No. 550 East Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Caucasian | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Carlson

6. DATE OF BIRTH (month, day and year) June 28, I894

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 4 | I4 | |

8. OCCUPATION OF DECEASED Night-watchman
(a) Trade, profession, or particular kind of work State Hospital South
(b) General nature of industry, business, or establishment in which employed (or employer) - - - -
(c) Name of employer State of Idaho.

9. BIRTHPLACE (city or town) Manilla, Utah
(State or country)

PARENTS

10. NAME OF FATHER John Jacob Carlson

11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)

14. Informant Ethel Carlson.
(Address) Blackfoot, Idaho

15. Filed Sept. I3, 19 34 Mr. Walter E. Patrie
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September I2 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
I0:30 P.M. 9-I2, 19 34, to II:45 P.M. 9-I2 34
that I last saw him alive on 9-I2, 1934
and that death occurred, on the date stated above, at II:45 P.m.
The CAUSE OF DEATH* was as follows:

Hypertension
Cerebral accident, -left 9/I2/34
([redacted] (Hemiplegia Right)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? -----
Did an operation precede death? None Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Phycical symptoms
(Signed) Augusta Mills, M. D.
....., 19 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Grove city Cemetery, Blackfoot, Idaho | Sept. I6 1934 |

20. Undertaker E. P. Peck — Address Blackfoot Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90426

**PLACE OF DEATH**

County of Bingham
City of Pingree District
~~Blackfoot R.F.D. 2~~

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME LeRoy Webb

(a) Residence. No. Pingree Blackfoot Route 2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Caucasian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 9 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 6 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pingree Idaho

FATHER

13. NAME Edward M Webb
14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME Mary Dye
16. BIRTHPLACE (city or town) (State or country) Rockford Utah

17. INFORMENT (Address) Mamie Webb Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Thomas Funeral Date Sept. 23, 1934

19. UNDERTAKER (Address) E J Peck Blackfoot Idaho

20. FILED Sept. 22, 1934 Mcmurtrie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934, to Sept 20, 1934
I last saw him alive on Sept 20, 1934; death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | |
| Pneumonia | |

Other contributory causes of importance:
Rheumatic Endocarditis
Chronic Tonsilitis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Augusta E Miller, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Pingree (Disp)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 90427

Local Registrar's No. 13

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josie Ellen Coffey

(a) Residence. No. Pingree St.
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Caus | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 20 1937

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. c

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pingree

FATHER

13. NAME Joseph B Coffey

14. BIRTHPLACE (city or town) (State or country) Holt Ohio

MOTHER

15. MAIDEN NAME Nelly Andersen

16. BIRTHPLACE (city or town) (State or country) Richmond Utah

17. INFORMENT (Address) Joseph B Coffey Pingree Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Thomas Ranch Date Sept 18, 1937

19. UNDERTAKER (Address) E T Peck Blackfoot Ida

20. FILED Sept 19, 1937 H McMartin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937 to Sept 16, 1937

I last saw her alive on Sept 11, 1937: death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pertussis | Aug 15, 1937 |
| Broncho Pneumonia | Sept 10, 1937 |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) August E Miller, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bannock

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90428

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 163

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Doris Wo Juanita Green

(a) Residence. No. Blackfoot RFD #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | ✓ |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 15 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER

13. NAME Samuel Leroy Green

14. BIRTHPLACE (city or town) ✓ Logan
(State or country) Utah

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

17. INFORMENT Samuel Leroy Green
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fort Hall Cem Date Sept 24 1934

19. UNDERTAKER ✓ G T Funk
(Address) Blackfoot

20. FILED Sept 24, 1934 M. [illegible] E. Eatrie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1934, to 9-23, 1934

I last saw her alive on 9-22, 1934: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute uremia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) L. D. Humphreys, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90429

**PLACE OF DEATH**

County of Bingham
City of Shelley

Registration District No. 21
Primary Registration District No. 2194
Local Registrar's No. 167

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Leslie Peeler.

(a) Residence. No. 1 mile north of Shelley St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie Peeler.

6. DATE OF BIRTH (month, day, and year) Oct 15 1880

7. AGE: Years 53 | Months 11 | Days 3. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer & Contractor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lattimore South Carolina

MOTHER FATHER

13. NAME Leslie Foster Peeler.
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Nettie Peeler Idaho Falls Ida
18. BURIAL, CREMATION OR REMOVAL Place. Idaho Falls Date Sept. 1934
19. UNDERTAKER (Address) D. F. McHaw Idaho Falls Ida.
20. FILED Sept 21 1934 Mrs. Matilda Robie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 ....., 1934., to Sept 18 ....., 1934.
I last saw h[illegible] alive on Sept 17 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 9/17/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis & Hypertention | 1933 |

Name of operation None Date of .....
What test confirmed diagnosis? Physician as there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Swayne M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90430

**PLACE OF DEATH**
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 166

(No. .....)
(If death occurred in a hospital or institution, give the name instead of street and number.)

2. FULL NAME Harry Don Holland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7 1920

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 13 | 10 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley Idaho

FATHER
13. NAME J. Bert Holland
14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER
15. MAIDEN NAME Nellie Shaw
16. BIRTHPLACE (city or town) (State or country) Hyrum Utah

17. INFORMENT (Address) J. Bert Holland Shelley Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley Date Sept. 23 1934

19. UNDERTAKER (Address) Jack A. Woods Idaho Falls

20. FILED Sept 21, 1934 Mrs. Nellie E. Patrick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20th, 1934, to Sept. 20th, 1934
I last saw her alive on Sept. 21, 1934: death is said to have occurred on the date stated above, at 1:30a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis with Systolic regurgitation | ? |
| Other contributory causes of importance: | |
| Acute dilated heart | Short time |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) J. W. Wright, M. D.
(Address) Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90432

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 164

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ANGIE G KENDALL

(a) Residence. No. ... St. Bannock County
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---Elias R.Kendall

6. DATE OF BIRTH (month, day, and year)
[illegible] 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 54 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---
(State or country) Virginia

MOTHER/FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) do not know
(State or country)

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) ---
(State or country)

17. INFORMANT (Address) Records of State Hospital So Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. So. Date 9-26 1934

19. UNDERTAKER V. A. Clark
(Address) Blackfoot, Idaho

20. FILED Sept 26 1934 Walter A. Tabbie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-24-34

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th 1 ..., 193..., to Sept 24th 4 ..., 193...

I last saw her alive on Sept. 23 193..4 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| GENERAL PERITONITIS | Sept 22 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation none Date of.....

What test confirmed diagnosis? ... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Olus R. Lows, M. D.
(Address) Supt. State Hosp. So Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90433

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 162

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ANDREW RAMAGE

(a) Residence. No. ..... St. Midvale, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | SINGLE |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day and year) 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | - | - | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** --
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) -- (State or country) Scotland

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) -- (State or country) Scotland

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) -- (State or country) Scotland

17. INFORMANT Records of State Hospital So.
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. S. Date Sept 27 1934

19. UNDERTAKER Warren Clark
(Address) Blackfoot, Idaho

20. FILED Sept 27 1934 Mrs. Walter E. Talbot
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16th, 1934, to Sept. 22nd, 1934.
I last saw him alive on Sept. 22 1934.: death is said to have occurred on the date stated above, at 11 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILITY | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Clinical symptoms

23. If death was due to exter'l causes **(violence)** fill in also the following: --
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? --
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** --
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? -- If so, specify
(Signed) Chas. R. Lowe M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JCT

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90434

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 161

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

161

2. FULL NAME JOHN MOORE

(a) Residence. No. ..... St. Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | WIDOWER |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Feb. 8th, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 7 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Florence
(State or country) Missouri

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) ---
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Burrow

16. BIRTHPLACE (city or town) ---
(State or country)

17. INFORMANT Record, State Hospital South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place State Hosp. Cem. Date 9-19 193 4

19. UNDERTAKER Marion Clark
(Address) Blackfoot, Idaho

20. FILED Sept. 19 193 4 Wm. Wallace Labrie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 18 34

22. I HEREBY CERTIFY, That I attended deceased from August 27th 193 1, to Sept 18th 193 4

I last saw him alive on Sept 17th 193 4; death is said to have occurred on the date stated above, at 7:45 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILITY | August 27 1931 |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? --- Date of injury .., 193.

Where did injury occur? ---
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Chas. R. Lewis M. D.
Supt. State Hosp. South
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90435

**PLACE OF DEATH**
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 160

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME Margaret Marie Miller

(a) Residence. No. 649 S Shoshone St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Caucasian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 2 | 2 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER
13. NAME Sanford Warden Miller
14. BIRTHPLACE (city or town) Marion
(State or country) Utah

MOTHER
15. MAIDEN NAME Henrietta Solum
16. BIRTHPLACE (city or town) Provo
(State or country)

17. INFORMENT Sanford Miller
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lincoln City Cem. Date Sept 16 1934

19. UNDERTAKER E J Peck
(Address) Blackfoot Idaho

20. FILED Sept 15, 1934 Mary Walton Eastlick
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934, to Sept 14, 1934
I last saw her alive on Sept 14, 1934; death is said to have occurred on the date stated above, at 7:25 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Amebic Dysentery | 9-6-34 |
| Acidosis | |
| Tetany | |
| Other contributory causes of importance: | |

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) August E Miller, M. D.
(Address) —

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 21
Primary Registration District No. 3194
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 90436

Local Registrar's No. 159

2. FULL NAME JUDITH SMITH

(a) Residence. No. ... St. BOISE, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | WIDOWED |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ---1844

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 90 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---
(State or country) Missouri

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) do not know
(State or country) ---

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) ---
(State or country)

17. INFORMENT (Address) Records of State Hospital South Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place State Hospital Cem. Date Sept. 14, 1934

19. UNDERTAKER Wilson Clark
(Address) Blackfoot Idaho

20. FILED Sept. 14, 1934 Mrs Nolan E Lewis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931 to Sept. 14th, 1934
I last saw her alive on Sept. 13th, 1934: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILITY and EPILEPSY | |
| Other contributory causes of importance: | |
| Burns on buttock and left foot. | August 25th 1934 |

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ..., 193.
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify

(Signed) Chas. R. Lewis M. D.
(Address) Supt. State Hospital South Blackfoot, Idaho.

RECEIVED OCT 4 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 30437

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 158

(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

189

2. FULL NAME Glen Loren Wiltamuth

(a) Residence. No. Sterling, St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) April 27, 1911

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 23 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sterling, Idaho.

FATHER

13. NAME David Wiltamuth

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mable Myus

16. BIRTHPLACE (city or town) (State or country) Wapello, Iowa

17. INFORMANT (Address) Willard Hoover Wiltamuth Sterling Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date Sept. 15 1934.

19. UNDERTAKER (Address) E. T. Peck Blackfoot, Idaho

20. FILED ....., 193... Dept. of Public Welfare Mrs. Mattie E. Eaton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1934, to 9-13, 1934.
I last saw him alive on 9-13, 1934: death is said to have occurred on the date stated above, at 3:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lacerated liver caused by being trampled by horse, also | |
| Internal hemorrhage | 9-7-34 |
| Shock | |
| & Struggling against restraint. | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical findings Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-7, 1934
Where did injury occur? Blackfoot Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. Public Place Stampede
Manner of injury Struck from behind by animal
Nature of injury Lacerated liver

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify Not Resident

(Signed) H. O. Hodgen M. D.
(Address) Blackfoot Ida.

RECEIVED OCT 4 '34

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90438
State File No.....

## PLACE OF DEATH

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 156
(No. On Mrk Lexton St. Blackfoot.
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Lyle Lot Adams

(a) Residence. No. Riverside St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 19. 1917

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| I6 | II | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riverside Ida.

FATHER

13. NAME L.P.Adams

14. BIRTHPLACE (city or town) (State or country) Cach Co, Utah.

MOTHER

15. MAIDEN NAME Myra L.Daly

16. BIRTHPLACE (city or town) (State or country) Oaklay, Ida.

17. INFORMANT L P Adams
(Address) Blackfoot R # 2

18. BURIAL, CREMATION OR REMOVAL
Place Thomas Riverside Cem. Date 9/II/34 193..

19. UNDERTAKER C. H. Peek
(Address) Blackfoot, Ida.

20. FILED Sept 9, 1934 Mr. Walter E. Lee
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1934., to ....., 193....
I last saw h.. alive 9-8 1934. death is said to have occurred on the date stated above, at 6.45 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lyle ruptured bowels | |
| Chest + abdomen | 9-8-34 |
| From auto collision | |
| Car turning + rolling | |
| over him died | |
| instantly | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.. Auto collision
Nature of injury.. Crushed

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. D. Humphreys M. D.
(Address) Blackfoot Ida.

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90439

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT
Registration District No. 21
Primary Registration District No. 2194
Local Registrar's No. 155
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME OSCAR SALMINEN

(a) Residence. No. ..... St. VALLEY COUNTY, IDA
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~MALE~~
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): DIVORCED

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 1872

7. AGE: Years 62 | Months -- | Days -- | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---
(State or country) Finland

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) ---
(State or country) Do not know

MOTHER
15. MAIDEN NAME ---
16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place State Hosp. Cem. Date Sept 7- 1934
19. UNDERTAKER Marion Clark (Address) Blackfoot Ida
20. FILED Sept 7, 1934 M. Mc Kalvin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 6th 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, to Sept 6th, 1934
I last saw him alive on Sept 6th, 1934: death is said to have occurred on the date stated above, at 5:35 PM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| TUBERCULOSIS OF THE LUNGS | Jan 1934 |
| Other contributory causes of importance: | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify --

(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90440

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 154

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HANS PETERSON

(a) Residence. No. ... St. St Anthony, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | DIVORCED |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) May 10,1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Liverpool
(State or country) Denmark

FATHER

13. NAME Hans Peterson

14. BIRTHPLACE (city or town) --
(State or country) Denmark

MOTHER

15. MAIDEN NAME Rebecca Larson

16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMENT Records of State Hosp. South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place State Hosp Cem Date Sept 6, 1934

19. UNDERTAKER Harmon Casey & Co
(Address) Blackfoot Idaho

20. FILED Sept 6, 1934 Mrs Walter E Katzie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug Sept 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1934, to Sept. 5th, 1934

I last saw him alive on Sept. 5th, 1934; death is said to have occurred on the date stated above, at 6:05 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CARSINOMA OF STOMACH AND INTESTINES | at least 2 months |
| Other contributory causes of importance: | |

Name of operation None Date of ...
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ---

(Signed) Olive R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Ida.

RECEIVED OCT 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90441

**PLACE OF DEATH**

County of Fort Hall Reservation.
City of Fort Hall, Idaho.

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 153

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ofelia Humpy

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

113

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Bannock I/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Feb. 22, I933

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | I | 6 | I9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

FATHER

13. NAME Garcia Humpy

14. BIRTHPLACE (city or town) (State or country) Bruno, Idaho

MOTHER

15. MAIDEN NAME Viola Martin

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res

17. INFORMANT (Address) Garcia Humpy, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place Ross Fork Creek Date Sept. 4, 1934

19. UNDERTAKER Brown-Eldredge, (Address) Blackfoot, Idaho

20. FILED Sept. 25, 1934 Mrs. Matt E. Talbie, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. I 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2I, 1934, to Sept. I, 1934

I last saw her alive on Sept. I, 1934: death is said to have occurred on the date stated above, at 6: A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis, acute | 8/2I/34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Waldman, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall Reservation.

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90442

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 152

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

113

2. FULL NAME Orin Osborne

(a) Residence. No. Fort Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 7/8 | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): March 28, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Hall Res.

FATHER

13. NAME: James Osborne

14. BIRTHPLACE (city or town) (State or country): Lemhi, Idaho

MOTHER

15. MAIDEN NAME: Jessie Sequint

16. BIRTHPLACE (city or town) (State or country): Fort Hall, Rres.

17. INFORMANT (Address): Jessie Osborne, Fort Hall, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ — Place: Cedar Cem. Date: Aug. 23 1934

19. UNDERTAKER (Address): None

20. FILED Sept. 25, 1934 Mrs. Walter E. Patrie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1934, to Aug. 21, 1934

I last saw him alive on Aug. 21, 1934: death is said to have occurred on the date stated above, at 4:10A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis, acute | 8/2/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) E. J. Mittlemann, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall Reservation.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90443

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 151

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Molford Martin

(a) Residence. No. Fort Hall Reservation, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Sho.-Ban. 7/8 | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Apr. 2, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

FATHER

13. NAME Grant Martin

14. BIRTHPLACE (city or town) (State or country) Fort Hall Res

MOTHER

15. MAIDEN NAME Myrtle Calico

16. BIRTHPLACE (city or town) (State or country) Lemhi Idaho

17. INFORMANT (Address) Grant Martin, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Butte Cem. Date Aug. 21, 1934

19. UNDERTAKER (Address) Agency Carpenter Fort Hall, Idaho

20. FILED Sept. 25, 1934 Mrs. Walter E. Fabie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 8: A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| M Enteritis, acute | 8/14/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Mathiesen, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall Reservation

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2194*R

DO NOT WRITE IN THIS SPACE
90444
State File No.

Local Registrar's No. 150

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kencelia Bache

(a) Residence. No. Fort Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Shoshone 4/4 | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Feb. I6, I932

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 7 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Hall Res.

FATHER

13. NAME: William Bache

14. BIRTHPLACE (city or town) (State or country): Fort Hall Res.

MOTHER

15. MAIDEN NAME: Lizzie Tendahay

16. BIRTHPLACE (city or town) (State or country): Fort Hall Res.

17. INFORMANT (Address): William Bache, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL— Place Cedar Cem. Date Aug. I8, 1934

19. UNDERTAKER: Agency Carpenter

(Address): Fort Hall, Idaho

20. FILED Sept. 25, 1934 Wm. Walter E. Dubois
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. I6, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 3: P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis, acute | 8/I3/34 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Mathewson, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall Reservation .

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE
State File No. 90445

Local Registrar's No. 149

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marjorie Buck.

113

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Shoshone 4/4 | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year) July I2, I933

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | I | I | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fort Hall Res

FATHER

13. NAME: Zurich Buck

14. BIRTHPLACE (city or town) (State or country): Fort Hall Res

MOTHER

15. MAIDEN NAME: Maggie Calico

16. BIRTHPLACE (city or town) (State or country): Fort Hall Res

17. INFORMANT (Address): Zurich Buck, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Cem Date Aug. I8, 1934

19. UNDERTAKER: Agency Carpenter
(Address): Fort Hall, Idaho

20. FILED Sept. 25, 1934 — Walter E. Patrick, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. I5, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 8: P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis, acute | 8/8/34 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. E. Matheson, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall Reservation

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90446

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 148

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore Ingawanup.

(a) Residence. No. Fort Hall Reservation St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shos. & Ban. 7/8 | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year) July I, I934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Fort Hall Res

FATHER

13. NAME: Edmo LaClaire

14. BIRTHPLACE (city or town) (State or country): Fort Hall Res

MOTHER

15. MAIDEN NAME: Venus Ingawanup

16. BIRTHPLACE (city or town) (State or country): Fort Hall Res

17. INFORMANT (Address): Roy Ingawanup.

18. BURIAL, CREMATION, OR REMOVAL
Place Lincoln Cr. Cem., Date July 3I, 1934

19. UNDERTAKER (Address): Agency Carpenter
Fort Hall, Idaho

20. FILED Sept. 25, 1934 Mrs. Walter E. Vatsie. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29, I934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to July 29, 1934

I last saw him alive on July 29, 1934: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis,- acute | 7/24,34. |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. L. Eastman, M. D.

(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90447

County of Fort Hall Reservation
City of Fort Hall, Idaho
Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 147

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101

2. FULL NAME Avery Farmer

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) July 3, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank** etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

FATHER

13. NAME Ollie Farmer

14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER

15. MAIDEN NAME Minnie Snipe

16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res

17. INFORMANT (Address) Tom Penn, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ross Fork Cem. Date Jul. 21, 1934

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED Sept. 25, 1934 Wm. Walton Eakin
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia- lobar | 7/15/34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following.

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Mittelsmann, M. D.

(Address) Fort Hall, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90448

**PLACE OF DEATH**

County of Fort Hall Reservation
City of .....
Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 146
(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Anderson,

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hahre Anderson

6. DATE OF BIRTH (month, day and year) I868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | ( No record) | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Own farm
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) " (State or Country) "

14. Informant Willie Edmo
(Address) Fort Hall, Idaho

15. Filed Sept. 25, 1934, 19.... Mrs. Walter C. Veale
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 20, 1934
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 19.... to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 3: A.M. m.
The CAUSE OF DEATH* was as follows:

Acute Dilitation of heart, 6/I0/34

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) E. L. Millsman, M. D.
....., 19.... (Address) Fort Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Cedar Cemetery | July 24, 19I93 |

| 20. Undertaker | Address |
|---|---|
| B.B.Downard, | Pocatello, Idaho |

Fort Hall Agency

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 9C445

**PLACE OF DEATH**

# CERTIFICATE OF DEATH

County of Fort Hall Reservation.
City of .....
Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 145
(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Goldie Willett

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Shoshone 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day and year) I2- II- I927

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 6 | 7 | 7 | ..... hrs. or ..... min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work - - - - -
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer - - - -

9. BIRTHPLACE (city or town) Fort Hall Reservation
(State or country)

PARENTS

10. NAME OF FATHER Frank Willett
11. BIRTHPLACE OF FATHER (city or town) Fort Hall Reservation
(State or Country)
12. MAIDEN NAME OF MOTHER Ivy Dover
13. BIRTHPLACE OF MOTHER (city or town) Not Known
(State or Country)

14. Informant Eva Willett Nebbi.
(Address) Fort Hall, Idaho

15. Filed Sept. 25, 1934 Mrs. Walter E. Patrick
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July I8, I934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to July I4, 1934
that I last saw her alive on July I4, 1934
and that death occurred, on the date stated above, at I: P. m.
The CAUSE OF DEATH* was as follows:

Acute Diffuse Nephritis 6/30/34

..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) E. J. Middleman, M. D.
....., 19.... (Address) Fort Hall Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Presbyterian Mission Mission Cemeter | July I9, 1934 |
| 20. Undertaker | Address |
| B.B. Downard | Pocatello, Idaho. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90450

**PLACE OF DEATH**

County of Boise
City of Garden Valley

Registration District No.....
Primary Registration District No..... Local Registrar's No.....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Lewis Steward

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | M |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Steward

6. DATE OF BIRTH (month, day, and year) Oct. ~~30~~ 31 1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 ~~66~~ | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Danville, Illinois
(State or country)

FATHER

13. NAME Robert Steward

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT H. W. Steward
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 10/13, 1934

19. UNDERTAKER C. D. Buckmann
(Address)

20. FILED 10/11, 1934 Mrs. E. S. Robison
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.. Oct 10 1934
Where did injury occur? Garden Valley, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Hunting
Manner of injury. Gunshot Wound
Nature of injury. ~~Under left arm~~ Thru right arm

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify .....
(Signed) J. E. S. Hanahan Cor. ~~M. D.~~
(Address) Idaho City

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Corrected Copy

DO NOT WRITE IN THIS SPACE

State File No.....

**PLACE OF DEATH**

County of Boise

City of Garden Valley

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Lewis Steward

(a) Residence. No..... St. Emmett, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Steward

6. DATE OF BIRTH (month, day, and year) October 31, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)... Danville Ill
(State or country)

FATHER

13. NAME Robert Steward

14. BIRTHPLACE (city or town)... Not known
(State or country)

MOTHER

15. MAIDEN NAME Eliza C. Henderson

16. BIRTHPLACE (city or town)... Not known
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place..... Date....., 193..

19. UNDERTAKER C. D. Buckmum
(Address) Emmett Idaho

20. FILED Oct. 14, 193[illegible] Mrs. E. S. Robison
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury... 1934

Where did injury occur?.. Near Garden Valley, Boise Co. Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**..... Hunting

Manner of injury Gunshot Wound (accidental)

Nature of injury Thru Right Arm and Chest

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. E. Shanahan Coroner, Boise County

(Address) Idaho City

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Horseshoe Bend

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90451

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Adam Myers.

(a) Residence. No. St. 19th.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced: ~~HUSBAND of~~ (or) ~~WIFE of~~ Husband of Mollie C Myers.

6. DATE OF BIRTH (month, day, and year): Sept 18 - 1851

7. AGE: Years 83 | Months 0 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Merchant
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hamilton Co. Ohio

MOTHER FATHER

13. NAME: Adam Myers
14. BIRTHPLACE (city or town) (State or country): Hamilton Co. Ohio.
15. MAIDEN NAME: Lydia Nelson
16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT (Address): Mrs. J. A. Myers.

18. BURIAL, CREMATION OR REMOVAL: Kohlerlawn
Place: Nampa Date: 9/24, 1934

19. UNDERTAKER (Address): Chas. D. Bagley, Nampa Idaho

20. FILED 9/25, 1934 Jas. E. Robson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 193x., to Sept. 22, 193.4.
I last saw him alive on Aug. 1, 1934: death is said to have occurred on the date stated above, at 7:25 P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Penis | |
| Exhaustion | |

Other **contributory causes** of importance:

Name of operation Removal of Organ Date of Feb 1-1932
What test confirmed diagnosis? Lab ~~Was there an autopsy?~~

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Summers M. D.
(Address) Boise Idaho

RECEIVED OCT 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 90452

# CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Nordman
(or) Town of Priest River

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 10
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maurice B. Mechling
(a) Residence. No. 1014 E Dalton St. Spokane Wash.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. Less than 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Geneva V. Mechling

6. DATE OF BIRTH (month, day and year) May 5, 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 26 | 3 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Expert Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Geraldine Montana

PARENTS

10. NAME OF FATHER Arthur N. Mechling
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Minnie M. Funk
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant Mrs Geneva V. Mechling
(Address) 1014 E Dalton, Spokane Wn

15. Filed Sept 6, 1934 Bert L. Ross Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 2nd (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 2:35 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
(a) Accidental Drowning

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? What test confirmed diagnosis? Drowning Corroborative

(Signed) E E Cleary, M. D.
9-4, 1934 (Address) Sandpoint Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Spokane Wash | Sept 8 1934 |

20. Undertaker C. L. Moon Address Priest River Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90453

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 14-2
Local Registrar's No. 119
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Edwards

(a) Residence. No. 108 — 13th St. 161 a
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 17, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 2 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Ida.

FATHER
13. NAME John Hayes Edwards
14. BIRTHPLACE (city or town) (State or country) Essex, Utah

MOTHER
15. MAIDEN NAME Hazel Nozene Gamble
16. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida.

17. INFORMENT (Address) John Hayes Edwards Idaho Falls
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Sept 20 1934
19. UNDERTAKER Jack G. Woolf (Address) Idaho Falls
20. FILED 9/20, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934, to Sept 19, 1934
I last saw her alive on Sept 19, 1934: death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (8 mo. gestation) | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90454

Local Registrar's No. 178

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Odeen Landon

(a) Residence. No. R.F.D. #7 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Sngl
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day and year):
7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or 20 min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida

PARENTS
10. NAME OF FATHER: Charles A Landon
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Portage Wisc
12. MAIDEN NAME OF MOTHER: Gladys E. Sessions
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Oshkosh Wis

14. Informant: Charles A Landon
(Address) Idaho Falls Idaho

15. Filed Oct 19, 1934 Jay Grunnaid Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept 18 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934, to Sept 18, 1934, that I last saw h— alive on Sept 16, 1934, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:
Prematue of 7 Mo. Gestation
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Caused by a fall by mother
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) E. G. Roberts, M. D.
Sept 18, 1934 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Goshen, Ida. | Sept. 18 1934 |
| 20. Undertaker: Jack A. Wood | Address: Idaho Falls |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2 1 4 0

DO NOT WRITE IN THIS SPACE
State File No. 90456
Local Registrar's No. 192

(No. ) 131
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adeline Goal Casper.

(a) Residence. No. St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married. |

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wallace Heber Casper.

6. DATE OF BIRTH (month, day, and year) Oct. 20, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 11 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER

13. NAME George A. Burgon.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Adeline Riggs.

16. BIRTHPLACE (city or town) (State or country) Tooele, Utah.

17. INFORMENT (Address) W. F. Casper. Rigby, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rigby, Idaho. Date Sept 27, 1934

19. UNDERTAKER (Address) A. B. Eckersell Rigby, Idaho.

20. FILED Oct 2, 1934 Wm Jensen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1934, to Sept 24, 1934
I last saw her alive on Sept 24, 1934 death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cyclitis | |
| Cardiac Fibrosis | |
| Other contributory causes of importance: ✓ | |

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. L. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90457

**PLACE OF DEATH**

County of Bonneville.

City of Idaho Falls.

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 191

(No. L.D.S. Hospital.)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Henry Earl Hutton. 113

(a) Residence. No. Iona & Bannock. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| no | 7 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho.

FATHER

13. NAME Ele Hutton.

14. BIRTHPLACE (city or town) (State or country) Cedar City Mo.

MOTHER

15. MAIDEN NAME Hulda Louise Anderson

16. BIRTHPLACE (city or town) (State or country) Montour Colo.

17. INFORMANT (Address) Ele Hutton Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls. Date 9-29 1934

19. UNDERTAKER (Address) W. F. McFarland Idaho Falls Ida.

20. FILED Oct. 1, 1934. (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1934 to Sept 27, 1934.

I last saw him alive on Sept 27 1934; death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro Enteritis | Sept 15 |
| Bronchitis | Sept 26 |

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. F. Hess, M. D.

(Address) Idaho Falls

GENERAL JOT [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90458

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 190

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Herriott Wedge.

(a) Residence. No. 625 Lee Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91 4

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white. | widowed. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of D. O. Wedge.

6. DATE OF BIRTH (month, day, and year) Jan 17 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 84 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fulton Co.
(State or country) Illinois

MOTHER / FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Jessie Snyder.
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls. Date Sept 28 1934

19. UNDERTAKER F. F. McKay.
(Address) Idaho Falls Ida

20. FILED Sept 27, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. One Sept 25th, 1934.
I last saw her alive on Sept 25th, 1934: death is said to have occurred on the date stated above, at 1130 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteria sclerosis | |
| 1st Cerebral Hemmhage | 3 yrs ago |
| Second " " | Sept 25th 34 |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation deceased? ..... If so, specify .....

(Signed) Andrew M. Cauley M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90459

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 149

(No. 5 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. D. M. Jones

(a) Residence. No. P O St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dave Jones.
6. DATE OF BIRTH (month, day, and year): August 30 1861
7. AGE — Years: 73 Months: 0 Days: 26. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brigham City Utah.

MOTHER FATHER
13. NAME: Rees Thomas.
14. BIRTHPLACE (city or town) (State or country): Wales.

MOTHER
15. MAIDEN NAME: Mary Ellen.
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): Mrs J W Buckendorf Idaho Falls Ida.
18. BURIAL, CREMATION OR REMOVAL: Removal
Place. Malad Ida. Date 9-30 1934
19. UNDERTAKER (Address): V. F. Hart Idaho Falls Ida.
20. FILED Sept 29., 193.4. C. Jensen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-26 1934
22. I HEREBY CERTIFY, That I attended deceased from 9-26..., 1934., to 9-26....., 1934.
I last saw h alive on 9-26..., 1934.; death is said to have occurred on the date stated above, at 8.35P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1929 |
| Senility | 9/23/34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | 1929 |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) H. B. Jensen M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90460

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 4 0
Local Registrar's No. 1 4 6

(No. L D S Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marlene Biorn

(a) Residence. No. Rt #1 Idaho Falls St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
6. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 14 1934
7. AGE: Years — Months 7 Days 13 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashton Idaho

MOTHER FATHER
13. NAME Lawrence Paul Biorn
14. BIRTHPLACE (city or town) (State or country) Ashton
15. MAIDEN NAME Anna May Call
16. BIRTHPLACE (city or town) (State or country) Chesterfield Ida

17. INFORMANT (Address) father R. R. Biorn
18. BURIAL, CREMATION OR REMOVAL Place Ashton Idaho Date Sept 29, 1934
19. UNDERTAKER (Address) none
20. FILED Sept 29, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to Sept 27, 1934.
I last saw he alive on Sept 27 1934; death is said to have occurred on the date stated above, at 9.40 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| uremia acute | |
| suppression of urine | Sept 25 |
| | |
| | |
| Other **contributory causes** of importance: | |
| gastro enteritis | Sept 10 |
| Anemia | Birth |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **Industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) [signature], M. D.
(Address) Idaho Falls

RECEIVED OCT 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH — CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90461

County of Bonneville
City of Idaho Falls.

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 1 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Raymond Holm. 88a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): October
7. AGE: Years: 17; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: High School.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls. Idaho.

MOTHER/FATHER
13. NAME: Ivar Holm.
14. BIRTHPLACE (city or town) (State or country): Sweden.
15. MAIDEN NAME: Ida Fredrickson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Ivar Holm. Idaho Falls.
18. BURIAL, CREMATION OR REMOVAL. Place: Idaho Falls Date: 9/25 193 4
19. UNDERTAKER (Address): V. F. Nay. Idaho Falls. Ida.
20. FILED Sept. 26, 193 4 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-22 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 11 ..., 193 4, to Sept 22 ..., 193 4.
I last saw h[illegible] on Sept 22, 193 4.: death is said to have occurred on the date stated above, at 5.15 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic endocarditis and | |
| myocarditis with cardiac | |
| decompensation. | 1 year |
| | |
| Other **contributory causes** of importance: | |
| Rheumatic Fever | 1 year. |

Name of operation None (Clinical) Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation deceased? No If so, specify .....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90462
State File No.....

Registration District No. 23

Primary Registration District No. 2 1 V-9 Local Registrar's No. 146

(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Fisher

(a) Residence. No. 430 So Capitol St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 26 1862

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 71 | 9 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Stone
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: mason
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essen Germany

FATHER

13. NAME John Fisher

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Stratmankerper

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Francis Wagner Chicago Ill.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls. Date 9-25 1934

19. UNDERTAKER (Address) V. F. McGrath Idaho Falls Ida

20. FILED Sept 26, 1934 (Signature) Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Sept 21, 1934
I last saw h alive on Sept 21, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture right humerus | 6 days. |
| Bronchopneumonia | 5 days. |
| | |
| | |
| | |

Other **contributory causes** of importance:
Senility

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 15 1934
Where did injury occur? at home Ida Falls Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. home
Manner of injury Fell from bed fracturing humerus.
Nature of injury Fracture of right humerus

24. Was disease or injury in any way related to occupation of deceased?... No. If so, specify.....
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls, Ida

RECEIVED OCT 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90463

**PLACE OF DEATH**

County of Bonneville.
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 212-0
Local Registrar's No. 141-

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie B Peerman.

(a) Residence. No. 396 Cleveland St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew J. Peerman.

6. DATE OF BIRTH (month, day, and year) Nov 21 1869.

7. AGE: Years 64 | Months 10 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Vernon Indiana.

MOTHER FATHER

13. NAME James Coburn.
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Andrew J Peerman Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 9-26-1934

19. UNDERTAKER (Address) F. M. Parr Idaho Falls Idaho

20. FILED Sept 26 1934 J. C. Greenwood Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/24/34 ..., 193..., to 9/24/34 ..., 193...
I last saw h~~e alive on~~ ~~died~~ ..., 193...: death is said to have occurred on the date stated above, at 12 M. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 9/24/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? ~~Physician~~ Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. B. Jewett M. D.
(Address) Idaho Falls Ida

RECEIVED OCT 10

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90464

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 144
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Henry Hole

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Gretta Hole
6. DATE OF BIRTH (month, day, and year): June 21 1887
7. AGE: Years 47 | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Taxi Driver
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Yellow Cab.
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Indiania

FATHER
13. NAME: John Henry Hole
14. BIRTHPLACE (city or town) (State or country): Indiania

MOTHER
15. MAIDEN NAME: Hannah DeLong
16. BIRTHPLACE (city or town) (State or country): Indiania

17. INFORMANT (Address): Mrs. Gretta Hole, Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Sept 26 1934

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls

20. FILED 9/26, 1934 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1934, to Sept 23, 1934.
I last saw ~~died~~ alive on Sept 23 1934.: death is said to have occurred on the date stated above, at 5:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of Coronary | Sept 23 |
| Other **contributory causes** of importance: | |
| Abscess of Left leg Incision | Sept 6-23 |

Name of operation Incision Date of Sept 11
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ....
(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90465

## PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2150
Local Registrar's No. 173

(No. 19 ...) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Loy Richards

(a) Residence No. St. Anthony Idaho St. 112
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 5-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| X | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

MOTHER FATHER

13. NAME James Elva Richards

14. BIRTHPLACE (city or town) Driggs
(State or country) Idaho

MOTHER

15. MAIDEN NAME Viga Severe

16. BIRTHPLACE (city or town) Oakley Idaho
(State or country)

17. INFORMANT James E. Richards
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parke Idaho Date 9/18, 1934

19. UNDERTAKER W. M. Hunsen
(Address) St. Anthony Idaho

20. FILED Sept 21, 1934 Jno. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934 to Sept 16, 1934
I last saw h[illegible] alive on Sept 16, 1934: death is said to have occurred on the date stated above, at 11:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Intoxication | 8 days. |

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 21V-0

DO NOT WRITE IN THIS SPACE

State File No. 90466

Local Registrar's No. 1 of 2

113

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Grace Tawashaw

(a) Residence. No. Shoshone St. Fort Hall
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Indian | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baker

6. DATE OF BIRTH (month, day, and year) about March 2 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Fred Tawashaw

14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall, Ida. Date 9-2-, 1934

19. UNDERTAKER None
(Address)

20. FILED Sept. 24, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1934, to 9-2-, 1934

I last saw her alive on 9-2, 1934; death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | 8 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Catarrhal Enteritis | 8 |
| & Colitis | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical or autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Carter, M. D.

(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90467

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2470
Local Registrar's No. 144

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Beverly

(a) Residence. No. 175 - 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Beverly

6. DATE OF BIRTH (month, day, and year) May 3 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | 4 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sheffield
(State or country) England

FATHER

13. NAME John Beverly

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT Mrs. Wilford Croft
(Address) Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Sept 23 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls.

20. FILED Sept 22, 1934 (Signature)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Sept 21, 1934

I last saw him alive on Sept 21, 1934; death is said to have occurred on the date stated above, at 5:12 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | Do not Know |
| Hypertrophy Prostate | ? |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Church, M. D.

(Address) Idaho Falls Idaho

RECEIVED OCT 10 [illegible] OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90468

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 7 0
Local Registrar's No. 140

(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Williams.

(a) Residence. No. St. Lewisville, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Hulda Williams.

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 9 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Horseman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Manager of Horses.

10. Date deceased last worked at this occupation (month and year) 9/17/34

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER

13. NAME Hugh Williams.

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Ruth Reese.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Burdis W. Taylor Lewisville, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewisville, Ida. Date 9/21, 1934

19. UNDERTAKER (Address) [illegible] Rigby, Idaho.

20. FILED Sept 21, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9, 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934, to Sept 18, 1934
I last saw h[illegible] alive on Sept 18, 1934; death is said to have occurred on the date stated above, at 5-15 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock + Hemorrhage following removal of prostate gland and stone in bladder | |
| Other contributory causes of importance: Obesity | |

Name of operation Cystotomy. Date of 9/18/34
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Ray Hatch M.D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90469

Registration District No. 23

Primary Registration District No. 2310 Local Registrar's No. 177

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Mestad

(a) Residence. No. 60 Eastern Ave. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 16 1859

7. AGE: Years 75 | Months 5 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Rancher

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Norway.

FATHER

13. NAME: Marcus Mestad.

14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER

15. MAIDEN NAME: Christie Sime

16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT (Address): E. M. Mestad

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Date 9-18 1934

19. UNDERTAKER (Address): V. F. McFarland Idaho Falls Ida.

20. FILED Sept. 18, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h.. alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| Acute Dilatation | |
| Partial Coronoma | |
| | |

Other **contributory causes** of importance:

No medical attendance.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. at home

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Fred Foster Coroner, M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90470

County of Bonneville
City of Idaho Falls, Registration District No. 73
Primary Registration District No. 2110 Local Registrar's No. 176

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmo Franklin Jacobs,

(a) Residence. No. 216 - 15th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Euphmia Harris Jacobs

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 36 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retail Grocery Store
10. Date deceased last worked at this occupation (month and year) August, 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lehi, Utah

FATHER

13. NAME Frank Jacobs,
14. BIRTHPLACE (city or town) (State or country) Lehi, Utah.

MOTHER

15. MAIDEN NAME Sarah Wing.
16. BIRTHPLACE (city or town) (State or country) Heber City Utah.

17. INFORMENT (Address) Mrs. Elmo F. Jacobs. Idaho Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Ida. Date Sept. 15 1934

19. UNDERTAKER Jack A. Wood, (Address) Idaho Falls, Idaho.

20. FILED Sept 17, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1934 to Sept. 11, 1934
I last saw him alive on Sept. 11, 1934 death is said to have occurred on the date stated above, at 9:45 m. P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | Aug. 27/34 |
| Other contributory causes of importance: Chronic Nephritis | Indef. |
| Pneumococcic Septicemia | week |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) J. A. Mellor, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90471

County of Bonneville
City of Idaho Falls.

Registration District No. 23
Primary Registration District No. 21-0 Local Registrar's No. 173
(No. Bergner Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Almeda Stewart

(a) Residence. No. 371- Hill. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Stewart.
6. DATE OF BIRTH (month, day, and year): Jan 14 1872.
7. AGE — Years: 62 | Months: 7 | Days: 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Weston. Idaho.

FATHER
13. NAME: John E Wages.
14. BIRTHPLACE (city or town) (State or country): Tolay Arm Wales.

MOTHER
15. MAIDEN NAME: Elizabeth Rees.
16. BIRTHPLACE (city or town) (State or country): South Carolina.

17. INFORMANT (Address): P. A. Stewart Idaho Falls Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls. Date: 9-13 1934.
19. UNDERTAKER (Address): T. F. McHaus Idaho Falls, Ida.
20. FILED: Sept 12, 1934. (Signature) Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-9. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934, to Sept 9, 1934.
I last saw h[illegible] alive on Sept 9, 1934.; death is said to have occurred on the date stated above, at 3:45 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Ulcerative Tuberculosis. | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Pleurisy with effusion. | |
| | |
| | |

Name of operation: Paracentesis of Thorax (Clinical Test) Date of: Sept 8
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W. R. Abbott M. D.
(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90472

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 17

(No. L. D. S. Hospital, Idaho Falls
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels M. Johnson

(a) Residence. No. Blackfoot, Ida. St. Rout #1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda Johnson

6. DATE OF BIRTH (month, day, and year) October 29. 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ray Johnson
(Address) Box 695 Blackfoot Ida

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Idaho Date Sept. 13 193 4

19. UNDERTAKER E. J. Peck
(Address) Blackfoot Idaho

20. FILED 9/11, 193 4 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 10 193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Sept 10, 1934

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12: Midnight

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicaemia | |
| Other contributory causes of importance: Frontal sinus Empyema | May 1934 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. Ray Hatch, M. D.

(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90473

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls.

Registration District No. 23
Primary Registration District No. 2170 Local Registrar's No. 171
(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eddie Thompson. 90

(a) Residence. No. George apt. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred / yrs. ✓ ✓ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5 1864

7. AGE — Years: 70 | Months: 4 | Days: 3. | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mgr.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Night Club,

10. Date deceased last worked at this occupation (mo. and yr.): Aug 1933 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Otto Johns Idaho Falls Ida.

18. BURIAL, CREMATION, or REMOVAL
Place: Idaho Falls Date: 9-11., 1934

19. UNDERTAKER (Address): V. F. McCann Idaho Falls Ida.

20. FILED 9/11, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3., 193.. to Sept 8., 193.4.
I last saw him alive on Sept 8., 193.4. death is said to have occurred on the date stated above, at 5:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Aneurysm | 1933 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [illegible], M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 [illegible]

**PLACE OF DEATH**

County of Bonn.

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90474
State File No.....

Registration District No. 23

Primary Registration District No. 2470 · Local Registrar's No. 170

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Thomas

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 1 1862

7. AGE — Years: 72 — Months: 8 — Days: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Heber City, Utah

MOTHER / FATHER

13. NAME: Charles Thomas
14. BIRTHPLACE (city or town) (State or country): Wales
15. MAIDEN NAME: Emaline Sessions
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Will Thomas
(Address): Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL: Burial
Place Ida. Falls Date 9-4..., 1934

19. UNDERTAKER: D. J. McFarland
(Address): Ida. Falls

20. FILED 9/11..., 193.4 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27..., 1934, to Aug. 31..., 1934.
I last saw h[illegible] alive on Aug. 31..., 1934; death is said to have occurred on the date stated above, at 4.9..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetic Hemorrhage | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardio-Renal | |
| Enlarged Prostate | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) ..... M. D.
(Address) Ida. Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90475

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 78 / 45

(No. 704 - Marshall)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee L. Partner

(a) Residence. No. 1601 W Gordon Ave St. Spokane Wash.
(Usual place of abode)
Length of residence in city or town where death occurred 3 weeks (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary Partner
6. DATE OF BIRTH (month, day, and year): July 27, 1879
7. AGE — Years: 55 Months: 2 Days: 3 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Real Estate Agent
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Office
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dallas County Iowa

FATHER
13. NAME: Jacob M. Partner
14. BIRTHPLACE (city or town) (State or country): Juliettta Co., Pa.

MOTHER
15. MAIDEN NAME: Fanny Karber
16. BIRTHPLACE (city or town) (State or country): Jay Co., Ind.

17. INFORMANT (Address): Mrs. Fred Miller Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wn. Date Oct 2, 1934

19. UNDERTAKER (Address): G. Mooney Sandpoint Ida.

20. FILED Oct 1, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1934, to Sept. 28, 1934.
I last saw him alive on Sept. 28, 1934; death is said to have occurred on the date stated above, at 6.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Colon | June 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. O. Erwin M.D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90476

Registration District No. 76

Primary Registration District No. 2155

Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary Parks

(a) Residence. No. Route 1 Sandpoint St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. ~~Single, Married~~, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas on Parks

6. DATE OF BIRTH (month, day, and year): Nov 22 1849

7. AGE — Years: 84 | Months: 9 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): Sept 1934

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Beverly Ohio

FATHER

13. NAME: Francis Wright

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Eliza Rodgers

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Mrs Paul Neal Rt 1 Sandpoint

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place: Philipsburg Mont Date: Sept 30, 1934

19. UNDERTAKER (Address): Tunnell Co Sandpoint Ida

20. FILED Sept 30, 1934 ... Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 30 1934

22. I HEREBY CERTIFY, That I attended deceased from April ....., 1934, to Sept 30, 1934.
I last saw her alive on Sept 30 1934: death is said to have occurred on the date stated above, at 10.45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cystitis | |
| Pyelitis | |
| Chronic Myocarditis | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Floyd E. Wendle, M. D.

(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Kootenai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90477

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 76

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorn Brady Stevens

(a) Residence. No. Kootenai, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 9, 1928

7. AGE — Years: 5 — Months: 10 — Days: 11 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jerseyville Utah

MOTHER FATHER

13. NAME: Warren Abram Stevens

14. BIRTHPLACE (city or town) (State or country): Fairview, Utah

15. MAIDEN NAME: Johannah Syndergaard

16. BIRTHPLACE (city or town) (State or country): Mount Pleasant Utah

17. INFORMANT (Address): Mrs. N. A. Stevens Kootenai, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Pinecrest Cem. Sandpoint Ida. Date: Sept 30 1934

19. UNDERTAKER (Address): L. G. Mofson Sandpoint, Ida.

20. FILED Sept 30 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934, to Sept. 26, 1934.

I last saw him alive on Sept 20, 1934: death is said to have occurred on the date stated above, at 8 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis | Aug. 5. 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... Wm. F. Tyler ..... M. D.

(Address) ..... Sandpoint ..... Idaho

FORM V. S. No. 5-25 M. 1-19

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 78
Primary Registration District No. 2155
File No. 90478
Registered No. 75

1. PLACE OF DEATH
County of Bonner
City of Careywood
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Walter Richard Mark Lovel
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: April (Month) 13 (Day) 1858 (Year)

7. AGE: 76 Yrs. 5 Mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Vermont

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. Cecil Lovel
(Address) Careywood, Idaho

15. Filed Sept 25 1934 Viola Allen
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

AD

16. DATE OF DEATH: September (Month) 24 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Sept 24 1934
that I last saw h.im. alive on Sept. 22 1934
and that death occurred on the date stated above, at 11 P M.
The CAUSE OF DEATH* was as follows:
Mitral insufficiency,
Chronic
Many years
(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. G. Stackhouse M. D.
9/25 1934 (Address) Sandpoint, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Smith & Co Undertakers Spokane Wash
DATE OF ~~BURIAL~~ removal: Sept. 25 1934

20. UNDERTAKER
ADDRESS: Spokane, Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Laclede

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90480

Registration District No. 76

Primary Registration District No. 2155

Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Blair Mercer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Laclede (State or country) Idaho

MOTHER FATHER

13. NAME Cyril Sylvester Mercer

14. BIRTHPLACE (city or town) Mazomville (State or country) Wis.

15. MAIDEN NAME Ina May King

16. BIRTHPLACE (city or town) Winchester (State or country) Idaho

17. INFORMANT Mrs. Ina Mercer (Address) Laclede, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sawyer, Idaho Date Sept 9, 1934

19. UNDERTAKER L. N. Moon (Address) Sandpoint, Idaho

20. FILED Sept. 5, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30., 1934., to Sept. 7., 1934.
I last saw him alive on Sept. 5., 1934.; death is said to have occurred on the date stated above, at 5:02 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Whooping cough | Aug 30, 1934 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Floyd G. Wenzel M. D.

(Address) Sandpoint, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90481

**PLACE OF DEATH**
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 72
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John Christianson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 27 yrs. mos. ds. How long in U. S. if of foreign birth? 33 yrs mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or ~~Divorced~~ (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lariona Christianson

6. DATE OF BIRTH (month, day and year) July 10, 1881

7. AGE

| Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|
| 53 | 1 | 21 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Sawmill Worker
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10. NAME OF FATHER Christian Erlander
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Mrs. Ly Christianson Sandpoint Idaho.

15. Filed Sept 4, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 1 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June – 1932 to Sept – 1 1934
that I last saw him alive on Aug – 31 – 1934
and that death occurred, on the date stated above, at 2 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Malignant Cancer of Liver
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Clinical
(Signed) Floyd Gillespie, M. D.
Sept – 4 1934 (Address) Sandpoint Ida

19. Place of Burial, Cremation, or Removal: Lakeview Cemetery — Date of Burial: Sept. 3, 1934
20. Undertaker: L. D. Mason — Address: Sandpoint Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 90482

Registration District No. 59

Primary Registration District No. 2109

Local Registrar's No. 16

1. PLACE OF DEATH

County of Butte

City of Arco, Ida

If death occurs away from usual residence, give facts called for under special information.

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Christina J. Hughes

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Jan 20 1874 (Month) (Day) (Year)

7. AGE: 60 Yrs. 7 Mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ogden, Utah

10. NAME OF Father: James Lindsay

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Eliz. Burt

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J Hughes
(Address) Arco Idaho

15. Filed Sept. 2nd 1934 M. G. Dietrich Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept 1 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...,
that I last saw h... alive on ..... 19...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Had no doctor.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. G. Dietrich (Registrar) M. D.

Sept 2 1934 (Address) Arco

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL, OR REMOVAL: Arco, Ida. DATE OF BURIAL: Sept 3 1934

20. UNDERTAKER: L Ellingson ADDRESS: Arco

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90483
State File No.

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 192

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Fredericka Bischoff.

(a) Residence. No. Caldwell Ida, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 27th 1860

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 8 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wernsberg Germany.

FATHER

13. NAME Fred. Speet.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louise Shetts

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs. L. Stertz Parma R. 2

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill. Date 9-29 1934

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho.

20. FILED 9-29-1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1934, to Sept 25, 1934.
I last saw h[illegible] alive on Sept 25, 1934: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Carcinoma Stomach with very Metastases to liver

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) S. R. Miller, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90484

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 93

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Viola May Ragsdale

Residence. No. 507 - 11th St.
(Usual place of abode) St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 11 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER

13. NAME Howard Ragsdale

14. BIRTHPLACE (city or town) (State or country) Halfway Mo

MOTHER

15. MAIDEN NAME Anna Lamarr

16. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

17. INFORMANT (Address) Robert Landauer Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date Oct. 9 1934

19. UNDERTAKER (Address) C. V. Teekhamm Caldwell Ida

20. FILED 10-8-34 1934 M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/25/34, 193..., to 10/7/34, 193...
I last saw h[illegible] alive on 10/7..., 193.4: death is said to have occurred on the date stated above, at 3 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infantile Paralysis | 9/25/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) A. A. Newkerk M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90485

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 108

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159 N

2. FULL NAME Anna Rose Kent

(a) Residence. No. Boise Ada St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | W | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-10-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 10 min. |
|---|---|---|---|---|
| | — | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Ada
(State or country)

FATHER

13. NAME M. R. Kent

14. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER

15. MAIDEN NAME Dolores V. Hill

16. BIRTHPLACE (city or town) Boise Ida
(State or country)

17. INFORMANT M. R. Kent
(Address) Nampa Ada

18. BURIAL, CREMATION OR REMOVAL
Nampa Ida Date 7/11, 193..

19. UNDERTAKER F. K. Robison
(Address) Nampa Ida

20. FILED Oct 8, 1934 Lydia V. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-10-, 1934, to 7-10-, 1934

I last saw him alive on 7-10-, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation — Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Samuel A. Swayne M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 90487

Local Registrar's No. 101

159

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Roy Whitting

(a) Residence. No. Caldwell R#1. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: no

6. DATE OF BIRTH (month, day, and year): Sept. 2, 1934

7. AGE: Years — Months — Days 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Caldwell, R#1. Ida

FATHER

13. NAME: Ray Laurence Whitting

14. BIRTHPLACE (city or town) (State or country): Butte, Neb.

MOTHER

15. MAIDEN NAME: Velma Opal Biggs

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Roy Whitting R#1

18. BURIAL, CREMATION, OR REMOVAL Place: Caldwell Date: Sept 23 1934

19. UNDERTAKER (Address): V. Peckham Caldwell Ida.

20. FILED 9-24-34 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1934, to Sept 22, 1934.

I last saw him alive on Sept 21, 1934; death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Pneumonia | |
| Heart | |

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) C. R. Whittenberger D. M. D.

(Address) Caldwell, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of near Melba

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2006

DO NOT WRITE IN THIS SPACE

State File No. 90488

Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Comstock

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. If single, Married, Widowed, or divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/23/48

7. AGE — Years: 85 — Months: 9 — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER'S MAIDEN NAME

13. NAME McClung

14. BIRTHPLACE (city or town) (State or country) do not know

15. MAIDEN NAME Towns

16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMANT (Address) Paul Comstock Melba, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Melba, Idaho Date 9/15/34 193..

19. UNDERTAKER (Address) F.K.Robinson Nampa Ida.

20. FILED Oct-8.., 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/13/34

22. I HEREBY CERTIFY, That I attended deceased from April 4.., 1920., to Sept. 13.., 1934..
I last saw her alive on Apl 16., 1933.; death is said to have occurred on the date stated above, at 5:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | |
| Chronic myocarditis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ~. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel Swayne M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Raft

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90489

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 103

(No. State School & Colony)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gilbert Chatterton

(a) Residence. No. State School & Colony St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 25 1917

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 17 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER

13. NAME: W. L. Chatterton

14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Mytle Cramp

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): D. M. Goodrich Raft Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello Ida. Date....., 193..

19. UNDERTAKER (Address): F. K. Robinson Hansen Idaho

20. FILED Oct 1, 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1934, to 9-14, 1934.

I last saw h....alive on 9-14, 1934: death is said to have occurred on the date stated above, at 4:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Thyrotoxic Goitre | |
| Acute Cystitis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) D. M. Goodrich, M. D.

(Address) Hansen Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90490

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 106

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Murton Englemann

(a) Residence. No. Prairie, Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)..... (State or country)

MOTHER / FATHER

13. NAME C. Joseph Englemann

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anna Risk

16. BIRTHPLACE (city or town) Kansas (State or country)

17. INFORMANT Joseph Englemann (Address) Prairie Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Prairie, Idaho Date 9/11.., 1934

19. UNDERTAKER T. R. Robinson (Address) Nampa Idaho

20. FILED Oct-1..., 1934. Lyda A. Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept-10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....Sept. 1...., 1934, to ....Sept. 10...., 1934.
I last saw ~~him~~ alive on Sept. 9., 1934.: death is said to have occurred on the date stated above, at 5:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double lobar pneumonia | Aug. 27, 1934 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) E. D. Hunsaker, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90491

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Heath

(a) Residence. No. State School & Colony St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 17 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 10 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Elvo Heath

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Cora Mills

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Don Rogers
(Address) Nampa Canyon Co

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Boise Idaho Date 9/14, 1934

19. UNDERTAKER W. A. Dalby
(Address) Nampa Idaho

20. FILED Oct 1, 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to 9-14, 193 4.
I last saw him alive on 9-13., 1934.; death is said to have occurred on the date stated above, at 4 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic Epileptiform | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Don Rogers ....., M. D.
(Address) Nampa Canyon Co

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RE

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

(No. 115-14 ave So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
90492
State File No.

Local Registrar's No. 105

105

2. FULL NAME Sarah Senter

(a) Residence. No. 115-14 ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widow
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): Sept 23-1853
7. AGE: Years: 78; Months: 11; Days: 17; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mo.

FATHER
13. NAME: Wm Stewart
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Lee
16. BIRTHPLACE (city or town) (State or country): New England States

17. INFORMANT (Address): Chas. Senter Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Nampa Ida. Date: 9-13. 1934

19. UNDERTAKER (Address): F. K. Robinson Nampa, Idaho

20. FILED: Oct 1, 1934 Lydia Rodgers Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/10 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10., 1934 to Sept. 10., 1934
I last saw her alive on Sept. 10, 1934: death is said to have occurred on the date stated above, at 10.45 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute asthma attack | 9-10-34 |
| Chronic recurring asthmatic attacks for long year | |
| Other contributory causes of importance: | |
| Infirmities of age and weak heart | |

Name of operation: ..... Date of:
What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.
(Signed) Geo. R. Proctor M. D.
(Address) Nampa Ida

RECEIVED OCT 9

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90493

## PLACE OF DEATH

County of Canyon
City of Parma

Registration District No. 3
Primary Registration District No. 2007
Local Registrar's No. 38

(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rebeccah Delian Kirkland

(a) Residence. No. Parma St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 23 — 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 8 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No Carolina

MOTHER FATHER

13. NAME Allen Cook

14. BIRTHPLACE (city or town) (State or country) No Carolina

15. MAIDEN NAME Mary Whittier

16. BIRTHPLACE (city or town) (State or country) No Carolina

17. INFORMANT (Address) Mrs. Henry Hickman Parma, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Knowlton Night Date 9-24, 1934

19. UNDERTAKER (Address) C. N. Pechman Caldwell Ida

20. FILED 10-6, 1934 Ethel Jurvis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-19-1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Sept. 19, 1934
I last saw her alive on 9-19, 1934: death is said to have occurred on the date stated above, at 2:05 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of right Orbit | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No Specify
(Signed) W. M. Mitchell, M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90494

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 99

(No. 113)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phyliss Jean Morrison

(a) Residence. No. Wilder St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 18 - 1934

7. AGE: Years | Months: 6 | Days: — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

FATHER

13. NAME: A. T. Morrison

14. BIRTHPLACE (city or town) (State or country): Wilder Idaho

MOTHER

15. MAIDEN NAME: Lois Stevenson

16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMANT (Address): A. T. Morrison Wilder, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Wilder Ida. Date: 9-18 1934

19. UNDERTAKER (Address): C. V. Peckham Caldwell Idaho

20. FILED: 9-20-34 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-18-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14., 1934., to Sept. 18., 1934.

I last saw her alive on Sept. 17., 1934.; death is said to have occurred on the date stated above, at 3.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Debility | |
| Cholera Infantum | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Robert E. Sellers M. D.

(Address) Wilder Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Huston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90495

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 98

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Frankie H. Janassen

(a) Residence. No. Huston St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15 1844

7. AGE: Years 90 | Months 2 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peters

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Peters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John Janassen Huston Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 9-18 1934

19. UNDERTAKER (Address) C. D. Lockhart Caldwell Ida.

20. FILED 9-19-34 1934 W. E. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-16- 1934

22. I HEREBY CERTIFY, That I attended deceased from August 9., 1934., to Sept. 16., 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular | |
| Renal degeneration | Gradual |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. R. Whittenberger M. D.

(Address) Caldwell, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

RECEIVED OCT 5

DO NOT WRITE IN THIS SPACE
State File No. 90496

Registration District No. 82
Primary Registration District No. 7159 Local Registrar's No. 42
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo. G. Nelson

(a) Residence. No. Soda Springs, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Nelson

6. DATE OF BIRTH (month, day, and year) 9/25/65

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Ranch

10. Date deceased last worked at this occupation (mo. and yr.) 6/6/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Geo. G. Nelson

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Elvira Vale

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Ivan Nelson
(Address) Soda Springs, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs Ida Date 8/12, 1934

19. UNDERTAKER E. O. Whiteman
(Address) Soda Springs Ida

20. FILED 8-11, 1934 Dr. Russell Tigert
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/10/34 193

22. I HEREBY CERTIFY, That I attended deceased from 8/6/34, 193..., to 8/10/34, 193...
I last saw h...alive on 8/10/34, 193...: death is said to have occurred on the date stated above, at 10 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia, | |
| Double | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....
(Signed) Ellis Kackley Ellis Kackley M. D.
(Address) Soda Springs, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 17

Primary Registration District No. 2159

DO NOT WRITE IN THIS SPACE

State File No. 90497

Local Registrar's No. 51

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Grant Baxter

(a) Residence. No. Soda Springs St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 12. 1870

7. AGE — Years: 64. Months: 7 Days: 17. If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Restaurant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Operator

10. Date deceased last worked at this occupation (mo. and yr.): Sept 5-1934

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Noah Baxter

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Ellen MacMullan

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Ross Baxter, Soda Springs Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place: Montpelier Date: Oct. 3, 1934

19. UNDERTAKER (Address): D. M. Gleason, Montpelier Idaho

20. FILED 10/4, 1934 D. Russell Tigert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st., 1934., to Sept 29., 1934.

I last saw h... alive on Sept 28., 1934.; death is said to have occurred on the date stated above, at 1:17 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Coma | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Diabetes | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leon K. Cheney M. D.

(Address) Soda Springs Idaho

RECEIVED OCT 5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90498

Registration District No. 82

Primary Registration District No. 7159 Local Registrar's No. 49

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy J. Bagley

(a) Residence. No. Aurora Falls Idaho St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced. (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Bagley

6. DATE OF BIRTH (month, day, and year) July 14, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 9/16/34

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Aurora (State or country) Mo

FATHER

13. NAME Samuel J. Bingaman

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Sarah Karr

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Miss Ada Bagley (Address) Soda Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place Aurora Falls Date 9/17, 1934

19. UNDERTAKER A. W. Davis (Address) American Falls Ida

20. FILED 9/17, 1934 D. Russell Tingey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/14/34, 193..., to 9/17/34, 193...

I last saw h...alive on 9/17/34, 193...: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic Convulsions | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |
| | |
| | |

Name of operation Exploration Date of 9/16/34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Chas. H. Lewis, M. D.

(Address) Soda Springs Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. ~~47~~ 90499

# PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 62

Primary Registration District No. 7-159, Local Registrar's No. 48

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Amaziah Park Dolbeer

(a) Residence. No. ..... St. Bancroft, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of Mabel Dolbeer
~~(or) WIFE of~~

6. DATE OF BIRTH (month, day and year) March 19- 1870

7. AGE: Years 64 | Months 5 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monroe Co N.Y.

FATHER

13. NAME Henry C. Dolbeer

14. BIRTHPLACE (city or town) Monroe (State or country) Monroe Co. N.Y.

MOTHER

15. MAIDEN NAME Juretta Pickles

16. BIRTHPLACE (city or town) Riga (State or country) N.Y.

17. INFORMANT Mabelle Dolbeer (Address) Bancroft Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Bancroft Ida Date Sept 14 1934

19. UNDERTAKER E. B. Hartman (Address) Soda Springs Ida

20. FILED 9-12, 1934 D. Russell Lyon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1934, to Sept. 11, 1934.
I last saw him alive on Sept. 11 1934; death is said to have occurred on the date stated above, at 10.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxic Heart | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cerebral Apoplexy | |
| | |
| | |

Name of operation Spinal Puncture Date of 9/8/34
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ellis K. Caughey M. D.
(Address) Soda Springs Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90500

**PLACE OF DEATH**
County of Cariboo
City of Soda Springs

Registration District No. 17
Primary Registration District No. 1759 Local Registrar's No. 47

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie M. Payne

(a) Residence. No. Alticon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Shelton Payne 1881

6. DATE OF BIRTH (month, day, and year) 8/17/34

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 0 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. —
10. Date deceased last worked at this occupation (month and year) 2/15/34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alticon, Idaho

FATHER
13. NAME George W. Cook
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Janet Knox
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Shelton Payne, Alticon, Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Alticon, Ida. Date 9/4/, 1934

19. UNDERTAKER D. E. Johnson
(Address) Burley, Idaho

20. FILED 9-7, 1934 Dr. Russell Ingalls
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/5/34, 193, to 9/2/34, 193
I last saw h[illegible] alive on 9/2/34, 193: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxic Heart | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hyper-Thyroidism | |
| | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? B.M.R. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Ralph K. Wright Dr. M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

LEWIS WILLIAMS, COMMISSIONER

RECEIVED NOV 1-34

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

INSTITUTIONS
LAVA HOT SPRINGS - - - - - - LAVA
IDAHO SOLDIERS' HOME - - - BOISE
STATE HOSPITAL NORTH - - OROFINO
STATE SCHOOL AND COLONY - NAMPA
STATE HOSPITAL SOUTH - BLACKFOOT

C. BEN ROSS, GOVERNOR

October 30, 1934.

Mr. Shelton Payne,
Albion, Idaho.

90500

Dear Sir:

We are writing you for information as to the birth date of your wife, Jennie M. Payne, who passed away at Soda Springs, Idaho, Sept. 2, 1934.

The date of birth given on the death certificate received recently in this Bureau, is given as Aug. 17, 1934. As we know this is incorrect, will you kindly send statement as to the month, day and year of her birth.?

We are enclosing a stamped envelope for your convenience.

Thanking you kindly, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS
Pearl Dillingham
PEARL DILLINGHAM
STATE REGISTRAR

PBA Born August 17, 1881.

MAR 18 1971

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PL... **DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90501

County of Canbopn
City of Ida Ahmigo
Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 46
(No. Caring Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helena Belle Madsen

(a) Residence. No. Jerome (Usual place of abode) St. Ida
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day, and year) Oct. 5 1915
7. AGE — Years 18 Months 10 Days 24 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Hi School Girl
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Helena, Mont.

FATHER
13. NAME Andrew S Madsen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Leona Comeau
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) J. Andrew Madsen Jerome Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Buhl Ida Date Sept. 1, 1934

19. UNDERTAKER (Address) Evans & Johnson

20. FILED 8-29, 1934 Dr. Russell Tyler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1934, to Aug 29, 1934
I last saw her alive on Aug 29, 1934; death is said to have occurred on the date stated above, at ... a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | Dec 1933 |
| | Knee |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | |
| | |
| | |

Name of operation. None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Elsie A Kuhn M. D.
(Address) Ida Ahmigo Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canbon

City of Lake Lynch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90502

Registration District No.

Primary Registration District No. Local Registrar's No. 45

(No. Canbon County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie F. Perse

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | W | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Hedelius

6. DATE OF BIRTH (month, day, and year) May 13-1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME — Armstrong

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Willie Amanda Armstrong

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMENT (Address) Jas Perse Pocatello

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Pocatello Date Aug 29, 1934

19. UNDERTAKER (Address) Byron R Raymond Pocatello

20. FILED 8-25, 1934 Dr. Russell Tigert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/25/34 193

22. I HEREBY CERTIFY, That I attended deceased from 8/14/34, 193, to 8/25/34, 193

I last saw h[illegible] alive on 8/24/34, 193: death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma Pneumonia | |
| a Diabetes | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hypostatic pneumonia | |
| | |
| | |

Name of operation None Date of 8/24/34

What test confirmed diagnosis? Coma Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Soda Springs Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5

PLACE OF DEATH

County of Fremont

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90503

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 44

(No. Caribou Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

148

2. FULL NAME Margie Elizabeth Stoor

(a) Residence. No. Wayan St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of: Matt Stoor

6. DATE OF BIRTH (month, day and year): April 24 - 1891

7. AGE: Years 43 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bountiful Utah

MOTHER FATHER

13. NAME: William D. Lewis

14. BIRTHPLACE (city or town) (State or country): Bountiful Utah

MOTHER

15. MAIDEN NAME: Elizabeth Simmons

16. BIRTHPLACE (city or town) (State or country): Bountiful Utah

17. INFORMANT (Address): Idaho Falls Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place: Wayan Ida Date: Aug 22 1934

19. UNDERTAKER: C. D. Hyatt Jr.

(Address): Soda Springs Ida

20. FILED 8-20, 1934. D. Rupert Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1934 to Aug. 19, 1934

I last saw her alive on Aug 19 1934; death is said to have occurred on the date stated above, at 7:10 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Convulsions | 8/16/1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Albuminuria | |
| with Pregnancy | |

Name of operation: ... Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Albert Kacke ..., M. D.

(Address) Soda Springs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canboy

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 82

DO NOT WRITE IN THIS SPACE

State File No. 90504

Primary Registration District No. 7159 Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Caribou Hospital)

2. FULL NAME Laura Jeane Tingey

(a) Residence. No. Wayan St. 600

(Usual place of abode)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 28 1916

7. AGE: Years 18 Months 1 Days 19 If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** High School Girl

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Ida

FATHER

13. NAME W. W. Tingey

14. BIRTHPLACE (city or town) (State or country) Centerville Utah

MOTHER

15. MAIDEN NAME Sarah Lefa Lewey

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT (Address) W. W. Tingey Wayan Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL Place Wayan Ida Date Aug 19 1934

19. UNDERTAKER (Address) C. A. Thetwaay Soda Springs Ida

20. FILED 8-18 1934 Dr. Russell Tigert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1934, to Aug 16, 1934

I last saw her alive on Aug 16, 1934: death is said to have occurred on the date stated above, at 4 P. m.,

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| T. & I. C. Heart | Aug 13, 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| T. & I. C. Goiter | |

Name of operation. Thyroidectomy Date of. 8/15/34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elizabeth Caughey M. D.

(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1934

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90505

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 61

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1612

2. FULL NAME Lena Carol Bergmann

(a) Residence. No. ... St. ...

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8/1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

MOTHER / FATHER

13. NAME Raymond R. Bergmann

14. BIRTHPLACE (city or town) (State or country) Denver Colo

15. MAIDEN NAME Wilma Payne

16. BIRTHPLACE (city or town) (State or country) Danville Wyo

17. INFORMANT (Address) Raymond R. Bergmann Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idg Date 9/11, 1934

19. UNDERTAKER W. E. Johnson
(Address) Burley Idaho

20. FILED 9/11, 1934 Adams Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1934, to 9-10, 1934.

I last saw h... alive on 9-10, 1934 death is said to have occurred on the date stated above, at ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumatosis Cystoides Intestinalis | |
| About 6.5 mos. gestation | |
| Patent foramen ovale | |

...er **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 1934
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Lilian Faozzi, M. D.

(Address) ... Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90506

**PLACE OF DEATH**

County of Cassia.

City of Burley.

Registration District No. 117

Primary Registration District No. 219 6 Local Registrar's No. 60

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilmette Bergmann

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8/1934

| 7. AGE Years | Months | Days | If LESS than 1 day, 6 hrs. or ..... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Burley (State or country) Ida

MOTHER FATHER

13. NAME Raymond A. Bergmann

14. BIRTHPLACE (city or town) Denver (State or country) Colo.

MOTHER

15. MAIDEN NAME Wilma Payne

16. BIRTHPLACE (city or town) Ashiel (State or country) Wyo.

17. INFORMANT R. R. Bergmann (Address) Burley

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date 9-10., 1934

19. UNDERTAKER O. E. Johnson (Address) Burley Ida

20. FILED 9/6/34, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1934, to 9-8, 1934

I last saw h....alive on 9-8, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| Direct 6.5 mos. | prior to birth |
| Patent foramen ovale | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) Burley Idaho

RECEIVED OCT 10 [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90507

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Ivy Margaret Winward

(a) Residence. No. 1 No. Overland Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 13-1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Burley (State or country) Idaho

MOTHER FATHER

13. NAME Claud Winward

14. BIRTHPLACE (city or town) Payson (State or country) Utah

15. MAIDEN NAME Dora Russell

16. BIRTHPLACE (city or town) West Virginia (State or country)

17. INFORMANT Claud Winward (Address) Burley Ida.

18. BURIAL, CREMATION OR REMOVAL Place. View District Date 9/28., 1934

19. UNDERTAKER R. E. Johnson Mortuary (Address) Vern McCulloch

20. FILED 9/28., 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/24., 1934., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Acute Enteritis | 9/20-34 |
| (Contributory Toxemia) | ..... |
| ..... | ..... |
| ..... | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. M. [illegible] M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90508

**PLACE OF DEATH**
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Hanson 92

(a) Residence. No. Delco District—Bradenstack
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Hanson

6. DATE OF BIRTH (month, day, and year) Aug. 10 - 1887

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | 1 | 8 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 9/1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Yankton
(State or country) South Dakota

**MOTHER / FATHER**

13. NAME Lars Hanson

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME Anna Katherine Larse

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Margaret Hanson
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Elba Idaho Date 9/21, 1934

19. UNDERTAKER D. E. Johnson
(Address) Burley Ida.

20. FILED 9/20/, 1934. Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/19 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) .....

RECEIVED OCT 10 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90509

Registration District No. 117

Primary Registration District No. 2176 Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME George Walter Walker

(a) Residence. No. Burley Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Walker

6. DATE OF BIRTH (month, day, and year) June-30-1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 40 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Garage

10. Date deceased last worked at this occupation (mo. and yr.) 9/7/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pidgeon Ford Pennsylvania

MOTHER FATHER

13. NAME Walter Walker

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Mildred Walker Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 9/18, 1934

19. UNDERTAKER (Address) Hlt. Johnson Mortuary Vern McCulloch

20. FILED 9/17, 1934 Laura Gr. ECO
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1934, to 9/16/, 1934.

I last saw h... alive on 9/16/, 1934.; death is said to have occurred on the date stated above, at 2:15 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured abscess of lung | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

RECEIVED OCT 1934

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90510

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Fairchilds 113

(a) Residence. No. Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Boy | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 31 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Burley Ida

MOTHER FATHER

13. NAME Joseph M Fairchild

14. BIRTHPLACE (city or town) (State or country) Basin Idaho

15. MAIDEN NAME Alice M. Stride

16. BIRTHPLACE (city or town) (State or country) Glenwood Kan

17. INFORMANT (Address) Joseph M. Fairchild Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Basin Ida. Date 9/19, 1934

19. UNDERTAKER (Address) H. E. Johnson Burley Ida.

20. FILED 9/17, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1934, to 9-15, 1934
I last saw him alive on 9-16-34, 193.. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Carditis | 9-5-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. K. Cutler, M. D.

(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

**PLACE OF DEATH**
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90511

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 62
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

160

2. FULL NAME James Martinez

(a) Residence. No. North Shaddle Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | |

5a. If married, widowed, or divorced HUSBAND of or WIFE of .....

6. DATE OF BIRTH (month, day, and year) Aug. 26- 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

MOTHER FATHER

13. NAME Peter Martinez

14. BIRTHPLACE (city or town) (State or country) Mex

MOTHER

15. MAIDEN NAME Florence Williams

16. BIRTHPLACE (city or town) (State or country) Delta Colorado

17. INFORMANT (Address) Martinez Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 9/14, 1934

19. UNDERTAKER (Address) W. E. Johnson Mortuary Verne B. McCulloch

20. FILED 9/12, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/8/, 1934, to 9/11/, 1934.
I last saw h[illegible] alive on 9/11/ 1934. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| atelectasis | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible], M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Delco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90512
State File No.....

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francey Marion Preston

(a) Residence. No. Delco Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 27-1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Declo Idaho

MOTHER FATHER

13. NAME Clifford Preston

14. BIRTHPLACE (city or town) (State or country) American Fork Utah

15. MAIDEN NAME Edith Anetta Owen

16. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

17. INFORMANT (Address) Clifford Preston Rt. No. 1 Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Delco Ida. Date. 9/9..., 1934

19. UNDERTAKER (Address) D. C. Johnson Mortuary Vern McCulloch

20. FILED 9/6..., 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4..., 1934 to 9-6..., 1934

I last saw h...alive on 9-6..., 1934; death is said to have occurred on the date stated above, at 1:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia Collitis | 10 da. |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Tetany | |
| (Tetany Convulsions | 10 da) |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....
Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Ludmon Trazzi, M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Cassia

City of Delco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

90515

State File No.

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 58

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. Frank Preston

(a) Residence. No. Delco Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 27 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delco Ida
(State or country)

MOTHER

13. NAME Clifford Preston

14. BIRTHPLACE (city or town) American Fork
(State or country) Utah

FATHER

15. MAIDEN NAME Edith Oneata Oliver

16. BIRTHPLACE (city or town) Montpelier
(State or country) Ida

17. INFORMANT Clifford Preston
(Address) Delco Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Delco Ida. Date 9/7, 1934

19. UNDERTAKER D. E. Johnson Mortuary
(Address) Vern McCulloch

20. FILED 9/8, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1934, to 9-5, 1934.

I last saw h....alive on 9-4, 1934 death is said to have occurred on the date stated above, at 3:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia - cortitis | 10 da. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Emma Lawson, M. D.

(Address) Burley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90514

## PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2796 Local Registrar's No. 57

(No. 1197)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Samuel Ernest Robinson Jr

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of son of Samuel E. Robinson

6. DATE OF BIRTH (month, day and year) Nov. 4 1922

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 11 | 10 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Burley (State or country) Ida

FATHER

13. NAME Samuel E. Robinson

14. BIRTHPLACE (city or town) Ky (State or country) —

MOTHER

15. MAIDEN NAME Florence Irene Dumas

16. BIRTHPLACE (city or town) Lust Pa (State or country) Penn

17. INFORMANT Samuel E. Robinson (Address) Burley Ida Rt 4

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 9-12, 1934

19. UNDERTAKER C. P. Pumphrey (Address) Burley Ida

20. FILED 9-10, 1934 Laura Yr ECO Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 9 1934 193

22. I HEREBY CERTIFY, That I attended deceased from 9-4-1, 1934, to 9-9-1, 1934.

I last saw him alive on 9-9-1, 1934.: death is said to have occurred on the date stated above, at 9.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental gun shot wound | |
| thoracic liver, lesser & | |
| greater curvatures of | |
| stomach | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide Accident Date of injury .., 193.

Where did injury occur? Burley, Ida (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. in home

Manner of injury shot by brother

Nature of injury gun shot

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G. G. Cafe, M. D.

(Address) Burley, Ida

RECEIVED CT 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90515

Registration District No.
Primary Registration District No. Local Registrar's No. 55
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Byron Clark Standlee

(a) Residence. No. Star Ferry-District St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | ✓ |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 28 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

MOTHER FATHER

13. NAME Ertie Standlee

14. BIRTHPLACE (city or town) Eudora
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Altha Rasmussen

16. BIRTHPLACE (city or town) Burley
(State or country) Idaho

17. INFORMANT Ertie Standlee
(Address) Star Ferry

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 9/4, 1934

19. UNDERTAKER H. E. Johnson
(Address) Burley Ida.

20. FILED 9/4, 1934 Laura Green
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/1 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1934, to 9-1, 1934
I last saw h[illegible] alive on 9-1, 1934 death is said to have occurred on the date stated above, at 10-a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Enteritis | 8-6-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Malnutrition | 4 mo |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. H. Butler M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90516

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Almina Butler

(a) Residence. No. Starr Ferry St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | ✓ |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec. 14- 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 0 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Burley (State or country) Idaho

MOTHER/FATHER

13. NAME Clarance Butler

14. BIRTHPLACE (city or town) New Prov (State or country) Iowa

15. MAIDEN NAME Mary Elizabeth Powell

16. BIRTHPLACE (city or town) Albion (State or country) Idaho

17. INFORMANT Butler (Address) Starr Ferry

18. BURIAL, CREMATION OR REMOVAL Place Albion Ida. Date 8/ ....., 1934

19. UNDERTAKER D. E. Johnson (Address) Burley Ida

20. FILED 8/30..., 193 / Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/29/1934

22. I HEREBY CERTIFY, That I attended deceased from no attention, 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholera infantum | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

RECEIVED OCT 19 1934

MARGIN RESERVED FOR BINDING

-WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90517

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Ephraim Stocks

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Bee Stark

6. DATE OF BIRTH (month, day, and year) March 5 - 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 5 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** 24 years

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Antigua, B.W.I.

MOTHER/FATHER

13. NAME Edwin E. Stocks

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Henrietta Peebles

16. BIRTHPLACE (city or town) (State or country) Hartland, N.B.

17. INFORMANT (Address) Florence B. Stark, Wife, Oakley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Date 8-27 1934

19. UNDERTAKER (Address) O. L. R. Payne, Burley

20. FILED Aug 19, 1934. Laura Greso Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to August 17 1934.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, Stomach | Unknown |
| Metastasis, liver | — |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocarditis, Chronic | — |

Name of operation Exploratory Date of Aug 1934

What test confirmed diagnosis? " Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis M. Harris, M. D.

(Address) Ft. Med. Corps. U.S.Army. Oakley, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90518

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 77
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank John Kolasa

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 21, 1860
7. AGE: Years 73 Months [redacted] Days 10 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm Work
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER FATHER
13. NAME: unascertained
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Rosa Kolasa Lenore Ida
18. BURIAL, CREMATION OR REMOVAL
Place. Orofino Ida Date 9-4, 1934
19. UNDERTAKER (Address): Orofino Mortuary Orofino Ida
20. FILED 9/4, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-1 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193.....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above at 11 P....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun Shot Wound in Head | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Wayne D. Kerns Coroner M. D.
(Address) Orofino Ida

B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90519

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Taylor B. West

(a) Residence. No. 156 - Main St St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma D. West

6. DATE OF BIRTH (month, day, and year) June 4 - 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 60 | 3 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lawyer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Law Work

10. Date deceased last worked at this occupation (mo. and yr.) 9-4-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) North Carolina

FATHER

13. NAME Irwin West

14. BIRTHPLACE (city or town) ..... (State or country) Unascertained

MOTHER

15. MAIDEN NAME Caroline Dover

16. BIRTHPLACE (city or town) ..... (State or country) North Carolina

17. INFORMANT Mrs. Emma West (Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Orofino Ida Date. 9-7..., 1934

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 9-7..., 1934. W. A. Black Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-19-..., 1931, to 9-4-..., 1934.
I last saw him alive on 9-4..., 1934.: death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| About 1 year ago | |
| Diagnosed Lye in Brain - (Apoplexy) | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Valvular Heart disease - unknown | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. K. Johnson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE

State File No. 90520

Registration District No. .....

Primary Registration District No. 2187

Local Registrar's No. 79

(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert White

(a) Residence. No. ..... St. Pierce Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22 - 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Baby

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER FATHER

13. NAME D.L. White

14. BIRTHPLACE (city or town) Wisc
(State or country)

MOTHER

15. MAIDEN NAME M . Yonkee

16. BIRTHPLACE (city or town) Wisc
(State or country)

17. INFORMANT D.L. White
(Address) Pierce Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pierce Date Sep 13, 1934

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 9-12, 1934. W.A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sep 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1934, to 9-10-34, 193...

I last saw him alive on 9-10, 1934; death is said to have occurred on the date stated above, at 7.40 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Colybacillosis and | |
| Enteritis | |
| Diarrhoea | |
| | |

Other **contributory causes** of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) A.B. Poppen Trapper, M. D.

(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Weippe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90521

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oak Jordan

(a) Residence. No. ..... Weippe Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jennie Jordan

6. DATE OF BIRTH (month, day, and year) Sept 3, 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME A. N. Jordan

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Amanda Nelson

16. BIRTHPLACE (city or town) (State or country) W. Virginia

17. INFORMANT (Address) Nan Jordan

18. BURIAL, CREMATION OR REMOVAL
Place Fraser Date 9/13, 1934

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 9-13, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/11 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1929, to Sept. 11, 1934.
I last saw him alive on Sept. 11, 1934.: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Diabetes Mellitus | |
| Several years | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~ Date of injury .., 193.
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ~
Manner of injury ~
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. F. Robinson M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Reuben

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90522

Registration District No. 90
Primary Registration District No. 2167 Local Registrar's No. 81

(No. C.C.C. Camp No 266 Meadow Creek Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Elvington

(a) Residence. No. Ketchum Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 25 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Forest Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.C.C.

10. Date deceased last worked at this occupation (month and year) Sept 7 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Obtainable

FATHER

13. NAME Not Obtaniable

14. BIRTHPLACE (city or town) (State or country) Not Obtainable

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Not Obtainable

17. INFORMENT (Address) Sargent Welch Quatermaster C.C.C. Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 9/10/34, 1934

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston Idaho

20. FILED 9-8, 1934 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on September 7, 1934: death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dynamite exploded in deceased | |
| hands severing torso from thighs | |
| and completely dismembering him | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 7, 1934

Where did injury occur? CCC Camp Meadow Creek, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Clearwater Forest

Manner of injury Accidental explosion of dynamite

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify Injured while working for CCC

(Signed) J. P. Copenhaver, M. D.

(Address) CCC Hdq., Lewiston, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90523
State File No.....

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 82

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Rice

(a) Residence. No..... St. Shoshone County - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unascertained

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE: Years: About 70 yrs. | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Unascertained

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unascertained

FATHER

13. NAME: Unascertained

14. BIRTHPLACE (city or town) (State or country): Unascertained

MOTHER

15. MAIDEN NAME: Unascertained

16. BIRTHPLACE (city or town) (State or country): Unascertained

17. INFORMANT (Address): Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Sept. 15, 1934

19. UNDERTAKER (Address): F. A. Billberg, Hosp. Attat. Orofino - Idaho.

20. FILED 9-20-1934. W. A. Shaer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to Sept. 14, 1934.

I last saw him alive on Sept. 14 1934: death is said to have occurred on the date stated above, at 2.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General arteriosclerosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Psychosis with Cerebral arteriosclerosis | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Rays Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John Lovell McKelway M. D.

(Address) Orofino - Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90524

## PLACE OF DEATH

County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Ryan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Mail | White | ? |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| About 54 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ..... (State or country)

MOTHER/FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT A. Harper (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Sep 22, 1934

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 9-22, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sep 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10:A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found dead | |
| Kidney Trouble | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. A. Shaw Local Reg. M. D.
(Address) Orofino

RECEIVED [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90525
State File No.....

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 84

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Cramb

(a) Residence. No..... St. Idaho County - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) April 5, 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 5 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME John Cramb

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Catherine Moran

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Sept. 24 1934

19. UNDERTAKER (Address) F. A. Billberg, Hosp. Asst. Orofino - Idaho.

20. FILED Sept. 25, 1934. H. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Sept. 23, 1934.
I last saw him alive on Sept. 22 1934.; death is said to have occurred on the date stated above, at 7.30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic disseminated Tuberculosis | many years. |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Dementia praecox, paranoid type | 1917 or earlier |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? Thys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) John Irvine McElway, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90526

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 85
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Macy

(a) Residence. No. ..... St. Porthill - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 1 - 1859
7. AGE — Years: 75 | Months: 5 | Days: 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer a prospector
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: John Macy
14. BIRTHPLACE (city or town) (State or country): Unascertained

MOTHER
15. MAIDEN NAME: Linda Fluke
16. BIRTHPLACE (city or town) (State or country): Vermany

17. INFORMANT (Address): Records: State Hospital North Orofino - Idaho.
18. BURIAL, CREMATION OR REMOVAL — Place: State Hosp. Cemetery Date: Sept. 28 1934
19. UNDERTAKER (Address): Fred A. Billberg, Hosp. Attd. Orofino, Idaho
20. FILED 9-29-, 1934. W. A. Eisman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1928, to Sept. 27, 1934.
I last saw him alive on Sept. 26 1934.; death is said to have occurred on the date stated above, at 8:15 Am.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| Other **contributory causes** of importance: | |
| Senile psychosis | |

Name of operation: Phys. Signs. Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:
(Signed) John Monroe McKelvey M. D.
(Address) Orofino - Idaho.

RECEIVED OCT 1 6 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 90528

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**
County of Custer
City of Challis
Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 1288
(No. 79)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** August H. Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Smoland
(State or country) Sweden

PARENTS

10. NAME OF FATHER John Anderson

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Sweden

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County)

14. Informant Guy R. Cain
(Address)

15. Filed Sept 10, 1934 Elma McKenney
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Sept 9 (Month) (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
8/28, 1934, to 9/8, 1934
that I last saw him alive on 9/8, 1934
and that death occurred, on the date stated above, at 12 Noon

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Man was in poor health
heart trouble
Epileptic fit
and died
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) I do not know
Cause of death
(Duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Dr. Hutton M. D.
....., 19..... (Address) Challis Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Challis Idaho | Sept 11 1934 |
| 20. Undertaker Wm C. Stubbs | Address Challis Ida |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Cassia County

City of Burley Clayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90529

Registration District No. 108

Primary Registration District No. 2186 Local Registrar's No. 177

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Neil Mahoney

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1927

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 6 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Albion, Idaho
(State or country)

FATHER

13. NAME George Freeman Mahoney

14. BIRTHPLACE (city or town) Albion, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Vera Grace Hall

16. BIRTHPLACE (city or town) Malta, Idaho
(State or country)

17. INFORMANT George F. Mahoney
(Address) Albion, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Albion Date 25 ....., 1934.

19. UNDERTAKER Burley Mortuary Burley Idaho
(Address)

20. FILED July 27, 1934 Leland Baker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22....., 193.4., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Other contributory causes of importance: | |
| Coronary Occlusion | |

Name of operation ....None..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury July, 1934
Where did injury occur?..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. L. Hartley, M. D.
(Address) Craters, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Custer

City of Macray

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE

State File No. 90531

Local Registrar's No. 190

1612

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verona Louise Harter

(a) Residence. No. Macray Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. COLOR OR RACE Wh | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Macray Idaho

FATHER

13. NAME Shirley Parker

14. BIRTHPLACE (city or town) (State or country) Chicly Idaho

MOTHER

15. MAIDEN NAME Bessie Ruby Reed

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT (Address) Father

18. BURIAL, CREMATION, OR REMOVAL Place Macray Date , 193

19. UNDERTAKER (Address) None

20. FILED Oct. 5, 1934 Rose Nowack Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/2/34 193

22. I HEREBY CERTIFY, That I attended deceased from 10/2/34, 193, to 10/2/34, 193

I last saw her alive on 10/2/34, 193: death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pressure on brain, | |
| Accident to birth — | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Nichols, M. D.

(Address) Macray Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90532

PLACE OF DEATH
County of Elmore
City of Glenns Ferry Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Maina Eguzquiza
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 7-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 7 hrs. 26 min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Glenns Ferry Ida

PARENTS
10. NAME OF FATHER Alipio Eguzquiza
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Biscaya Spain
12. MAIDEN NAME OF MOTHER Violet Labbee
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mountain Home Ida

14. Informant (Address) Desiree Labbee Glenns Ferry Ida

15. Filed Sept 7, 1934 Mrs Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 7 (Month) (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7-1934 to 2 25/a m., 19..... Sept 7-1934
that I last saw her alive on Sept 7 1934
and that death occurred, on the date stated above, at 9 40/p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Prematurity
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) John W Davis, M. D.
Sept 7, 1934 (Address) Glenns Ferry Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Mt Home Ida. | Sept 7 1934 |

20. Undertaker D. Labee Address Glenns Ferry

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED OCT 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 90533

**PLACE OF DEATH**

County of Franklin
City of Glendale

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 14
(No. 120)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rebecca Aynscough Barnes

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | white | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Barnes (dec)

6. DATE OF BIRTH (month, day and year) May 14 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 77 | 4 | 3 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Thomas Aynscough
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant Chrissia B. Owens
(Address) Glendale

15. Filed Oct 8, 1934 G. W. States Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Sept (Month) 17 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 16 – 1934 to Sept 17 1934
that I last saw her alive on Sept 16 – 1934
and that death occurred, on the date stated above, at 1 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Entero Colitis

(duration) 2 yrs. 4 mos. 3 ds.
CONTRIBUTORY (Secondary) Diabetis Mulitis
(duration) 15 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) G. W. Straley, M. D.
Sept 18, 1934 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal: Preston Idaho — Date of Burial: Sept 19 1934
20. Undertaker: M. W. Hendricks — Address: Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90534

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eli Webb

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. I mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Ashment Webb

6. DATE OF BIRTH (month, day, and year) July 23 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | I | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Simon Webb
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Rowsell
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Lucy Hendricks Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Richmond Utah Date Sept 17 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Oct 8, 1934 G. W. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 193Y, to Sept 14, 193Y.
I last saw h[illegible] alive on Sept 14, 193Y.: death is said to have occurred on the date stated above, at 5:40 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Gangrene of Right foot | Aug 1934 |

Other contributory causes of importance:

| | |
|---|---|
| Diabetis | at least 3 mos. |
| Chronic Myocarditis | |

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Orson L. Dance, M. D.
(Address) Preston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90535

**PLACE OF DEATH**
County of Franklin
City of Preston Idaho

Registration District No. 27
Primary Registration District No. 2109
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Parkenheimer

(a) Residence. No. Ogden Utah St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Elizabeth

6. DATE OF BIRTH (month, day, and year): Mar 1 1860

7. AGE: Years 74 | Months 6 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER
13. NAME: John Parkenheimer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Catherine Freiek
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Louise Hudson Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ogden Utah Date Sept 7 1934

19. UNDERTAKER (Address): M. W. Hendricks Preston Idaho

20. FILED Oct 8, 1934 G. W. Staley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1934, to 9-5, 1934
I last saw him alive on 9-3, 1934, death is said to have occurred on the date stated above, at 4:28 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Basal Fracture of Skull | 9-5-34 |
| Other contributory causes of importance: | |
| Intra Cranial Hemorrhage | 9-3-34 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Motor Accident
Nature of injury Fall Away

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible] M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90536

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Bocook

(a) Residence. No. Idaho Industrial School St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 5th, 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 17 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Columbus Kansas

FATHER

13. NAME Alex. Bocook

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Lula Bocook

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs. E. O. Cook St. Anthony, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Sandpoint, Idaho Date 9/22, 193.4

19. UNDERTAKER (Address) W. Mortuaries St. Anthony, Idaho

20. FILED 9/22/34 193.. Sarah B. Musser Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Sept 28, 1934

I last saw him alive on Sept 28 1934; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid fever | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Wide delete Date of .....

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .. Date of injury .., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. Ellyson M. D.

(Address) St. Anthony Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90537

**PLACE OF DEATH**

County of Fremont

City of Ashton

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 150

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Leslie Powers

(a) Residence. No. Ashton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If single, married, widowed, or divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Not Known

7. AGE: Years 64 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ohio.
(State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT W. M. Hansen
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Arrivview Date 9/22, 1934

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 9/22, 1934 Sarah B. Munk
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) about 9/10 1934

22. I HEREBY CERTIFY, That I attended deceased from ", 193..", to ", 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Believed to be | |
| Apoplexy | |
| Body in a bad decomposed condition | |
| dead several days | |
| Other contributory causes of importance: | |
| Found dead in bed by | |
| neighbors and Police. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Specify .....

(Signed) W. M. Hansen (Coroner) M. D.

(Address) St. Anthony Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 4 3

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90538

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 189

(No. General Hospital) 1601

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto Martin Wessel

(a) Residence. No. Ashton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1882

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 19-1900

7. AGE: Years 34 Months 1 Days 9 If DEss than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) Coronadeia (State or country) Mo.

13. NAME Charles Wessel

MOTHER

14. BIRTHPLACE (city or town) (State or country) Mo

15. MAIDEN NAME Amelia Otte

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Arthur Wessel Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida. Date 9/30, 1934

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED 9/29..., 1934. Sarah B. Munk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7-34..., 193..., to 9-28-34 193....
I last saw him alive on 9-28., 1934.: death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Complete traumatic section of Spinal cord between 10th & 11th thoracic vertebrae | 9-7 |
| 2 Compression fr. Vertebrae 10th & 12th thoracic | " |
| Other contributory causes of importance: | |

Name of operation None Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following: 9-7-34
Accident, ~~suicide, or homicide~~ Date of injury .., 193..
Where did injury occur? Near Judkins Fremont, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In Industry
Manner of injury Log rolled onto back.
Nature of injury Section Cord (See above)

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify accident during work

(Signed) W. W. Daty, M. D.

(Address) Ashton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90539

## PLACE OF DEATH

County of Fremont
City of Chesler

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 13 2

(If death occurred in a hospital or institution, give its name instead of street and number) (No. ) 13 2

2. FULL NAME Royal Frank Jondahl

(a) Residence. No. Chesler Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2- 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 13 | 2 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashton Idaho

FATHER

13. NAME Dan Jondahl

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Matilda Williams

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Matilda Williams
(Address) Chesler Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Chesler Date 9/22, 1934

19. UNDERTAKER O. W. Hancock
(Address) St. Anthony Idaho

20. FILED 9/21, 1934 Sarah B. Mount Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-20 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~
On 9-20-'34, 193..., to ..., 193....
I last saw ~~him~~ alive on 9-20-'34 193...; death is said to have occurred on the date stated above, at 11: AM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Basalar skull fracture. | |
| 2. Fracture second cervical vertebra with complete traumatic section of cord. | |

Other **contributory causes** of importance:

Name of operation ------ Date of
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~Homicide or Suicide~~ Date of injury 9-20-'34, 193.
Where did injury occur Ashton, Fremont, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury Run-away. Thrown from Wagon
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Helping father
(Signed) N. W. Doty, M. D.
(Address) Ashton, Idaho

RECEIVED OCT 13

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont.

City of Egan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90540
State File No.....

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 153

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

189

2. FULL NAME Louise Branson

(a) Residence. No. St Anthony #3 Egin, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) June 16 - 1860

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House Wife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME John Martin Sr.

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sarah Ann Sargent

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Ellen Louise Lambert
(Address) St Anthony Route 3

18. BURIAL, CREMATION OR REMOVAL
Place Parker Ida. Date Oct 9., 1934

19. UNDERTAKER Vern J. Keller
(Address) Rigby Ida.

20. FILED Oct 9., 1934 Sarah B Munk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12th, 1934, to Oct 6th, 1934.

I last saw her alive on Oct. 5th, 1934: death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock Due to | |
| Fracture of | |
| head of femur. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury? 9/5-1934.

Where did injury occur? Egin
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. home

Manner of injury Tripped by Girl

Nature of injury Fracture head of femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) P. M. Keller, M. D.

(Address) St. Anthony, Idaho.

RECEIVED OCT 13

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90541

## PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 154

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lafay Lewis

(a) Residence. No. St. Anthony Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or)~~ WIFE of: Clara Edgington Lewis

6. DATE OF BIRTH (month, day and year): Nov. 10-1895

7. AGE: Years: 38 | Months: 10 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gary Creek Idaho

FATHER

13. NAME: Albert Edward Lewis

14. BIRTHPLACE (city or town) (State or country): Richmond Utah

MOTHER

15. MAIDEN NAME: Fannie C. Cortell

16. BIRTHPLACE (city or town) (State or country): Richmond Utah

17. INFORMANT (Address): Clara Lewis St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Wilford Date: 9/26, 1934

19. UNDERTAKER (Address): W. M. Haugen St. Anthony Idaho

20. FILED 9/26, 1934 Sarah B. Plumb Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-23-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2nd, 1934, to Sept. 22, 1934.

I last saw him alive on Sept. 22 1934.; death is said to have occurred on the date stated above, at 8. a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ...r. Endocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Acute Bright's | |
| | |
| | |

Name of operation: clinical Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. M. Keeley M. D.

(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90542

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 148

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jorel Croft

(a) Residence. No. State Industrial School St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 24 - 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 17 | 10 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Basalt
(State or country) Idaho

MOTHER/FATHER

13. NAME Albert Croft

14. BIRTHPLACE (city or town) .....
(State or country) America

15. MAIDEN NAME Laurena Hansen

16. BIRTHPLACE (city or town) Marsh
(State or country) Utah

17. INFORMANT Earl Croft
(Address) Brigham City Utah

18. BURIAL, CREMATION OR REMOVAL
Place Basalt Date 9/16..., 1934

19. UNDERTAKER W. M. Hampsey
(Address) St. Anthony Idaho

20. FILED Sept. 14, 1934 Sarah B. Musk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934, to Sept. 13, 1934

I last saw him alive on Sept. 13 1934: death is said to have occurred on the date stated above, at 5 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Peritonitis | |
| from perforated | |
| Intestinal ulcer. | |
| (Typhoid) | |
| | |
| Other **contributory causes** of importance: | |
| Typhoid Fever | |
| | |
| | |

Name of operation Repair perforated ulcer Date of 9/9/34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify? —

(Signed) .... Vaccleson ..... M. D.
(Address) ... St. Anthony Ida.

RECEIVED JUL [illegible]

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of Lake Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90543

Registration District No. 102

Primary Registration District No. 6 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

197

2. FULL NAME Georgia G. McGinn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. M. McGinn

6. DATE OF BIRTH (month, day, and year) Feb 7th 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 48 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** RESORT OWNER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MARQUETTE ISLAND MICHIGAN

FATHER

13. NAME ALBERT N GREGG

14. BIRTHPLACE (city or town) (State or country) MICHGAN

MOTHER

15. MAIDEN NAME ELLA DELMORTAR

16. BIRTHPLACE (city or town) (State or country) MICHIGAN

17. INFORMANT Keith McGinn (Address) MACKAY IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place Bozeman Mont. Date 9/18, 1934

19. UNDERTAKER Lewis Kissell (Address) Ashton Idaho

20. FILED 9/19, 1934 Lewis Kissell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1934, to Sept 16, 1934.
I last saw her alive on Sept 12, 1934; death is said to have occurred on the date stated above, at 9 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound inflicted by husband | Sept 13/34 |

Other **contributory causes** of importance:

Name of operation — Date of —

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 9/13 1934
Where did injury occur? Lake Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Isolated place
Manner of injury Shot
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. M. Kelly M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of Lake Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90544

Registration District No. 102

Primary Registration District No. 6 Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. M. McGinn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | White | married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Georgia McGinn

6. DATE OF BIRTH (month, day, and year) Jan 29th 1883

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** RESORT OWNER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) SAULT-ST. MARIE MICHIGAN

MOTHER FATHER

13. NAME John McGinn

14. BIRTHPLACE (city or town) (State or country) Dk

15. MAIDEN NAME Dk

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Ruth McGinn
(Address) MACKS INN IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place Ft. Sheridan Date 9/18, 1934

19. UNDERTAKER Lewis Funeral
(Address) Ashton Idaho

20. FILED 9/17, 1934. Lewis Funeral
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1934, to Sept. 6, 1934.
I last saw him alive on Sept 6 1934: death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| Gun shot wound in head. | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide Date of injury 9/13 1934
Where did injury occur? Lake Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Isolated Place
Manner of injury Shot in head.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. M. Kell M. D.
(Address) St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90545

**PLACE OF DEATH**
County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

**2. FULL NAME** HARRY .C. ROUSE.

(a) Residence. No. 530 W. Day St Pocatello Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ Minnie Rouse

6. DATE OF BIRTH (month, day and year) Jan 8, 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 49 | 5 | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R.R. Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or Country)

Mrs. Rouse does not know anything about Harry Rouses Records.

PARENTS

10. NAME OF FATHER —— Rouse

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Mrs. Minnie Rouse
(Address) Pocatello, Idaho

15. Filed June 28, 1934 Fern Kiser Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 27, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1934, to June 27, 1934,
that I last saw h..... alive on ..... 19.....
and that death occurred, on the date stated above, at 12:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Killed instantly when struck by Coupling engine & car Chest crushed, Expiring Liver and Kidneys
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) S. L. Clay M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal: Pocatello Idaho — Date of Burial: July 1 1934

20. Undertaker: H. L. McClain — Address: Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90546

PLACE OF DEATH
County of FREMONT
City of ASHTON
Registration District No. 102
Primary Registration District No. 6
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JOHN. A. SWANSTRUM.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (Write the word.) |
|---|---|---|
| MALE | WHITE | WIDOWED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) MAY.26.1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61. | 4/28 | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) DILLON. MONTANA.

PARENTS

10. NAME OF FATHER CARL SWANSTRUM
11. BIRTHPLACE OF FATHER (city or town) (State or Country) SWEDEN
12. MAIDEN NAME OF MOTHER ROSE. HELBIG
13. BIRTHPLACE OF MOTHER (city or town) (State or County) IOWA

14. Informant (Address) LILLIAN SWANSTRUM ASHTON IDAHO

15. Filed 9/25/34, 19..... Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH SEPTEMBER 24th 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1934, to Sept 24 1934,
that I last saw h..... alive on Sept 22 1934
and that death occurred, on the date stated above, at 12:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) D. R. Stevenson, M. D.
Ashton Idaho Sept 25 1934 (Address) Ashton Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| ASHTON IDAHO. | 9/27/34. 19 |
| 20. Undertaker | Address |
| LEWIS KISER | ASHTON IDAHO |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 90547

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**
County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

**2. FULL NAME** JAMES. BRITT SIMMERLEY.

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (Write the word.) |
|---|---|---|
| MALE | WHITE | SINGLE. |

5a. If married, widowed, or divoreed
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) JAN.UARY. 10th 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 49 | 8 | 27 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) HAMPTON. TENN.

PARENTS

10. NAME OF FATHER DAVID. M. SIMMERLEY

11. BIRTHPLACE OF FATHER (city or town) (State or Country) DK

12. MAIDEN NAME OF MOTHER JUDY. C. MCKINNEY

13. BIRTHPLACE OF MOTHER (city or town) (State or County) DK

14. Informant (Address) ROBERT SIMMERLEY. DRUMMOND. IDAHO

15. Filed 10/8/34, 19..... LEWIS KISER Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 7 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-6, 1934, to 10-7, 1934, that I last saw him alive on 10-7-34, 19..... and that death occurred, on the date stated above, at 10. a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1. Cardiac failure following
2. Aldd Aortic regurgitation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) W.W. Beaty, M. D.
10-8-34, 19..... (Address) Ashton

19. Place of Burial, Cremation, or Removal: BLUFF CITY TENN — Date of Burial: 10/14 193

20. Undertaker: LEWIS KISER. — Address: ASHTON IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90548

1. PLACE OF DEATH
County of Ada
City of Emmett
Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. Harvey Crook

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Minnie Crook

6. DATE OF BIRTH (month, day, and year) May 11 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 72 | 4 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Wm Crook

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Katherine Mink

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Vina Andrews

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 9/21, 1934

19. UNDERTAKER C. O. Buckendorf
(Address) Emmett Idaho

20. FILED 9/20, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1934, to 9-21, 1934.
I last saw ~~him~~ alive on 9-20, 1934; death is said to have occurred on the date stated above, at 6:10 ~~a~~ m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myelogenous leukemia (not known) | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. O. Parkinson M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Elmore

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90549

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace B. Portlock

(a) Residence. No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

119

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| fem | white | Married |

5a. If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Geo. Portlock

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME Joseph Sewell

14. BIRTHPLACE (city or town) London
(State or country) England

MOTHER

15. MAIDEN NAME Melissa Wilson

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Mrs. Cecil Dewey
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 9/29, 1934

19. UNDERTAKER C. D. Buckheim
(Address) Emmett Idaho

20. FILED 9/29, 1934 J. L. Reynolds
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/27 1934

22. I HEREBY CERTIFY, That I attended deceased from * Sept. 24, 1934, to 9-27, 1934.
I last saw her alive on 9-26, 1934: death is said to have occurred on the date stated above, at 8:05 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Paralysis | Not known |
| Spinal Degeneration | " " |
| Chronic anemia | " " |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic anemia | Not known |
| Chronic nephritis | " " |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Edward D. Parkinson M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90550

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 287

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ed Blood

(a) Residence. No. / Hagerman St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not known.

6. DATE OF BIRTH (month, day, and year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 53 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) not available

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Hagerman Date 10-1, 1934

19. UNDERTAKER A. E. Thompson (Address) Gooding Idaho

20. FILED 9-30, 1934 J. P. Cramwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1934, to 9-29, 1934
I last saw him alive on 9-29, 1934; death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| apoplexy | 8-31-34 |

Other contributory causes of importance:
Hydrocoel - hernia - ulcer - Varicocelectomy, Debility, Hydrocoel Removed

Name of operation Hemiplegia Date of 9/24/34
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ____
(Signed) J. Hemmwell, M. D.
(Address) Gooding, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE
State File No. 90551
Local Registrar's No. 372

(No. ) 159 b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delbert William Bickle

(a) Residence. No. Lahoe Rural Route #1 St. Kooskia
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12 - 34

7. AGE — Years | Months | Days | If LESS than 1 day, 11 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kooskia
(State or country) Idaho

FATHER
13. NAME Ben Bickle
14. BIRTHPLACE (city or town) Prosser
(State or country) Wash.

MOTHER
15. MAIDEN NAME Elsie M Collins
16. BIRTHPLACE (city or town) States
(State or country) Idaho

17. INFORMENT Ben Bickle
(Address) Kooskia

18. BURIAL, CREMATION, OR REMOVAL
Place Kooskia Date Sept 14, 1934

19. UNDERTAKER John Lipsey
(Address) Kooskia

20. FILED Oct 1, 1934 J M Vedrickuns
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Could not get a physician 8 miles from town - | |
| Baby purple color when born and never changed - | |
| Other contributory causes of importance: | |
| Heart seemed to fail. | |

Signed Ben Bickle

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. W. Wentworth, M. D.
(Address) Stites Idaho

RECEIVED OCT 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90553

**PLACE OF DEATH**
County of Idaho
City Near Hazzard Lake

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 118

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 74 a.

2. FULL NAME Angus McClean

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Hearding Sheep

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT John Robertson
(Address) Bulah Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Idaho Date 9/19.., 194.

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Oct. 6.., 1934 B. Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) Geo. N. Freeman, M. D.
(Address) Troutdale Idaho
Cornow Ida. a.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90554

County of Idaho

City of Near Bergdorf

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 112

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

202

2. FULL NAME Walter William Jussila

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3rd, 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New House
(State or country) Utah

FATHER

13. NAME John Arthur Jussila

14. BIRTHPLACE (city or town) Finland
(State or country)

MOTHER

15. MAIDEN NAME Hilda Christina Jussila

16. BIRTHPLACE (city or town) Finland
(State or country)

17. INFORMANT Alferd Jussila
(Address) Donnelly Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Finish Cemetery Date 9/27, 1934

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Oct 6, 1934 B Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22.1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Killed by giant powder explosion | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury .., 193.
Where did injury occur? Near Bungdorf
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Not known
Manner of injury Explosion
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify Not known
(Signed) Geo. H. Freeman, M. D.
(Address) Riggins Ida.
Council Ida. R.

RECEIVED OCT 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90555

Registration District No. 10 3

Primary Registration District No. 1001 Local Registrar's No. 111

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

88 b

2. FULL NAME Hugh Brady

(a) Residence. No. Grangeville, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. H. Brady

6. DATE OF BIRTH (month, day and year) Feb. 27, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) 1920

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Helen O Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Ray Brady Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 10/2, 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Oct. 6, 1934 B. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/30 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to ~~Oct.~~ 9-20, 1934.
I last saw him alive on 9-20., 1934. death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1930 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Chronic Arthritis Deformans | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, explain.....
(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

RECEIVED JAN 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90556

Registration District No. 10 3

Primary Registration District No. 2181 Local Registrar's No. 110

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

74 a

2. FULL NAME Daniel G. Wilson

(a) Residence. No. Grangeville, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. D. G. Wilson

6. DATE OF BIRTH (month, day and year) April 17, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 5 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) 9/21/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Calvin Wilson

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Emline Miller

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Vernal Wilson
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 9/27, 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10., 1933., to April, 1934

I last saw him alive on 4.-6., 193.4; death is said to have occurred on the date stated above, at 7.9 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage. | 1-10-33 |
| | |
| | |
| | |
| Other contributory causes of importance: Arterio Sclerosis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.

(Address) Grangeville Idaho

RECEIVED Oct 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Idaho

City of White Bird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90557

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 109

(No. ) 129
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Garnes Gibbs

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/22/1865

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 9 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Nurse

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Corydon
(State or country) Iowa

FATHER

13. NAME James R. Garnes

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Nancy Amelia Poplin

16. BIRTHPLACE (city or town) Greencastle
(State or country) Ind.

17. INFORMANT Claude Harris
(Address) White Bird Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 10/1/34

19. UNDERTAKER C. A. Hancock
(Address) Grangeville

20. FILED Oct. 1, 1934 P. C. Chapman
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/20/1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 193.4, to Sept. 1, 1934.
I last saw her alive on Sept. , 193...; death is said to have occurred on the date stated above, at 7:20 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 1932 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) P. C. Chapman M. D.
(Address) Grangeville Ida.

FORM V. S. No. 5-25 M-[illegible]

RECEIVED [illegible]

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 90558
Registered No. 16

1. PLACE OF DEATH
County of Idaho
City of Cottonwood
If death occurs away from usual residence, give facts called for under special information.

Our Lady of Consolation Hosp.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Andrew Hay Hurst

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widower

6. DATE OF BIRTH: Feb. (Month) 10 (Day) 1 (Year)

7. AGE: 67 Yrs. Mos. ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oak Grove, Ark.

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Troy Hasphurst
(Address) Blue Eye Mo

15. Filed Sept. 6 1934 W. F. Orr Local Registrar
per J. B.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 5 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Sept 5 1934
that I last saw h[illegible] alive on Sept. 5 1934
and that death occurred on the date stated above, at 10:26 a. M.
The CAUSE OF DEATH* was as follows:
Accidental fracture of 7th cervical vertebra, severing cord, Fell from load of bundles.
(Duration) 8 Yrs. mos. 11 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Harley F. Orr M. D.
9/5 1934 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. 1/2 mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death? Nezpa, Ida.
Former or usual residence Oak Grove, Ark.

19. PLACE OF BURIAL OR REMOVAL: Mt. Vernon, Grangeville Ida. DATE OF BURIAL: Sept. 6 1934

20. UNDERTAKER: Glenn Cole, Grangeville, Ida. ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED SEP 2 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90559

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 17

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Reiner

(a) Residence. No. Cottonwood, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Joe Reiner

6. DATE OF BIRTH (month, day, and year): March 5, 1877

7. AGE — Years: 57 | Months: 6 | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austrian Hungran

MOTHER FATHER

13. NAME: Joseph Hutfles

14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER

15. MAIDEN NAME: Marier Walters

16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMANT (Address): Joe Reiner Cottonwood

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Greencreek Date: 9/10, 1934

19. UNDERTAKER (Address): Glenn Adler Grangerville, Idaho

20. FILED Sept. 7, 1934. W. F. Orr Registrar.
per S. B.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-5-34, 193..., to 9-6-34, 193...

I last saw her alive on 9-5, 193...; death is said to have occurred on the date stated above, at 6. A. m.,
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| One year ago Empyema | |
| Gall Bladder | |

Name of operation: None Date of:

What test confirmed diagnosis? Clinical only. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Henley F. Orr, M. D.
(Address) Cottonwood Ida.

RECEIVED OCT 2

FORM V. S. No. 5-25 [illegible]

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
(Name) Our Lady of Consolation Hosp.

File No. 90560
Registered No. 18

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Idaho

City of Cottonwood Idaho

2. FULL NAME Baby Melvina Mae Arrasmith

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Sept. 7th. (Month) (Day) 1934 (Year)

7. AGE: Yrs. Mos. 18 ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Minor

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Grangeville, Idaho

10. NAME OF FATHER: Mr. Tenby Arrasmith

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Fern Harrison

13. BIRTHPLACE OF MOTHER (State or Country): Baker Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. L. Neely

(Address) Grangeville, Ida.

15. Filed Sept. 26 1934 N. F. Orr Local Registrar per J. B.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 25. (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1934 to Sept 25 1934 that I last saw her alive on Sept 25 1934 and that death occurred on the date stated above, at 6:20 A.M.

The CAUSE OF DEATH* was, as follows:

Acute Enteritis

(Duration) Yrs. mos. 5 ds.

Contributory (Secondary) Umbilical Infection

(Duration) yrs. mos. 5 ds.

(Signed) Neely F. Orr M. D.

9/25 1934 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grangeville, Ida. DATE OF BURIAL: Sept. 26 1934

20. UNDERTAKER: Glenn Ailor ADDRESS: Grangeville, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 23

**PLACE OF DEATH**

County of Idaho

City of Warren Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90561

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warner N. Lamb

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan, 25th, 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Truck Driver

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Payette Idaho

MOTHER/FATHER

13. NAME Marcus Alanson Lamb

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER/FATHER

15. MAIDEN NAME Delia Mary Titus

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Marcus A, Lamb

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 8/15, 1934

19. UNDERTAKER (Address) A.S. Robb

20. FILED Aug 22, 1934 Gardner V. Lady, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Automobile over turned into pond of water
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) A.S. Robb Corner Valley Co

(Address) Cascade Ida

RECEIVED OCT 13 [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90562

Registration District No. 45

Primary Registration District No. ____ Local Registrar's No. 13

(No. ____)
(If death occurred in a hospital or institution give its name instead of street and number)

101a

2. FULL NAME Glenn Rudolph Ellis

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Irene Hughston Ellis
6. DATE OF BIRTH (month, day, and year): April 23 1910
7. AGE: Years 24 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Laborer-when
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time spent in this occupation: work

12. BIRTHPLACE (city or town) (State or country): Spirit Lake Idaho

FATHER

13. NAME: Walter Ellis
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Emma Bergeson
16. BIRTHPLACE (city or town) (State or country): Neb.

17. INFORMANT (Address): Walter Ellis Spirit Lake Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spirit Lake Ida. Date 9/27 1934

19. UNDERTAKER (Address): Cassity Funeral Home Pocatello Ida

20. FILED Sept. 28, 1934 A. C. Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1934, to Sept. 24, 1934.
I last saw him alive on Sept. 24, 1934: death is said to have occurred on the date stated above, at 1.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia (both lungs) | 9.22.34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic fibrotic pulmonary tuberculosis (mod. adv.) | |
| | |

Name of operation 0 Date of ____

What test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ____ Date of injury .., 193.
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John W. Schorr M. D.
(Address) Spirit Lake, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING.

RECEIVED SEP 2 1934

PLACE OF DEATH

County of Kootenai

City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90563

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 269

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nora A. Shanks

(a) Residence. No. ..... Post Falls St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Shanks

6. DATE OF BIRTH (month, day, and year) 11-14-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 69 | 8 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Indiana

MOTHER/FATHER

13. NAME Wm. Boyce

14. BIRTHPLACE (city or town) ..... (State or country) Ind.

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) ..... (State or country) .....

17. INFORMANT John H. Shanks (Address) Post Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Evergreen Post Falls Date 9-5, 1934

19. UNDERTAKER Mooney Mortuary (Address) C'd'A

20. FILED 9-7, 1934 E. L. Upton, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1933, to Aug 7, 1934

I last saw her alive on July 30 1934; death is said to have occurred on the date stated above, at 8:00 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 14 days |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Chronic Myocarditis
Decompensation
Hypertension

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) E. L. Upton M.D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90564

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 268

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Gordon

(a) Residence. No. 1120 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret

6. DATE OF BIRTH (month, day, and year) 11-22-1871

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 9 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Foreman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Atlas Tie Mill

10. Date deceased last worked at this occupation (mo. and yr.) 8-1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) U.S.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT (Address) Mrs. M. Gordon Cda

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Thomas CDA Date 8-28., 1934

19. UNDERTAKER (Address) Mooney Mortuary CDA

20. FILED 8-31., 1934
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-25 1934

22. I HEREBY CERTIFY, That I attended deceased from did not ....., 193...., to ....., 193....
I last saw him alive on Aug 25., 1934.: death is said to have occurred on the date stated above, at 6.30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Wound in head by .22 Rifle bullet | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury .., 193.
Where did injury occur? Atlas, Kootenai Co. Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury Gunshot
Nature of injury Penetrating Wound

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... Capt. Ivan M. D.
Coroner

(Address) Coeur d'Alene Idaho

RECEIVED SEP 2 1934

Hunted

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90565

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 267

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Malvene Haycraft

(a) Residence. No. 607 Front St.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-31 1926

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 6 | 11 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Ida

MOTHER FATHER

13. NAME Harold L. Haycraft

14. BIRTHPLACE (city or town)
(State or country) Kansas

15. MAIDEN NAME — Conner

16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Harold Haycraft
(Address) Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Forest C.M.A. Date 8-2, 1934

19. UNDERTAKER Mooney Mortuary
(Address) Ida

20. FILED 9-7, 1934 E. L. Spokane, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-30 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to July 30, 1934.
I last saw her alive on July 29, 1934: death is said to have occurred on the date stated above, at 10:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bacarditis | June 1934 |

Other **contributory causes** of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. M. Siverts M. D.

(Address) Coeur d'Alene Idaho

**N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hunted

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90566

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 266

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Herman Woodcock

(a) Residence. No. 926 - 8th St. St.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs. Ella Woodcock

6. DATE OF BIRTH (month, day, and year) 7-16-1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | 0 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation 55 yrs.

12. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER/FATHER

13. NAME George Woodcock

14. BIRTHPLACE (city or town) (State or country) U.S.

15. MAIDEN NAME Emma Weldon

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT (Address) Mrs. Ella Woodcock C'd'A.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest, C'd'A. Date 8-14 1934

19. UNDERTAKER (Address) Mowry Mortuary C'd'A.

20. FILED 8-27- 1934 E. L. Apolin M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-11 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1934., to ....., 1934.
I last saw him alive on July 28., 1934.; death is said to have occurred on the date stated above, at 12:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1920 |
| Cerebral Hemorrhage | 2 mo ago |
| Bronchopneumonia | 3 days ago |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) ... Attended by ....., M. D.

(Address) ... Coeur d'Alene Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90567

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 265

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Hugus

(a) Residence. No. 1314 - 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Homer Hugus
6. DATE OF BIRTH (month, day, and year): 1855 5-25
7. AGE: Years 79 | Months 2 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: — Weiland
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Hattie Whitesell
18. BURIAL, CREMATION OR REMOVAL: Forest - Place. Coeur d'Alene Ida Date. 8-4, 1934
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida
20. FILED. 8-27-, 1934. E. L. Deahn, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-2 1934
22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to Aug 2, 1934.
Last saw her alive on Aug 2 1934. death is said to have occurred on the date stated above, at 1a.p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old age | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance: Fracture of right Arm July 5-34 Arterio Sclerosis years
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) E. L. Deahn M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90568

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 264

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Hadicke

(a) Residence. No. 1114 4th St. St. Los Angeles Cal.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 4-26-1915

7. AGE — Years: 19 | Months: 3 | Days: 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: J. V. Hadicke

14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER

15. MAIDEN NAME: Beatrice Fagan

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): J. V. Hadicke Coeur d'Alene Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Pasadena Cal. Date 8-6, 1934

19. UNDERTAKER (Address): Mooney Mortuary

20. FILED Aug. 4, 1934. E. K. Spothon M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-2 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ did not from 8-3, 1934., to 8-2, 1934.. I ~~last saw~~ did not see him alive on 8-, 1934.: death is said to have occurred on the date stated above, at 3:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by shooting | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur? Coeur d'Alene Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Suicide by shooting
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Teed Coroner, M. D.
(Address) Coeur d'Alene Idaho

Henson.

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90569

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 262

(No. ..... If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Taylor

(a) Residence. No. Sunnyside St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Silas Taylor.

6. DATE OF BIRTH (month, day, and year) 4-24-1861

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER

13. NAME Jess Little

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Charity Lincoln

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Jess Wetzel Sunnyside

18. BURIAL, CREMATION OR REMOVAL Place Forest Cem. Date Aug 5, 1934

19. UNDERTAKER (Address) Morris Mort. Co. Spokane

20. FILED Aug 8, 1934 E. L. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to July 31, 1934.
I last saw her alive on July 31, 1934; death is said to have occurred on the date stated above, at 11:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1927 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | ? |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. A. Henson M. D.
(Address) Coeur d'Alene, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH,**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90570

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 261

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Loren Nelson Finch

(a) Residence. No. 1807 Mullan St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Jane Finch

6. DATE OF BIRTH (month, day and year) Nov. 1853 - Oct. 3

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 78 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1923 .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER FATHER

13. NAME Merritt Finch

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Mary Phillips

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs. J. Finch
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest
Place Coeur d'Alene Date 7-28-, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho

20. FILED Aug. 3, 1934 E. L. Sprohn M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-31-, 1934, to 7-25-, 1934.

I last saw him alive on 7-25-, 1934.; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| & Valvular Lesion | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. H. Teed M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90571

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 259

(No. E. P. A. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harland Harold Fogelson

(a) Residence. No. Spokane Wn. Rt. #1 St. Spokane, Wn.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-15-1915

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 19 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Wood Cutter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** For Willard Wood

10. Date deceased last worked at this occupation (mo. and yr.) July 26 1934

11. Total time (years) spent in this occupation 1 Year

12. BIRTHPLACE (city or town) (State or country) Lincoln, Washington

MOTHER/FATHER

13. NAME Otto Fogelson

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Mona Hawkins

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Otto Fogelson Spokane, Wn. R.D.A.

18. ~~BURIAL, CREMATION OR REMOVAL~~

Place Prairie Orchard, Wn. Date 7-30, 1934

19. UNDERTAKER (Address) Moon Bros. Mortuary Coeur d'Alene

20. FILED Aug. 3, 1934. E. V. Spahr M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26., 1934 to July 26, 1934

I last saw h[illegible] alive on July 26 1934 death is said to have occurred on the date stated above, at 2.45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental death | July 26. |
| Caused by falling tree Crushing Skull | |
| And Chest Punctured | |
| Other **contributory causes** of importance: | |
| Lungs | |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, 1934

Where did injury occur? (Specify city or town, county, and state) State Line 5 mi. from Spokane Bridge in Idaho

Specify whether injury occurred in **industry, in home or in public place.** Timber Woods

Manner of injury Falling tree

Nature of injury Basal fracture

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. P. Spahr M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90572

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 258

(If death occurred in a hospital or institution, give its name instead of street and number) (No. ....)

2. FULL NAME Mrs Phoebe Agnes Young

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

Post Falls Idaho

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12-27-1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 93 | 7 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Penn

FATHER

13. NAME Warren Farley

14. BIRTHPLACE (city or town) .... (State or country) Penn

MOTHER

15. MAIDEN NAME Annis Phoebe Garfield

16. BIRTHPLACE (city or town) .... (State or country) Ohio

17. INFORMANT .... (Address) Mrs. Ella Gilbert Post Falls

18. BURIAL, CREMATION OR REMOVAL
Place Post Falls Date 7-29 1934

19. UNDERTAKER .... (Address) Mooney Mortuary Coda

20. FILED 8-2-, 1934. E. L. Spokane, Wn. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to July 27, 1934
I last saw her alive on July 27, 1934, death is said to have occurred on the date stated above, at 6:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Indigestion & Colitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |
| | |

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) .... M.D.
(Address) Post Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90573

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 257

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Lena S. Rogstad

(a) Residence. No. 1104 - 4th St.

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? 19 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ben S. Rogstad

6. DATE OF BIRTH (month, day, and year) 8-7-1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Thomas Tanda

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) B. S. Rogstad Cda.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Forest Cem. Date 7-28-1934

19. UNDERTAKER (Address) Moon & Mortuary Cda

20. FILED 7-30-, 1934. E. L. Spohn, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-25 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to July 25, 1934

I last saw her alive on July 25, 1934; death is said to have occurred on the date stated above, at 8:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 7/19/34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Diabetes Mellitus | 1931 |
| Arteriosclerosis | 1 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) O. W. Hunted, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90575

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 260

(No. 1610)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beverly Jean Hutchison

(a) Residence. No. ..... St. Post Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1934 - 7 - 31

| 7. AGE | Years | Months | Days | If LESS than 1 day, 4 hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Post Falls
(State or country) Idaho

FATHER

13. NAME Jos. Hutchison

14. BIRTHPLACE (city or town) Davenport
(State or country) Wash

MOTHER

15. MAIDEN NAME Marjorie McGregor

16. BIRTHPLACE (city or town) Kimball
(State or country) Neb.

17. INFORMANT (Address) Jimmy Hutchison Post Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Forest Place Coeur d'Alene Date 8-4 193 4

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED Aug 3, 193 4. E. R. Spahr M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 193..., to ...Death..., 193....
I last saw h[illegible] alive on July 31, 1934.; death is said to have occurred on the date stated above, at 12 p m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| Under development | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... H. E. Henson, M. D.

(Address) Coeur d'Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90577

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 280

(No ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hagbarth Ole Wollan

(a) Residence. No. .... Spokane Wash St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Oretta Wollan
6. DATE OF BIRTH (month, day, and year): 1868-3-19
7. AGE: Years: 46 | Months: 5 | Days: 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer in
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Greenhouses
10. Date deceased last worked at this occupation (mo. and yr.): 9-1-1934
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Starbuck Minn.

MOTHER FATHER
13. NAME: Andrew Wollan
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Ingrine Christoson
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Oretta Wollan Spokane Wash R#1

18. BURIAL, CREMATION OR REMOVAL: Place. Pleasant View Cemetery Date 9-5-, 1934
Pleasant View Cemetery

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 9-8-, 1934 C. L. Upton M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1934, to Sept. 2, 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina pectoris | |
| He was dead when I arrived. | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Upton M. D.
(Address) Post Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9057?

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 279

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles LeRoy Benjamin 70

(a) Residence. No. 1072 - 7th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced, (write the word) |
|---|---|---|
| M. | W. | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1933-2-9

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Ida.

MOTHER FATHER

13. NAME Edgar Benjamin

14. BIRTHPLACE (city or town) Wis
(State or country)

MOTHER

15. MAIDEN NAME Alma Baun

16. BIRTHPLACE (city or town) Viola
(State or country) Delaware

17. INFORMANT Edgar Benjamin
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest-
Place Coeur d'Alene Ida Date 9-4, 193.4

19. UNDERTAKER Cassady Funeral Home
(Address) E. Dalton Idaho

20. FILED 9-7-, 193.4 E. L. Robinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 2 193.4

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to May 15, 1933.
I last saw him alive on June 15 193.4: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis (Chronic) | April 3/33 |

Other **contributory causes** of importance:

Name of operation No. Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** [redacted]
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) 412 Lakeside Ave.....

C.D.A.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90579
State File No.

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 278

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary H. Hultman

(a) Residence. No. 1607 E. Wallace Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth 41 yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hultman

6. DATE OF BIRTH (month, day, and year) 5-17-1873

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT C. F. Hultman C'da
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Forest Cem. C'da Date 9-2-1934

19. UNDERTAKER Mooney Mortuary
(Address)

20. FILED 9-7-1934 E. L. Upton M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to Aug. 29..., 1934
I last saw her alive on Aug. 29, 1934: death is said to have occurred on the date stated above, at 3:00 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1926 |
| Chronic Myocarditis | 1932 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Acute Lobar Pneumonia | 8/28/34 |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no.. Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Coeur d'Alene, Idaho

RECEIVED SEP 20 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Worley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 90580

Local Registrar's No. 277

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cecelia Mary Mossmalow

(a) Residence. No. Worley (Usual place of abode) St. Idaho

Length of residence in city or town where death occurred. yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 6-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Worley Idaho

FATHER

13. NAME Louie Joseph Mossmalow

14. BIRTHPLACE (city or town) (State or country) Spokane Bridge

MOTHER

15. MAIDEN NAME Madeline Mosses

16. BIRTHPLACE (city or town) (State or country) Nespelem Wash

17. INFORMENT (Address) L. J. Mossmalow Worley Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Cemetery, Worley Date 9-7, 1934

19. UNDERTAKER (Address) Jaques Funeral Home Coeur d'Alene

20. FILED 9-7-, 1934 E. L. Upton, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24th, 1934, to Sept. 25th, 1934

I last saw her alive on Sept. 24th, 1934; death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 4-30-34 |

Other contributory causes of importance:

T. B.

Name of operation None Date of —

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. J. Turnipseed, M. D.

(Address) Worley, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 0 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90581

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 275

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Philetus Pulnum

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ~ yrs. 8 mos. ~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Rosy Pulnum

6. DATE OF BIRTH (month, day, and year) 1858 - 8 - Don't-know

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Allman
(Address) Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rathdrum Date 8-27, 1934

19. UNDERTAKER, Cassed Funeral Home
(Address)

20. FILED 9-7, 1934 E. L. Hopkins M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec ....., 1934, to Aug 22 ....., 1934.

I last saw him alive on Aug 20 1934; death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old Age. | |
| Chronic Myocarditis years | |
| with decompensation | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, Specify .....

(Signed) E. L. Hopkins M.D.
(Address) Coeur d'Alene Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

No. Kootenai.

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90582

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 274

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minerva Thériault

(a) Residence. No. Homestead Ave St. 1010

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced (or) WIFE of Thomas H.

6. DATE OF BIRTH (month, day, and year) 9-8-1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

MOTHER FATHER

13. NAME Arthur Carver

14. BIRTHPLACE (city or town) (State or country) U.S.

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Thomas H. Thériault (Address) Cda.

18. BURIAL, ~~CREMATION~~ OR REMOVAL Forest Cem. Date 8-29 1934

19. UNDERTAKER Mooney Mortuary (Address)

20. FILED 9-7-1934 E. P. Ayleworth M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-26 1934

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1934, to August 26 1934.

I last saw he alive on Aug 26, 1934; death is said to have occurred on the date stated above, at 2:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Acute Lobar Pneumonia | 8/22 34 |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Constituted, M. D.

(Address) Coeur d'Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90583

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1930 Local Registrar's No. 273
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice May Sawyer

(a) Residence. No. 727 B. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1911 6-27

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 1 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Nurse Maid
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER
13. NAME Dorsey Sawyer
14. BIRTHPLACE (city or town) (State or country) Clearfield Co. Penn.

MOTHER
15. MAIDEN NAME Fannie Passmore
16. BIRTHPLACE (city or town) (State or country) Clearfield Co. Penn.

17. INFORMANT Dorsey Sawyer
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Ida Date 8-16, 1934
Forest-

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 9-7, 1934 E. L. Apple, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934, to Aug. 14, 1934
I last saw her alive on Aug. 14, 1934: death is said to have occurred on the date stated above, at 3:25 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1932 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No.

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Ray D. Stenson, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90584

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 272

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Duncan Vernus Hill

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jack B. Hill

6. DATE OF BIRTH (month, day, and year): January 11 1913

7. AGE: Years 21 | Months 7 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Council Bluffs Iowa

FATHER

13. NAME: John W. Vaught

14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Minnie Mae Bryant

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Jack B. Hill Rathdrum Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Republican City Neb. Date: 7/31, 1934

19. UNDERTAKER (Address): Tarrell & Tarrell Funeral Home Rathdrum Ida

20. FILED 8-7, 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/29 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to July 29, 1934.

I last saw h[illegible] alive on July 29 1934: death is said to have occurred on the date stated above, at 6 1/2 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Eclampsia during labor. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pregnancy | |

Name of operation: Delivery of baby Date of: 7/29/34

What test confirmed diagnosis: Convulsions Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Richards, M. D.
(Address) Rathdrum

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 3 1934

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90585

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 271

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orville Thomas Brown

(a) Residence. No. Fruitland Add St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. — mos. (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188c

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Lucy A. Brown

6. DATE OF BIRTH (month, day, and year) 1871-10-25

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Janitor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 8-27-1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Piatt Co Ill.

FATHER

13. NAME Samuel Thomason Brown

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Margaret Conway

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Lucy A. Brown
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest - Place Coeur d'Alene Date 8-31, 1934

19. UNDERTAKER Gassed Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 9-1-, 1934. E. L. Spohn, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1934, to Aug. 28, 193...
I last saw him alive on Aug. 28, 1934.: death is said to have occurred on the date stated above, at 2a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock | |
| Perforation of bladder | Aug. 28. |
| Fractured pelvis | 1934 |
| Fracture Scapula | |

Other **contributory causes** of importance:

Name of operation Aud. cystotomy Date of Aug 28.
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide or homicide~~? .... Date of injury Aug 28 1934
Where did injury occur? City C D A
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. 4th & Foster St.
Manner of injury Struck by auto truck.
Nature of injury Given above.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Going to work on bicycle
(Signed) John E. Wood M. D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90586

Registration District No. 30
Primary Registration District No. 1052 Local Registrar's No. 270

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucretia Edith Smith

(a) Residence. No. 402 Dollar St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. — mos. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | married |

5a. If married, widowed or divorced
~~HUSBAND~~ of
(or) WIFE of A. J. Smith

6. DATE OF BIRTH (month, day, and year) 1873-2-28

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flushing Mich.

FATHER

13. NAME Andrew R. Marion

14. BIRTHPLACE (city or town) (State or country) Jackson Mich

MOTHER

15. MAIDEN NAME Mariapp V. Morble

16. BIRTHPLACE (city or town) (State or country) Watertown N.Y.

17. INFORMANT A. J. Smith
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL Ida Forest - Place Coeur d'Alene Date 8-28, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 9-7-, 1934 E. L. Apsley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-25-1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to August 25, 1934.

I last saw her alive on Aug. 22, 1934.; death is said to have occurred on the date stated above, at 10.40 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral embolus | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocarditis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Alexander Barclay, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90587

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 15

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number.)

18 C

2. FULL NAME Thelma Lona Ford

(a) Residence. No. ____ Buck, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Al Ford

6. DATE OF BIRTH (month, day, and year): June ~~20~~ 18 1910

7. AGE: Years 24 | Months 7 | Days 28 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Joplin Mo

FATHER

13. NAME: Will Copple

14. BIRTHPLACE (city or town) (State or country): Joplin Mo

MOTHER

15. MAIDEN NAME: Dolly Strait

16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMENT (Address): Mrs. Roscoe Spencer

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Wallace Date: Sept 18 1934

19. UNDERTAKER (Address): Ed Moretti Wallace Ida

20. FILED Sept 18, 1934 John Boer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): ~~Sept~~ 9-15- 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~died Sept~~ ____, 193__, to ____, 193__

I last saw her alive on 9-15, 1934; death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile accident | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-15 1934

Where did injury occur? 15 mi East of Coeur d'Alene
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. On public highway

Manner of injury Automobile turned over

Nature of injury Injury to spine

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) O. H. Teed Coroner, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90589

## PLACE OF DEATH

County of Latah
City of Troy ( rural)

Registration District No.....
Primary Registration District No..... Local Registrar's No.....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Thomas Edmund Wade

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Wade

6. DATE OF BIRTH (month, day, and year)
July 24, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 30 yr.

12. BIRTHPLACE (city or town) (State or country) West Vir.

FATHER

13. NAME Daniel Wade

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Mrs. Florence Wade, Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Idaho Date 9/4, 1934

19. UNDERTAKER (Address) H.R. Short, Moscow, Idaho

20. FILED Sept. 22, 1934 Lucy M. Pickard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1934, to Sept 2, 1934
I last saw him alive on Aug 30, 1934; death is said to have occurred on the date stated above, at 4 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (Intestinal) | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Chas. A. Piney M. D.
(Address) Troy, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90590

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary Shodeen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 5 - 1869

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House wife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME C. Lingren

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Mary Mattison

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Westdale Cem Date ....., 193..

19. UNDERTAKER (Address) John J. Pickard Jr

20. FILED Aug. 22, 1934 Lucy M. Pickard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1934, to Aug 19, 1934.

I last saw h... alive on Aug 18 1934. death is said to have occurred on the date stated above, at 11.9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular Renal disease | 1932 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) Ray A. Meyer M. D.

(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90591

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Charlotta Johnson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 17 1843

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 88 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andreas Bengtson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Maria Karlson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Henning Johnson Troy

18. BURIAL, CREMATION OR REMOVAL
Place Dry creek Date Sept 27 1934

19. UNDERTAKER (Address) John G. Pickerd Troy

20. FILED Sept 27, 1934 Lucy M. Pickerd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 4, 193.. to Sept 24 4, 193..
I last saw her alive on Sept 22 1934; death is said to have occurred on the date stated above, at 6.0 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. G. Meyer, M. D.

(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 11 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90592

## PLACE OF DEATH

County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole E. Nelson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | Widower |

5a. If married, widowed or divorced
HUSBAND of (or) ~~WIFE of~~ Ellen Nelson

6. DATE OF BIRTH (month, day, and year) May-18-185[illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 77 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nels Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Hanna Person

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Leonard Nelson
(Address) Troy Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Westdale cem Date Aug. 12, 1934

19. UNDERTAKER John J. Pickerd
(Address) Troy

20. FILED Aug. 12, 1934 Lucy M. Pickford
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1934, to Aug. 8, 1934

I last saw him alive on Aug. 7, 1934; death is said to have occurred on the date stated above, at 7:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro-intestinal infection | Aug 5-34. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Senility | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. A. Meyer, M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90593

County of Latah
City of Kendrick (Rural)

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marjorie Fern Davidson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 26, 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 20 | 9 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) American Ridge
(State or country) Idaho

MOTHER FATHER

13. NAME George T. Davidson

14. BIRTHPLACE (city or town) American Ridge
(State or country) Idaho

15. MAIDEN NAME Fern Carlton

16. BIRTHPLACE (city or town) American Ridge
(State or country) Idaho

17. INFORMANT George T. Davidson
(Address) Kendrick, Ida. (R.F.D.)

18. BURIAL, CREMATION OR REMOVAL
Place American Ridge Date 10/2, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED Oct 3, 1934 H.R. Nesbit
Registrar.

## MEDICAL CERTIFICATE OF DEATH

'34

21. DATE OF DEATH (month, day and year) Sept. 30 19

22. I HEREBY CERTIFY, That I attended deceased from July ....., 1933., to Sept. 30., 1934.
I last saw her alive on Sept. 30 1934.: death is said to have occurred on the date stated above, at 2:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Hemorrhage | Sept. 30, 1934 |
| Pulmonary Tuberculosis | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D.A. Clymer ....., M. D.
(Address) Kendrick, Idaho .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] RECEIVED OCT 10 [redacted] E OF IDAHO
[redacted] DEATH DEPARTME[redacted] OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO [redacted] TE IN THIS SPACE

State File No. 90594

County [redacted] l

City of Kendrick

Registration District No. 63

Primary Registration District No. 2143

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Keith Dammarell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Sept. 7. 1914

7. AGE: Years 20 | Months 0 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmers Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kendrick Ida

FATHER

13. NAME: E H Dammarell

14. BIRTHPLACE (city or town) (State or country): Prince Edward [redacted] Canada

MOTHER

15. MAIDEN NAME: Nellie Maddaton

16. BIRTHPLACE (city or town) (State or country): [redacted] Ontario Canada

17. INFORMENT (Address): E H Dammarell Kendrick Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Kendrick Date: [redacted] 26 1934

19. UNDERTAKER: John [redacted] Pu[redacted]
(Address): Troy

20. FILED: Sept 25, 1934 [redacted] Registrar.

[redacted] Dist.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to Sept. 24, 1934.

I last saw him alive on Sept 24, 1934.: death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy | 1920 |

Other contributory causes of importance:

| | |
|---|---|
| Sudden excitement | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [redacted] M. D.

(Address) Kendrick, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90595

**PLACE OF DEATH**

County of Latah Registration District No. 63

City of Kendrick Primary Registration District No. 2143 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

38 K.

2. FULL NAME George Washington Wright

(a) Residence, No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Danforth Wright

6. DATE OF BIRTH (month, day and year) Feb 11 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 80 | 5 | 14 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Unity (State or country) Wis.

PARENTS

10. NAME OF FATHER Charles Wright

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Deborah Glover

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant Mrs Georgia Bowers (Address) Kendrick Idaho

15. Filed Sept 28, 1934 P. F. Nesbit Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 26 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934, to Sept 26, 1934, that I last saw h[illegible] alive on Sept 26, 1934 and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic nephritis

..... (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Old age. Chronic

eczema (duration) 20 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) D. A. Armstrong M. D.

Sept. 28, 1934 (Address) Kendrick Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Wild Rose Cemetery Kendrick | Sept. 28 1934 |
| 20. Undertaker Peter J. Pickard | Address Troy Ida. |

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90596

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Jane Shepherd

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of N. R. Shepherd

6. DATE OF BIRTH (month, day, and year) May 21, [redacted] 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laundry

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 10 yr.

12. BIRTHPLACE (city or town) Kansas City, (State or country) Kansas

FATHER

13. NAME South

14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER

15. MAIDEN NAME Carlyle

16. BIRTHPLACE (city or town) ..... (State or country) Kentucky

17. INFORMANT G.A.Northrup
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Moscow Date. 9/16, 1934

19. UNDERTAKER H.R.Short
(Address) Moscow, Idaho

20. FILED 9/13, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193... Sept 13, 1934

I last saw her alive on Sept 12, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Subcutaneous Nephritis | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....

(Signed) [signature], M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90597

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 68

(No. 201 E. 6th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie M. Caldwell

(a) Residence. No. ..... St. Dayton, Pen.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton, Pa.

MOTHER FATHER

13. NAME John Caldwell

14. BIRTHPLACE (city or town) (State or country) Pen.

15. MAIDEN NAME Sarah McLeod

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Dr. W.T. Baker Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 9/13, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 9/13, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934, to Sept. 12, 1934.

I last saw h[illegible] alive on Sept 12, 1934: death is said to have occurred on the date stated above, at 8 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancerous [illegible] | |
| [illegible] | |
| Shock | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |

Name of operation None Date

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 1934.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.
(Address) Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90598

## PLACE OF DEATH

County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 27

(No. 528 East 3rd St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Della Matz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11, 1919

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 15 | 3 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER

13. NAME Frank Matz

14. BIRTHPLACE (city or town) (State or country) Redding Pa.

MOTHER

15. MAIDEN NAME Dessie Lewis

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Frank Matz Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Couer d'Alene Date 9/15, 1934

19. UNDERTAKER H.R. Short
(Address)

20. FILED 9/15, 1934 Harry Enhorst
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1934, to 9-12, 1934.
I last saw her alive on 9-12-1934; death is said to have occurred on the date stated above, at 11:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Anterior Poliomyelitis | 8-18-34 |
| Cerebral type | |
| With a terminal | |
| Lethargic encephal | |
| itis | 9-9-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Fracture Rheumatic | at 6 years of age |
| Fever | |
| Terminal Resp. Failure | |

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Joseph E. Wilson M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90599

Registration District No. 6 1

Primary Registration District No. 1 2 1 1

Local Registrar's No. 66

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Driscoll

75

(a) Residence. No..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Driscoll

6. DATE OF BIRTH (month, day, and year) Dec. 30, 1847

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 86 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Monroe Co. Iowa

MOTHER/FATHER

13. NAME Ira Beebe

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER/FATHER

15. MAIDEN NAME Andrews

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Rev. Fike
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Moscow ..... Date. 9/9 ..., 1934.

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 9/8 ....., 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 ....., 1934.., to ....., 193....

I last saw h[illegible] alive on Sept 3 ....., 1934.: death is said to have occurred on the date stated above, at 12 .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralytic Strake involving entire right side | 3/18/34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: old age | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. M. Leitch, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90600

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 65

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orval Neil Wallace

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 20 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cedar, (State or country) Colorado

MOTHER FATHER

13. NAME George Arthur Wallace

14. BIRTHPLACE (city or town) Carthage, (State or country) Mo.

15. MAIDEN NAME Fannie Davis

16. BIRTHPLACE (city or town) Carthage, (State or country) Mo.

17. INFORMANT George Arthur Wallace
(Address) Moscow, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Montrose, Colorado Date 9/5 193 4

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 9/5 4 Mary Embrous
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 193 4

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 193 4, to 9-4, 193 4.
I last saw him alive on 9-4, 193 4. death is said to have occurred on the date stated above, at 10:30 a.m.
The **principal cause of death** and related causes of importance were as follow:

| | Date of onset |
|---|---|
| Respiratory failure | |
| Collapse of lung | |
| Basal + Pathol. | |
| S. Skull fracture | 9-4-34 |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. none Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or homicide? accident Date of injury 9-3 193 4
Where did injury occur? Lewiston, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury Fell from rear car
Nature of injury S. Skull fractures

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Jack K. Wilson M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 6J-
Primary Registration District No. 2145-

DO NOT WRITE IN THIS SPACE
State File No. 90601

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mardyce Arlene Warner

(a) Residence. No. Potlatch St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug. 14th 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | — | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Potlatch

FATHER

13. NAME John E. Warner

14. BIRTHPLACE (city or town) (State or country) Edgewell N Dakota

MOTHER

15. MAIDEN NAME Beatrice Severens

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMENT (Address) Father Potlatch

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Date Aug 19th, 1934

19. UNDERTAKER Parent
(Address) Potlatch

20. FILED Aug 20th, 1934 Jno. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14th, 1934, to Aug 18th, 1934

I last saw her alive on Aug 17th, 1934; death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth. | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Persistent Hyperus. | |
| Glaucoma. | |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jno. Thompson, M. D.
(Address) Potlatch

SEP 25 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Dietrich

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. ..... Local Registrar's No. 70

DO NOT WRITE IN THIS SPACE
State File No. 90602

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merlin Mercury

(a) Residence. No. Dietrich St. Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 5 - 1934

7. AGE: Years 0 | Months | Days | If LESS than 1 day 13 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Dietrich (State or country) Idaho

MOTHER'S FATHER

13. NAME Levi Mercury

14. BIRTHPLACE (city or town) Clearfield (State or country) Utah

15. MAIDEN NAME Mary Cleopha Cudd

16. BIRTHPLACE (city or town) Independence (State or country) Miss.

17. INFORMANT (Address) Levi Mercury Dietrich Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Ida. Date ....., 193..

19. UNDERTAKER (Address) J. P. Fuller

20. FILED 8/6, 1934 J. P. Fuller Registrar.
By A. M. Mahon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1934, to Aug 6, 1934.
I last saw him alive on Aug 6, 1934: death is said to have occurred on the date stated above, at 12.10 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | Aug 3-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. Garrett, M. D.
(Address) Shoshone Ida.

SEP 21 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90603

**PLACE OF DEATH**
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Ray Bowman

(a) Residence. No. Dietrich St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 21 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | | 8 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dietrich Ida
(State or country)

**FATHER**

13. NAME Walter W. Bowman

14. BIRTHPLACE (city or town) Idaho
(State or country)

**MOTHER**

15. MAIDEN NAME Cecil Anderson

16. BIRTHPLACE (city or town) Ida
(State or country)

17. INFORMANT Walter W. Bowman
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Shoshone Ida Date Aug 30 1934

19. UNDERTAKER .....
(Address)

20. FILED 8/29, 1934. J. L. Sullivan
Registrar
By A. M. Mahon

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1934, to Aug 28, 1934

I last saw him alive on Aug 28 1934: death is said to have occurred on the date stated above, at 6 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| 6½ mos. | 2 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | — |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. E. Barnett M. D.
(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 21 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90604

**PLACE OF DEATH**
County of Lemhi
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 21

(No. ) 113
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leroy Ray Greenhorn

(a) Residence. No. 40 Bell Town St. Powell Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 5 1934
7. AGE: Years | Months: 7 | Days: 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Powell Sumpter Kansas

FATHER
13. NAME: Chester Leroy Greenhorn
14. BIRTHPLACE (city or town) (State or country): Sumpter Kans

MOTHER
15. MAIDEN NAME: Dora Louise Dawson
16. BIRTHPLACE (city or town) (State or country): Powell Ida

17. INFORMENT (Address): L. E. Dawson
18. BURIAL, CREMATION, OR REMOVAL Place: Powell Date: 8/21, 1934
19. UNDERTAKER (Address): —
20. FILED 8/21, 1934 J. L. Fuller Registrar.
Reg. Dist. No. 16, Shoshone, Ida.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 20 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1934, to Aug 20, 1934
I last saw h[illegible] alive on Aug 20, 1934; death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro Enteritis, | |
| Other contributory causes of importance: Bad food supply, | |

Name of operation: Date of:
What test confirmed diagnosis? Death. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address)

**MARGIN RESERVED FOR BINDING**

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90605

Registration District No. 00
Primary Registration District No. 2178 Local Registrar's No. 52

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Maud Amelia Leatham

(a) Residence. No. .... St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles S. Leatham

6. DATE OF BIRTH (month, day, and year) May 17, 1891

7. AGE — Years: 43 | Months: 4 | Days: 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Minneapolis Minn.

FATHER
13. NAME: Nels Peterson
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Matilda Thompson
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Charles S. Leatham Rexburg

18. BURIAL, CREMATION OR REMOVAL
Place: Rexburg Date: 10/6, 1934

19. UNDERTAKER (Address): Russel R. Hamm Rexburg, Idaho

20. FILED: Oct. 6, 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10 - 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Oct 2, 1934
I last saw h. alive on Sept 1, 1934: death is said to have occurred on the date stated above, at 3.45 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-vascular renal disease | 1930 |
| Embolism Coronary artery before death | 2 hours |
| Other contributory causes of importance: Hypertension Nephritis | |

Name of operation: .... Date of: ....
What test confirmed diagnosis?: .... Was there an autopsy?: ....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ? Date of injury .., 193.
Where did injury occur?: ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**: ....
Manner of injury: ....
Nature of injury: ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify: ....

10/3/34
(Signed) Lorin L. Rich M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH.

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90606

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 51

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Archibald

(a) Residence. No. .... St. Rexburg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Archibald

6. DATE OF BIRTH (month, day, and year): Dec. 16, 1873

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cache Junction Utah

MOTHER FATHER

13. NAME: Thomas Hicks

14. BIRTHPLACE (city or town) (State or country): Donaldson Creek Ky.

15. MAIDEN NAME: Ellen M. Yallop

16. BIRTHPLACE (city or town) (State or country): Norfolkshire England

17. INFORMANT (Address): Jesse Atkinson

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 10/1., 1934

19. UNDERTAKER (Address): Russell R. Clapp Rexburg, Idaho

20. FILED Oct 6., 1934 J. R. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1934 to Sept 29, 1934

I last saw her alive on Sept 28, 1934; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralytic Stroke | |
| Cerebral Hemorrhage | |
| Hypertension | |
| Ch. Nephritis | |
| Ch. Nephritis | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the *following:*

Accident, suicide, or homicide?..... Date of injury.., 1934.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. D. Stookey M. D.

(Address) Rexburg

RECEIVED OCT 1 1934

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90607

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Antoinette Beccard

(a) Residence. No. 48 South 1st East St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16 4

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Herman Beccard (Deceased)

6. DATE OF BIRTH (month, day, and year) Jan 17 - 1850

7. AGE — Years: 84 | Months: 8 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME Jacob Ketchkowsky
14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. John Taylor, Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: South Side Cemetery Date: Oct. 1-, 1934

19. UNDERTAKER (Address): Ward J. Kelly, Rexburg Idaho.

20. FILED Oct. 6, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1934, to Sept 28, 1934.
I last saw her alive on Sept 28 1934: death is said to have occurred on the date stated above, at 6:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Refused to eat for 4 weeks | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Parley Nelson, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90608

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 49

(No. 128)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alexander Erikson

(a) Residence. No. Rexburg St. R.F.D.1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabell Erickson
6. DATE OF BIRTH (month, day, and year): May 24, 1861
7. AGE: Years: 73 Months: 3 Days: 16 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Eric Anderson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): May Erikson, Rexburg

18. BURIAL, CREMATION OR REMOVAL
Place: Burton Date: 9/10, 193..

19. UNDERTAKER (Address): Grussel & Flamm, Rexburg Idaho

20. FILED: Oct. 6, 1934 J. E. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to Sept. 7, 1934.
I last saw h/M. alive on Sept. 6, 1934.; death is said to have occurred on the date stated above, at 6:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | 1934 |
| Chronic perenchymatous | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? Laboratory tests & symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Lorin D. Tuttle M. D.
(Address) Rexburg Idaho
9/10/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF RECEIVED OCT 10 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90609

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Theodore Johnson

(a) Residence. No. Rexburg R.F.D.2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 1 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, *as* **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, *as* **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Springville (State or country) Utah

MOTHER FATHER

13. NAME Robert L. Johnson

14. BIRTHPLACE (city or town) Canada (State or country)

15. MAIDEN NAME Polly Guymon

16. BIRTHPLACE (city or town) Missouri (State or country)

17. INFORMANT Juliet Johnson (Address) Park City, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Nephi Utah Date 9/14, 1934

19. UNDERTAKER Russel Tilgner (Address) Rexburg, Idaho

20. FILED Oct 6, 1934 J. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-/2 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Sept., 1934.
I last saw him alive on Sept., 1934: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ~ Date of ~

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Sutherland M. D.
(Address) Rexburg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Jab.

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90610

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Joana Cully

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6. DATE OF BIRTH (month, day, and year): Jan 30 - 1865

7. AGE: Years 69 | Months 6 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER FATHER

13. NAME: Mr. Hannah

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME: Mrs. Hannah

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): M. J. Cully

18. BURIAL, CREMATION OR REMOVAL
Place Mt View Cemetery Rupert Idaho Date aug 23 1934

19. UNDERTAKER (Address): Adams & Goodman Rupert Idaho

20. FILED Aug 23, 1934 Ethel Inman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-12-....., 1934., to 8-21....., 1934.
I last saw h.. alive on 8-20....., 1934.; death is said to have occurred on the date stated above, at 5.45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asthma, Bronchopatic | Chronic |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis, senere | Chronic |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. C. Pegram M. D.
(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90611

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claus F Lundt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 14 - 1852

7. AGE: Years 81 | Months 10 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER / FATHER

13. NAME: Henry B Lundt

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Ray Lundt Paul Ida Route 1

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Idaho Date: Sept 16 1934

19. UNDERTAKER (Address): W A Goodyman Rupert Idaho

20. FILED: Sept 15, 1934 E E Edmonds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1934, to Sept 13, 1934.
I last saw him alive on Sept 13 1934; death is said to have occurred on the date stated above, at 6:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, Head of Pancreas | Unknown |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify .....

(Signed) E E Edmonds M. D.

(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90612

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Junia Kern Bryning

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mall
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 25 - 1882

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 49 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** RR Brakeman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Springfield
(State or country) Illinois

MOTHER FATHER

13. NAME Wm Bryning

14. BIRTHPLACE (city or town) .....
(State or country) Canada

15. MAIDEN NAME Elizabeth Berry

16. BIRTHPLACE (city or town) .....
(State or country) Illinois

17. INFORMANT C R Smith
(Address) Lava Hot Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Aug 13 1934

19. UNDERTAKER Olaf Goodman
(Address) Rupert Idaho

20. FILED 8-13, 1934 E Kadmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1934, to Aug. 12, 1934.

I last saw him alive on Aug., 1934; death is said to have occurred on the date stated above, at 3 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock following accident | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Left leg run over by train

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury Fell between cars

Nature of injury Leg mashed off

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify.....

(Signed) Fayne N. Kerns M.D.

(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Registered Sep 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90613

**PLACE OF DEATH**
County of NezPerce
City of Lewiston

Registration District No. 1 a 0 9
Primary Registration District No. 9 6 Local Registrar's No.

(No. 308 Prospect)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erving Sumner Cook Sr.

(a) Residence. No. 308 Prospect Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 17 1858

7. AGE — Years: 76 — Months: 3 — Days: 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Belchertown Mass

FATHER
13. NAME: L.V.B.Cook
14. BIRTHPLACE (city or town) (State or country): Mass

MOTHER
15. MAIDEN NAME: Florane Crozier
16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMENT (Address): Erving S. Cook Jr. Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Springfied Mass Date: 8/20/34 193

19. UNDERTAKER (Address): Vassar-Shaughnessy Co Lewiston Idaho.

20. FILED Aug. 22, 1934 J. M. Lyle Registrar.
By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 193 4, to August 19, 193 4
I last saw him alive on Aug 19, 193 4; death is said to have occurred on the date stated above, at 9 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Hypostatic Pneumonia | |
| | |
| | |

Name of operation: Date of:
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90614

**PLACE OF DEATH**

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 915-8th Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Davis Walter Burnside

(a) Residence. No. 915-8th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Weisgerber

6. DATE OF BIRTH (month, day, and year) Feb. 13, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portland, (State or country) Oregon

FATHER

13. NAME Daniel W. Burnside

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mary Jane Davis

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs. Margaret Burnside, Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 8-17, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary (Address) Lewiston, Idaho

20. FILED Aug. 19, 1934 J. M. Lyle Registrar. By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934, to Aug 16 1934, I last saw him alive on Aug 16 1934; death is said to have occurred on the date stated above, at 7.45 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Generalized | 1931 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation none Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. G. Broadbent M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90615

**PLACE OF DEATH**
County of NezPerce
City of Lewiston
Registration District No. 1909
Primary Registration District No. 96 Local Registrar's No.
(No. Round House Camas Prarie Railway Yards)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A. Hawkins

(a) Residence. No. 1722 -7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Hawkins

6. DATE OF BIRTH (month, day, and year) Nov, 7. 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway

10. Date deceased last worked at this occupation (month and year) 8/16/34

11. Total time (years) spent in this occupation 18yrs

12. BIRTHPLACE (city or town) (State or country) Wyeena Wisconsin

FATHER

13. NAME Royal Henry Hawkins

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Jean Purves

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT (Address) John Hawkins Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 8/20/34, 193

19. UNDERTAKER Vassar-Shaughnessy Co (Address) Lewiston Idaho

20. FILED Aug. 19, 1934 J. M. Lyle Registrar. By E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 193 4, to Aug 16, 193 4
I last saw h alive on Aug 16, 193 4: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | probably Aug 15 34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Don't know | |

Name of operation None Date of —
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. E. Carlson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 90616

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter T. French

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 8th 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho

FATHER

13. NAME W. T. French

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Nelle Hunt

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs. W. T. French Myrtle Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Idaho Date 8/18, 1934

19. UNDERTAKER Brown-Ware Co.
(Address) Lewiston Idaho

20. FILED 9-18, 1934 J. M. Lyle Registrar.
By S.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 15 193 4

22. I HEREBY CERTIFY, That I attended deceased from Aug-13, 193 4 to Aug-15, 193 4

I last saw him alive on Aug 13, 193 4 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Enteritis | |
| Peritonitis | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle M. D.

(Address) Lewiston Idaho

RECEIVED SEP 24 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90617

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. ) 189
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orville O. Schultz

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 11 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39. | 2. | 4. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Thos Schultz

14. BIRTHPLACE (city or town) (State or country) Unknown "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) L. B. Henry Lewiston Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Idaho Date 8/20, 1934

19. UNDERTAKER Brower-Hyams Co. (Address) Lewiston Idaho

20. FILED Aug 18, 1934 J. M. Lyle Registrar. By [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Neck Broken accidental

Team Ran Away

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. H. Brower Coroner M.D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Lyle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90618

Registration District No. 1209

Primary Registration District No. 96 Local Registrar's No.

Lewiston Orchards Route .2
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray C. Todd

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zoe W. Todd

6. DATE OF BIRTH (month, day, and year) Nov 7. 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Orchardist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Moundsville Mo.

FATHER

13. NAME James Todd

14. BIRTHPLACE (city or town) (State or country) Idniana

MOTHER

15. MAIDEN NAME Alice Chaffin

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs Zoe W. Todd Lewiston Orchards

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 8/15/34, 193

19. UNDERTAKER (Address) Vassar-Sahughnessy Co. Lewiston Idaho

20. FILED Aug. 17, 1934 J. M. Lyle Registrar.
By S.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 1931, 193..., to Aug-14, 1934
I last saw him alive on Aug-13 1934.: death is said to have occurred on the date stated above, at 2-05 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Kidney with metastases | |

Other contributory causes of importance:

Name of operation Nephrectomy Date of 1929

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Todd M.D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90619

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1209
Primary Registration District No. 96
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester L Johnson

(a) Residence. No. Camp 1645 Fourth Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 25; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not obtainable

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Capt Murdock C.C.C Headquartes
18. BURIAL, CREMATION, OR REMOVAL Place Galesburg Ill Date , 193
19. UNDERTAKER Vassar-Sahughnessy Co (Address) Lewiston Idaho
20. FILED Aug 15, 1934 J. M. Lyle Registrar. By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/13 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 13th 1934, to Aug 13th 1934
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| accidental, struck by falling tree, while on Fire duty. | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury 8/13 1934
Where did injury occur? Clearwater County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by falling Tree
Nature of injury Broken Neck

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Fighting Forest Fire
(Signed) C.C. Hendrickson, M. D.
(Address) Capt M.C. Res C.C.C Headquarters

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90620

**PLACE OF DEATH**
County of NezPerce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Camp 1645 C.C.C. French Creek)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Leroy McBennis

(a) Residence. No. Camp 1645 French Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Forestry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civilian Conservation Corp, U.S. Army

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) Not Obtainable

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Not Obtainable

17. INFORMENT Capt G.P.Murdock
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ottawa Ill. Date , 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED Aug 15, 193 4 J. M. Lysle Registrar.
By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/13/1934

22. I HEREBY CERTIFY, That I attended deceased from 8/13 1934 to 8/13 1934, I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Head crushed by falling tree while fighting forest fire | |
| Other contributory causes of importance: | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury 8/13, 1934
Where did injury occur? Clearwater County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Head crushed by
Nature of injury Falling Tree

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Fighting forest fire

(Signed) [illegible], M. D.
(Address) Capt McBennis CCC Headquarters

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90621

Registration District No. 1009
Primary Registration District No. 9
Local Registrar's No.

(No. St. Joseph Hospital) 117
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Agnes Moyer

(a) Residence. No. St. Clarkston Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10th 1918

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 16 | 0 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. High school Student
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miles City Montana

FATHER
13. NAME Arthur L. Moyer
14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER
15. MAIDEN NAME Ida Agnes Prentis
16. BIRTHPLACE (city or town) (State or country) Chicago Illinois

17. INFORMENT (Address) Arthur L. Moyer Clarkston, Wash

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date Aug 8th, 1934

19. UNDERTAKER Boyer - Wamp Co.
(Address) Lewiston Idaho

20. FILED Aug 8, 1934 J. M. Lyle Registrar.
By E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934, to Aug 5th, 1934
I last saw her alive on Aug 5th, 1934; death is said to have occurred on the date stated above, at 7.20 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis from ruptured A.P. Appendix with empyema right chest | May 23rd 34 |

Other contributory causes of importance:

Name of operation Drainage Operation Date of May 23, 34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. C. Carson, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 2 1934

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90622

Registration District No. 1209
Primary Registration District No. 96 Local Registrar's No. 65

(No. St. Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice W. Blakeman

(a) Residence. No. St. Westlake Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Blakeman

6. DATE OF BIRTH (month, day, and year): July 23rd 1875

7. AGE: Years 58 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chicago Illinois

FATHER
13. NAME: M. L. Goldsmith
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Myrtle Hall
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Jacob Blakeman Westlake, Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place: Lewiston, Idaho Date: Aug 6, 1934

19. UNDERTAKER (Address): Bowers Mortuary Co. Lewiston Idaho.

20. FILED Aug 7, 1934 J. M. Lyle Registrar. By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1934, to Aug 4, 1934
I last saw h[illegible] alive on Aug 4, 1934; death is said to have occurred on the date stated above, at 2:40 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins Disease | 4 Months |
| | |
| | |
| | |
| Other contributory causes of importance: Don't know | |
| | |
| | |

Name of operation: None Date of
What test confirmed diagnosis? Glandular enlargement Was there an autopsy?
Blood Count

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. B. Pearsall, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90623

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Pearl Stephens

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year) Sept. 11, 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 48 | 10 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pacific,
(State or country) Missouri

FATHER

13. NAME Iassac D, Rowden

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Caroline Clark

16. BIRTHPLACE (city or town) missouri
(State or country)

17. INFORMENT Mrs. T. N. Tabor
(Address) Lewiston, Idaho

18. BURIAL—~~CREMATION, OR REMOVAL~~
Place Lewiston, Idaho Date ..., 193...

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Aug 6, 193 4 J. M. Lyle Registrar.
By LD

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from 1933, 193..., to 8-2-, 1934
I last saw her alive on 8-2-, 1934; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | |

Other contributory causes of importance: Exophthalmic Goitre, Lesion of Gall Bladder

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Gaignard.

DO NOT WRITE IN THIS SPACE

State File No. 90624

2. FULL NAME Dinah Lee Davis

(a) Residence. No. Lapwai Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 5 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Johnie Davis

14. BIRTHPLACE (city or town) (State or country) Umatilla Oregon

MOTHER

15. MAIDEN NAME Martha White

16. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

17. INFORMENT (Address) Celia Williams Lapwai

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai Idaho Date 8/3, 1934

19. UNDERTAKER (Address) Brown-Thum Co Lewiston Idaho

20. FILED August, 1934 George Gaignard M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| Died Shortly before my arrival | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Juliaetta Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

white

DO NOT WRITE IN THIS SPACE
State File No. 90625

## PLACE OF DEATH

County of Nezperce
City of Idaho

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A Heller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 8

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year)
Not Known

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| About 74 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Valentine Heller

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Henrietta Deater

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. G. W. Dodd
(Address) Anatone, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn. Date Oct. 2, 1934

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Washington

20. FILED 10/8 1934 J. M. Lyle
by E. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934, to Sept 29, 1934
I last saw h. alive on Sept 29 1934: death is said to have occurred on the date stated above, at 4:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute exacerbation of a Chronic Endocarditis | about 5 day |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Valvular Heart | 2 yrs. |

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Whaley M. D.
(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90628

## PLACE OF DEATH

County of Nezperce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blue B Netler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nana K Grant

6. DATE OF BIRTH (month, day, and year)
Sept 16, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|---|
| | 50 | | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Africa

FATHER

13. NAME Knot Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Nana G. Netler
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 9/23, 1934.

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED 10/8, 1934 J. M. Lyle Registrar.
By E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22/34

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934, to Sept. 22, 1934.
I last saw him alive on Sept 22 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | Sept 21 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Acute Appendicitis | Sept 20 |
| | |
| | |

Name of operation Appendectomy Date of 9/20
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify
(Signed) H. R. Blackledge, M. D.
(Address) Lewiston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90627

**PLACE OF DEATH**

County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. Whites Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Frederick Davis Jr.

(a) Residence. No. St. Leland, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8th, 1927.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 6. | 8. | 27. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarkston, Washington.

FATHER

13. NAME William F. Davis.
14. BIRTHPLACE (city or town) (State or country) Garfield, Washington.

MOTHER

15. MAIDEN NAME Lola Gifford.
16. BIRTHPLACE (city or town) (State or country) Hot Springs, South Dakota.

17. INFORMENT (Address) W. F. Davis Leland, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Gifford, Idaho. Date Sept. 7th, 1934.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Sept 9, 1934 J. M. Lyle Registrar.
by G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 5th, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934, to Sept 5, 1934.
I last saw him alive on Sept 5, 1934: death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute gangrenous (ruptured) Appendicitis | Aug 28th 1934 |
| General peritonitis | Hours |
| Other contributory causes of importance: | |

Name of operation Appendectomy will drainage Date of Aug 24-34
What test confirmed diagnosis? Symptoms + Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify?
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90628

PLACE OF DEATH
County of Nez Perce
City of Lewiston.
Registration District No. 1209
Primary Registration District No. 96
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lona Christina Bacon.

(a) Residence. No. St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Bacon.

6. DATE OF BIRTH (month, day, and year) Aug. 3rd, 1891.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43. | 1. | 3. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER
13. NAME Marion S. Kelley.
14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER
15. MAIDEN NAME Dehlia Lowe.
16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Chas C. Bacon Clarkston, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Lookout, Idaho Date Sept. 9th, 1934.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED 9/9/34, 193 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 6th, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1934, to Sept 6, 1934
I last saw her alive on Sept 6, 1934: death is said to have occurred on the date stated above, at 4.15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gall stones & Cholecystitis acute | Aug 29-34 |
| Other contributory causes of importance: General Sepsis | Sept 2-34 |

Name of operation Drainage Gall Bladder Date of Aug 31-34
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ely Braseach, M. D.
(Address) Lewiston, Idaho.

RECEIVED OCT 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90630

**PLACE OF DEATH**
County of Nez Perce
City of Lenore
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

1610

2. **FULL NAME** Evelyn Maude Pontius

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 11 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, 12 hrs. or min. |
|---|---|---|---|
| | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Lenore, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Fred A Pontius

11. BIRTHPLACE OF FATHER (city or town) Butler
(State or Country) Mo.

12. MAIDEN NAME OF MOTHER Rene M Schetzle

13. BIRTHPLACE OF MOTHER (city or town) Lafayette
(State or County) Idaho

14. Informant Fred A Pontius
(Address) Lenore, Idaho

15. Filed 9/14, 1934 Lon Lyle Reg. Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 11, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Prematurity
6 1/2 mo

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Illness of Mother -
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Hattie Parker M. D.
Sept 11, 1934 (Address) Grangeville Idaho.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Sunnyside | Sept 12 1934 |

20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90631

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cyrus Jefferson Bledsoe

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 13th 1874.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 4 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs E King Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Idaho. Date Sept 10th, 1934

19. UNDERTAKER Brower-Wasmer Co
(Address) Lewiston, Idaho.

20. FILED Oct 3, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Sept 7, 1934
I last saw him alive on Sept 6, 1934; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | 1925 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cardiac failure | Sept 7-34 |

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Broadbent M. D.
(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90632
State File No.

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Cloninger

117

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgia Messiu

6. DATE OF BIRTH (month, day, and year): June 6, 1905

7. AGE: Years 29 | Months 3 | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) Asotin (State or country) Washington

MOTHER FATHER

13. NAME T O Cloninger

14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER

15. MAIDEN NAME Matty Pritchard

16. BIRTHPLACE (city or town) Flat River (State or country) Nebraska

17. INFORMANT T. O. Cloninger (Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 9/12, 1934

19. UNDERTAKER H. R. Merchant (Address) Clarkston Washington

20. FILED 9/15, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/9, 1934 to 9/12, 1934.
I last saw h. alive on 9/12, 1934: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Peritonitis | 9/2/34 |
| Other **contributory causes** of importance: | |
| Ruptured Appendix | 9/2/34 |

Name of operation Drainage Physical Date of 9/9/34
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. C. Carsson, M. D.
(Address) Lewiston Ida

Braddock

# PLACE OF DEATH

County of Nesperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90633

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fern Neeley Arrwood

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Boney Arrwood

6. DATE OF BIRTH (month, day, and year)
May 24, 1916

7. AGE — Years: 18 | Months: 3 | Days: 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baker
(State or country) Oregon

FATHER

13. NAME Fred Harrison

14. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER

15. MAIDEN NAME Oakley Paten

16. BIRTHPLACE (city or town) Baker
(State or country) Oregon

17. INFORMANT Leonard Neeley
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville, Date Sept 17, 1934.

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 9/19, 1934 J. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 16 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1934, to Sept 16, 1934.

I last saw her alive on Sept 16, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic Infection | Sept 9-1934 |
| following Childbirth | |
| Sept 7 1934 | |

Other **contributory causes** of importance:

Name of operation... no ..... Date of.....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... no If so, specify.....

(Signed) O. P. Braseacd M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90634

**PLACE OF DEATH**

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 1

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Freman Barnes

(a) Residence. No. 311-14th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Jewett Barnes

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Harriet Witham

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. A. R. Pinch, Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Idaho Date 9-25, 1934

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho

20. FILED 9/26, 1934 J. M. Lyle Registrar.
by E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1934, to Sept 22, 1934
I last saw him alive on Sept 22, 1934; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| benign Hypertrophia of Prostate | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. T. Scott, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90635

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 0206 6th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

#9

2. FULL NAME James Ructer Smartt.

(a) Residence. No. St. Yakima, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | Negro. | Married. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25th, 1873.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61. | 5. | 27. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Minister.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Selma,
(State or country) Alabama.

FATHER

13. NAME Baws Smart.

14. BIRTHPLACE (city or town)
(State or country) Georgia.

MOTHER

15. MAIDEN NAME Margaret Morgan.

16. BIRTHPLACE (city or town)
(State or country) Not known.

17. INFORMENT
(Address) Yakima, Washington.

18. BURIAL, CREMATION, OR REMOVAL
Place Yakima, Washington. Date Sept. 22nd, 34.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED 9/25, 1934 J. M. Lyle Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 22nd, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934, to Sept 22, 1934
I last saw h~~im~~alive on Sept 22, 1934: death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Thyroid | Unknown |

Other contributory causes of importance:

| | |
|---|---|
| None | |

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) L. B. Brockelbank, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90636

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stephen Goffe Farthing

(a) Residence. No. Cottonwood Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 13 1912

7. AGE — Years: 22 — Months: 6 — Days: 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Forest Work
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: C.C.C.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cottonwood Idaho

FATHER

13. NAME: Stephen J Fathing
14. BIRTHPLACE (city or town) (State or country): Sweetwater North Carolina

MOTHER

15. MAIDEN NAME: Jennie G. Gentry
16. BIRTHPLACE (city or town) (State or country): Fleetwood North Carolina

17. INFORMENT (Address): Stephen J Farthing Cottonwood Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: mmm Cottonwood Ida Date: , 193

19. UNDERTAKER: Vassar-Shaughnessy Co
(Address): Lewiston Idaho

20. FILED 10/4/34 193 J. M. Lyle Registrar.
By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/28/34 193

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1934, to September 28, 1934
I last saw him alive on September 28, 1934: death is said to have occurred on the date stated above, at 7:05A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Hemorrhage | Sept. 15 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Typhoid Fever | Sept.28 |
| Carious Ulceration | Sept.22 |
| due to Colon bacillus infection | |

Name of operation: None Date of: Exam.
What test confirmed diagnosis? Laboratory findings & Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) J. W. Shaughnessy, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90637

**PLACE OF DEATH**

County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 1142 14th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leslie Byron Hollister.

(a) Residence. No. 1142 14th, Avenue. EX
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White., | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jessie Hollister.

6. DATE OF BIRTH (month, day, and year) March 1st, 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68. | 6. | 28. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer. Retired Locomotive

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Railroad.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Jessie Hollister Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Oct. 2nd, 1934.

19. UNDERTAKER Brower-Wann Company, (Address) Lewiston, Idaho.

20. FILED 10/2, 1934 J. M. Lyle Registrar. By

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 29th, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1934, to 9-29, 1934
I last saw him alive on 9-29, 1934; death is said to have occurred on the date stated above, at 7:00 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1-1-34 |
| Other contributory causes of importance: | |
| Carcinoma Prostate | 2-15-34 |

Name of operation None Date of —
What test confirmed diagnosis? Hist. & Clin. Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W. J. McRae, M. D.
(Address) Lewiston, Idaho.

Duplicate Copy

OCT 10 [illegible] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90638

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 57)

(If death occurred in a hospital or institution, give its name instead of street and number.)

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

2. FULL NAME Estella M. Youmkman

(a) Residence. No. 7415-Bagley Ave St. Seattle, Wn.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. D. Youmkman

6. DATE OF BIRTH (month, day and year) Sept. 6, 1866

7. AGE — Years: 67 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10. NAME OF FATHER: Joshua Robinson

11. BIRTHPLACE OF FATHER (city or town) (State or Country): O Leo

12. MAIDEN NAME OF MOTHER: Elizabeth Folsom

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Pennsylvania

14. Informant: H. D. Youmkman
(Address): Seattle, Wn.

15. Filed Aug 9, 1934 J. M. Lyle Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 2 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

that I last saw h... alive on ..., 19...

and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Britonitis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Diabetes

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Jules, M. D.

..., 19... (Address) Seattle, Wn.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or Removal: By the ashes Lewiston, Idaho — Date of Burial: Aug 8, 1934

20. Undertaker: Greenlake Undertaking Co. — Address: Seattle, Wn.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

OCT 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90639

**PLACE OF DEATH**
County of Nez Perce
City of Southwick P.O.
Registration District No. 63
Primary Registration District No. 9143
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Pearl McGown

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, and year) Oct 30 1916.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 17 | 10 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Southwick
(State or country) Idaho

FATHER
13. NAME Chester McGown
14. BIRTHPLACE (city or town) Southwick
(State or country) Idaho

MOTHER
15. MAIDEN NAME Stella Triplett
16. BIRTHPLACE (city or town) Southwick
(State or country)

17. INFORMENT Chester McGown
(Address) Cavendish, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Southwick Date Sept 20 1934

19. UNDERTAKER John J Hackett
(Address) Troy Idaho

20. FILED Sept 19, 1934 B.F. Nesbit
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/18 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/18, 1934, to 9/18, 1934
I last saw her alive on 9/18, 1934: death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infantile Paralysis. | 9/15/34 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W F Robertson M.D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 90640

**PLACE OF DEATH**

County of Nez Perce Registration District No. 63

City of Southwick Primary Registration District No. 2143 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Frank Jermann

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 28 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | 8 | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Falls Creek Wis.

PARENTS

10. NAME OF FATHER Ferdinand Jermann

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Wilhelmina Burmeister

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany.

14. Informant (Address) Mrs F H Jermann Southwick Idaho

15. Filed 10-2 1934 B. F. Tackett Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Sept. 29 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934, to Sept 29 1934
that I last saw him alive on Sept 29 1934
and that death occurred, on the date stated above, at 2:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cholangitis & hepatitis
Acute pancreatitis
nephritis
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? .....

(Signed) D. A. Christensen, M. D.
Oct 1, 1934 (Address) Kendrick

| 19. Place of ~~Burial~~, Cremation, or Removal | Date of Burial 19 |
|---|---|
| Falls Creek Wis | |

20. Undertaker John J Pickard Address Troy Ida.

RECEIVED SEP 24 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90641

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME William L Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julie Sherman

6. DATE OF BIRTH (month, day, and year) June 9 1860

7. AGE — Years: 74 — Months: 2 — Days: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Port City
(State or country) Iowa

MOTHER/FATHER

13. NAME George Clark

14. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Christina Watson

16. BIRTHPLACE (city or town) .....
(State or country) Ohio

17. INFORMANT ... Mrs Clarence Leland
(Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place... Clarkston Wn Date... 8/26, 1934

19. UNDERTAKER H.R. Merchant
(Address) Clarkston Washington

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934, to Aug 24, 1934.
I last saw him alive on Aug 21, 193...: death is said to have occurred on the date stated above, at 1 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Surgical Shock | |
| Relig- Hypertrophia of Prostate | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Diabetes Mellitus | |
| | |
| | |

Name of operation Prostatectomy Date of Aug 23
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... Specify .....
(Signed) R. T. Scott, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90642

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ester Clara Franzen

(a) Residence. No. Pomeroy St. Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Unmarried

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1922

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 11 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pomeroy Wn.

FATHER

13. NAME Manfred Franzen

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Fannie Swartz

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Manfred Franzen Pomeroy Wn.

18. BURIAL, CREMATION, OR REMOVAL Place Removal Date Aug 25, 1934

19. UNDERTAKER (Address) O. M. Wassam Pomeroy

20. FILED Aug 28, 1934 J. M. Lyle Registrar. By E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Aug 25, 1934.

I last saw her alive on Aug 25, 1934: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis of Respiration | Aug 25 '34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Infantile Paralysis | Aug 17 '34 |

Name of operation none Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Carson, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90643

Registration District No. 1 0 9

Primary Registration District No. 9 6 Local Registrar's No.

(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Beulah Brewer

(a) Residence. No. Lapwai, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 7 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Indian | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/10/13

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 21 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dining room attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7/29/34

11. Total time (years) spent in this occupation 1yr 7mo/

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER

13. NAME J. G. Brewer

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Clem Adair

16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMENT (Address) Sanatorium Records Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho

20. FILED Sept 2, 193 4 J. M. Lysle Registrar.
By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/31/34 193

22. I HEREBY CERTIFY, That I attended deceased from July 29, 193 4, to August 31, 193 4
I last saw her alive on August 31, 193 4; death is said to have occurred on the date stated above, at 8:45p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malaria, Tertian type | 7/29/34 |
| Other contributory causes of importance: | |
| Appendicitis, acute gangrenous, perforated. | Oper. 8/12/34 |
| Broncho-pneumonia | 8/25/34 |

Name of operation Appendectomy Date of 8/12/34

What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) T. F. Kemby, M. D.
(Address) Lapwai, Idaho.

RECEIVED SEP 24

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90644

**PLACE OF DEATH**
County of NesPerce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Billings Block Main Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

143

2. FULL NAME Margaret Adiline Moore

(a) Residence. No. Billings Block St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 4 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 24 | 3 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Meat Market

10. Date deceased last worked at this occupation (month and year) Aug 13 1934

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Brownville Oregon

FATHER

13. NAME H.E.Moore

14. BIRTHPLACE (city or town) (State or country) Marysville California

MOTHER

15. MAIDEN NAME Lura Allingham

16. BIRTHPLACE (city or town) (State or country) Hasley Oregon

17. INFORMENT (Address) Edith Moore Clarkston Washington

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wash Date 8/22/34 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED Aug 24, 1934 J. M. Lysle Registrar.
By E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/21/34 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 193 4 to Aug 21, 193 4
I last saw her alive on Aug 21, 193 4; death is said to have occurred on the date stated above, at 12.10P
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| generalized Peritonitis, | |
| Streptococcus | |
| Other contributory causes of importance: | |
| Post abortum | |

Name of operation Laparotomy Date of Aug 8 193
What test confirmed diagnosis? Bacteriological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? c Date of injury ..., 193
Where did injury occur? c
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury c
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify c

(Signed) Paul G. Flemming M. D.
(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90645
State File No.....

Registration District No. 1 0 0 9

Primary Registration District No. 96 Local Registrar's No.....

(No. St. Joseph)
(If death occurred in a hospital or institution, give its name instead of street and number)

101

2. FULL NAME Orville E Furgeson

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margret Massow

6. DATE OF BIRTH (month, day, and year): Oct. 15, 1900

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 33 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Gardner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1934
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Mosinee, Wisconsin

FATHER

13. NAME: Auston Furgeson
14. BIRTHPLACE (city or town) (State or country): Grand Rapids, Wisconsin

MOTHER

15. MAIDEN NAME: Nellie E Parker
16. BIRTHPLACE (city or town) (State or country): Stevens Point, Wisconnsin

17. INFORMANT (Address): Mrs Jess Bales, Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash. Date 8/23.., 1934.

19. UNDERTAKER (Address): H. R. Merchant, Clarkston Washington

20. FILED Aug 24, 1934 J. M. Lyle Registrar.
By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/16/34, 193..., to 8/21, 193...

I last saw h[illegible] alive on 8/20/34, 193...: death is said to have occurred on the date stated above, at 2. a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Thrombosis | 8/21/34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Bacteriemia | |

Name of operation: Hysterectomy Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) M. D. Hatch, M. D.
(Address) Lewiston - Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90646

## PLACE OF DEATH

County of Nez Perce
City of Culdesac Idaho

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A Martin

(a) Residence. No. ..... Culdesac Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Martin

6. DATE OF BIRTH (month, day, and year) August 9. 1854

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Missouri

FATHER

13. NAME Jas Wilson

14. BIRTHPLACE (city or town) ..... (State or country) Kentucky

MOTHER

15. MAIDEN NAME Elizbeth J. Davenport

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Mrs. Arthur Boyer (Address) Culdesac Idaho

18. BURIAL, CREMATION OR REMOVAL Place Culdesac Idaho Date 8-8-, 1934

19. UNDERTAKER Brauer-Mann Co. (Address) .....

20. FILED August 9 1934 George Engwicht Registrar. M D

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-21-, 1934, to 8-6-, 1934.

I last saw her alive on 8-6-, 1934.: death is said to have occurred on the date stated above, at 4.00 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 6-21-34 |
| Chronic Myocarditis | |

Other contributory causes of importance:

| | |
|---|---|
| Arterio Sclerosis ? | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) George Engwicht, M. D.

(Address) Culdesac Idaho

RECEIVED SEP 20 [illegible]

Gaynard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 30647

**PLACE OF DEATH**
County of Nez Perce
City of Lapwai

Registration District No. 1-2E
Primary Registration District No. ..... Local Registrar's No. ..... 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Kathleen Types.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lapwai Idaho,

FATHER

13. NAME Peter Types,

14. BIRTHPLACE (city or town) (State or country) Clearwater Idaho

MOTHER

15. MAIDEN NAME Jane McAlley

16. BIRTHPLACE (city or town) (State or country) Juliaetta Idaho

17. INFORMENT (Address) Jane Types Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kirby-Idaho Date 9/[illegible], 193[illegible]

19. UNDERTAKER Brower-Hawes Co.
(Address) Lewiston Idaho

20. FILED August, 193[illegible] George Gaynard Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-4 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 7-24-34, 193..., to 8-4-34, 193...
I last saw h[illegible] alive on 8-3-34, 193...: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro-Enteritis | 7-24-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George Gaynard, M.D.
(Address) Culdesac Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 90648

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Bramlett

(a) Residence. No. ..... St. Lapwai Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 2, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Sanford Bramlett

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Margaret Buchanan

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMENT (Address) Lela Spencer Reubens, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Date 8/5, 1934

19. UNDERTAKER (Address) Brown-Wayne Co Lewiston Idaho

20. FILED August, 1934 George Wagner M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Sclerosis | |
| Patient Died Suddenly | |
| Few minutes before I arrived | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Wagner, M. D.

(Address) Lewiston Idaho

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White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90649

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Elnore Margaret Norton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred C Norton

6. DATE OF BIRTH (month, day, and year) Dec. 14th 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Maine

FATHER

13. NAME Wellman Kynaston

14. BIRTHPLACE (city or town) (State or country) Stow Point Maine

MOTHER

15. MAIDEN NAME Belle Pierce

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Maine

17. INFORMENT (Address) Alfred C Norton

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Date 8/30, 1934

19. UNDERTAKER (Address) Peterson & Hamilton Lewiston Idaho

20. FILED Aug 29, 1934 J. M. Lyle Registrar. By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934, to Aug 27, 1934
I last saw h alive on 8-27-34, 1934; death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gangrenous suppurative appendicitis | Aug 28-34 |
| General septicemia | Aug 25-34 |

Other contributory causes of importance:

Name of operation Appendectomy Date of Aug 22-34
What test confirmed diagnosis? Clinical Symptoms and Gross Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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Habel

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90650

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

94a

2. FULL NAME William Kilde

(a) Residence. No. 1213 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11, 1844

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|---|
| | 88 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Christ Kilde

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs Frank Wallace Lewiston Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Ida Date 8/26, 1934

19. UNDERTAKER Brower-Hakes Co. (Address) Lewiston Idaho

20. FILED Aug 29, 1934 J. M. Lyle Registrar. By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1934, to Aug 24, 1934

I last saw him alive on Aug 23, 1934; death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Aug 21 |

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....1934

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William P. Hakes M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

E. E. Brockbank

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

90651

State File No.

Registration District No. 9

Primary Registration District No. 96

Local Registrar's No.

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Erskine

(a) Residence. No. 1602 - 14th Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Erskine

6. DATE OF BIRTH (month, day, and year) Sept 6 - 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME Thomas Jordan

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Sarah Jane Collings

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Fred Erskine Lewiston Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Idaho Date 8/26 1934

19. UNDERTAKER Brown-Hahn Co

(Address) Lewiston, Idaho.

20. FILED Aug 27 1934 J. M. Lyle Registrar.

By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Aug 24, 1934

I last saw her alive on Aug 24, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Arterio sclerosis | 1920 |
| General | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Brockbank M.D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

E. G. Braddock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90652

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1209

Primary Registration District No. 26 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester Claude Mortimore

(a) Residence. No. 1821 - 11th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 22-1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 5 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto freight

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Chas. Mortimore

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Laura Robinmore

16. BIRTHPLACE (city or town) (State or country) Ida.

17. INFORMENT (Address) Mrs Claude Mortimore Lewiston Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Ida Date 8/24 1934

19. UNDERTAKER Brosseau Mortuary (Address) Lewiston Idaho

20. FILED Aug. 25, 1934 J. M. Doyle Registrar. By E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1934, to Aug. 22, 1934

I last saw him alive on Aug 22, 1934; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure | Aug 22 1934 |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Braddock, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90653

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2067 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Joseph Howard

(a) Residence. No. ..... St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Pack

6. DATE OF BIRTH (month, day, and year) Dec 15 1865

7. AGE: Years 68 | Months 9 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) Aug 1934
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Bountiful (State or country) Utah

MOTHER / FATHER
13. NAME Thomas Howard
14. BIRTHPLACE (city or town) ..... (State or country) England
15. MAIDEN NAME Mary Lowe
16. BIRTHPLACE (city or town) ..... (State or country) England

17. INFORMANT Owen T. Howard (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Sept 25 1934

19. UNDERTAKER J. Ben Dana (Address) Malad Idaho

20. FILED Sept 30 1934 J. M. Farnsworth Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1934, to 9/22, 1934.
I last saw him alive on 9/22, 1934: death is said to have occurred on the date stated above, at 11.20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia and Abscess of both legs | Aug. 1934 |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis "Intestinal flu" | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O. Brinkley M. D.
(Address) Malad Idaho

RECEIVED OCT 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90654

**PLACE OF DEATH**

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Morris Leigh

(a) Residence. No. ..... St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jeanette Woozley

6. DATE OF BIRTH (month) December 24 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 81 | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1898

11. Total time (years) spent in this occupation Active Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Daniel Leigh

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Ann Morris

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Mrs Daniel Leigh Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Sept 19 1934

19. UNDERTAKER J Guy Bona
(Address) Malad Idaho

20. FILED 9/20, 1934 J. M. Thomas
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934, to Sept 15, 1934
I last saw him alive on Sept 15, 1934; death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | 9/10-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Enteritis | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. M. Thomas, M. D.
(Address) Malad Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 [illegible]

RECEIVED OCT 1 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90655

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Stuart

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W | W. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Stuart

6. DATE OF BIRTH (month, day, and year) April 24 1840

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 94 | 4 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Wales.

MOTHER FATHER
13. NAME Thos L Evans.
14. BIRTHPLACE (city or town) ..... (State or country) Wales.
15. MAIDEN NAME Jane Davis.
16. BIRTHPLACE (city or town) ..... (State or country) Wales.

17. INFORMANT Mary McKay (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Malad Ida Date 9-16, 1934

19. UNDERTAKER D.C. Johnson (Address) Burley Idaho

20. FILED Sept 30 1934 J. M. Kerns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Sept. 12, 1934.
I last saw her alive on Sept 12, 1934.; death is said to have occurred on the date stated above, at 1.0. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Injury to leg from fall | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury .., 1934
Where did injury occur? Malad Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In house
Manner of injury Injury to leg thus
Nature of injury Bruises & Bone bruised

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....
(Signed) V. P. Grant, M. D.
(Address) Malad Ida

RECEIVED OCT 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90656

**PLACE OF DEATH**

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 23

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johnnie Thomas Jones

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 1910

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24 | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Sept 8 34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Eli Benjamin Jones

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Mary E Thomas

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho.

17. INFORMENT (Address) Eli B. Jones Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Sept 12 1934 Burial

19. UNDERTAKER (Address) J. Guy Rees Malad Idaho.

20. FILED Sept 30, 1934 J M Ferris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1934, to Sept 9, 1934

I last saw him alive on Sept 9, 1934; death is said to have occurred on the date stated above, at 3 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Contusion of Brain and Crushing injury to Chest Fracture Fibula | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 9, 1934

Where did injury occur? Malad City Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Run down by Automobile

Nature of injury Head & Body Injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Ferris, M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90658

PLACE OF DEATH
County of Jefferson
City of Ririe
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 49

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Chase

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 4, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | 15 |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ririe, Idaho.

FATHER
13. NAME John Albert Chase
14. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

MOTHER
15. MAIDEN NAME Florence Scott
16. BIRTHPLACE (city or town) (State or country) La Belle, Idaho.

17. INFORMENT (Address) Calvin A. Chase Ririe, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Annis, Idaho Date October 6 1934

19. UNDERTAKER None
(Address)

20. FILED 10/6, 1934 A B Eckersell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1934 to Oct. 5, 1934
I last saw h[illegible] alive on Oct 4, 1934; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock and Heart failure. | |
| Other contributory causes of importance: | |
| Collapse Cord | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. R. West, M. D.
(Address) Ririe, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90660

**PLACE OF DEATH**
County of Jefferson
City of Menan

Registration District No. 98
Primary Registration District No. 7176 Local Registrar's No. 45
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine R. Greger

(a) Residence. No. Menan (Usual place of abode) Idaho St. Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. 36 mos. 3 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec. 11 - 1850
7. AGE: Years 83 | Months 8 | Days 29. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
13. NAME: George Randegger
14. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER
15. MAIDEN NAME: Catherine Holzendinger
16. BIRTHPLACE (city or town) (State or country): Ossingen Switzerland

17. INFORMANT (Address): Mrs. Fred Bottwales Menan Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Cedar Butte Cem Date: Sept 12 1934
19. UNDERTAKER (Address): Thos. J. Kelly Rigby Ida.
20. FILED 9-12, 1934. A. M. Peckenall Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 9- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to 9/9, 1934
I last saw h.. alive on Aug 28, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis (Brights) | Unknown |
| Other **contributory causes** of importance: Senility | |

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) .....

RECEIVED OCT 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jefferson

City of Monteview.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 90661

Local Registrar's No. 47

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Ponderson Fowler.

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 12, 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | 5 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cow Hand.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Cattle raising

10. Date deceased last worked at this occupation (month and year) Sept. 30-34

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Rockdale, Texas.

FATHER

13. NAME Frank Ford Fowler.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Carrie Lee Ponderson.

16. BIRTHPLACE (city or town) (State or country) Texas.

17. INFORMENT (Address) W. A. Fowler 1508 Gardena Ave. Glendale Calif.

18. BURIAL, CREMATION, OR REMOVAL Place Rigby, Ida. Date 10/6, 1934

19. UNDERTAKER A B Eckardt (Address) Rigby, Idaho.

20. FILED Oct 6, 1934 A B Eckardt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~...~~, 193 , to , 193 ; Last saw h[illegible] on Sept 1, 1934; death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound through head (Suicide) | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9-30 1934

Where did injury occur? Monteview Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A B Eckardt M.D.

(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90662

**PLACE OF DEATH**

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2067

Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Christian Jensen

(a) Residence. No. Malad Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

119

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Dorothy Lentz

6. DATE OF BIRTH (month, day, and year) Mar 7 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 88 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miller

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1914

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna L. Stowe (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Oct 1, 1934

19. UNDERTAKER J. Berg Duncan (Address) Malad Idaho

20. FILED Sept 30, 1934 J. M. Kemp Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from June —, 193 0, to Sept 28, 193 4
I last saw h... alive on Sept 19, 193 4: death is said to have occurred on the date stated above, at 8:50 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal | |
| influenza | Two weeks |

Other **contributory causes** of importance:

| | |
|---|---|
| General debility | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. A. Malmborg M. D.
(Address) Malad Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Eve
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
PATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

City of Marsing Registration District No. 107

Primary Registration District No. ~~2095~~ 2185 Local Registrar's No. 96 15

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Ralph West

(a) Residence. No. Marsing Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine West

6. DATE OF BIRTH (month, day, and year) Nov 2 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 46 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Perry
(State or country) Ohio

FATHER

13. NAME Andrew West

14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME Sarah Rouse

16. BIRTHPLACE (city or town)
(State or country) New York state

17. INFORMENT Howard McWest
(Address) 213 So 6th St Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Sept. 16 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED Sept 15-34 1934 J. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 13-34

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Body crushed. | |
| Accidental explosion in a tunnel. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Grete Cannon M.D.

(Address) Boise City Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

CT

**PLACE OF DEATH**

County of Owyhee

City of Marsing

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. ± 107

Primary Registration District No. ~~1005~~ 2185

(No. ..... )

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 90664

Local Registrar's No. ~~95~~ 14

2. FULL NAME Jess Morgan Kipp

(a) Residence. No. Caldwell, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 31, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 7 | ~~12~~ | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Constructing Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Elroy Wisconsin

FATHER

13. NAME Frank P. Kipp

14. BIRTHPLACE (city or town) (State or country) Des Moines Iowa

MOTHER

15. MAIDEN NAME Lulu Annette Morgan

16. BIRTHPLACE (city or town) (State or country) Elroy Wisconsin

17. INFORMENT (Address) Robert Kipp Caldwell Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Sept. 16, 1934

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho.

20. FILED 9-15-34, 1934 E. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Body crushed | |
| Accidental explosion | |
| in a tunnel. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John Smith County C. D.

(Address) Silver City, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90665

**PLACE OF DEATH**
County of Owyhee
City of Silver City
Registration District No. 43
Primary Registration District No. 2120
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene M. Hussey

(a) Residence. No. Boise Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Helen Hussey

6. DATE OF BIRTH (month, day, and year) Jan 23 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grants Pass Ore.

FATHER

13. NAME Thomas J. Hussey

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Rosana Crow

16. BIRTHPLACE (city or town) (State or country) Glenwood Ferry Idaho

17. INFORMENT (Address) Mrs. Ernest Frazer Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida. Date 9/17, 1934

19. UNDERTAKER F. K. Robinson (Address) Nampa, Idaho

20. FILED Sept. 18, 1934 B. B. Leonard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Failure | |
| No Doctor | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John. Grete Coroner M.D.
(Address) Silver City, Idaho Owyhee Co.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90666

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. H. Curtiss

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie M. Curtiss.

6. DATE OF BIRTH (month, day, and year): May 4, 1861.

7. AGE: Years 73 | Months 3 | Days 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Norwalk Ohio

FATHER

13. NAME: Geo. W. Curtiss.
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Ellen Stedwell
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Mrs. Donald Wiseman, New Plymouth, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Norwalk, Ohio Date Aug 16 1934

19. UNDERTAKER (Address): Glenn C. Sanders, Payette Idaho

20. FILED 8/15/34 193.. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 15 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to Aug 15, 1934.
I last saw him alive on Aug 14, 1934.: death is said to have occurred on the date stated above, at 11:45 Am.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Pernicious Anemia | 1922 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Myocarditis | 1932 |
| | |

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred M. Pope M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bayette

City of Bayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90667

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis A. Bratten

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year): Aug 8 1878.

7. AGE — Years: 56. Months: — Days: 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maine

MOTHER FATHER

13. NAME: Robt T. Bratten
14. BIRTHPLACE (city or town) (State or country): Unk.
15. MAIDEN NAME: Louisa Pickett
16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMANT (Address): Eugene Bratten Edling Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Cascade Ida. Date: Aug 16 1934

19. UNDERTAKER (Address): Glenn C. Sanders Bayette Ida.

20. FILED 10/15/34 193... J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 13 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13 ..., 193.4., to Aug 13 ..., 193.4., I last saw him alive on Aug 13 193.4, death is said to have occurred on the date stated above at 1.00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| By Hanging | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Despondent | |
| | |
| | |

Name of operation: none Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, ~~or homicide~~? suicide Date of injury: Aug 13 193.4
Where did injury occur? Bayette Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Ot House
Manner of injury: By Hanging
Nature of injury: Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edith Sanders M. D.
(Address) Bayette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9066x

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Mrs Lelia Aldora Orr

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Orr

6. DATE OF BIRTH (month, day, and year): Sept 29 1892

7. AGE — Years: 41 | Months: 10 | Days: 10 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Amsterdam N. Y.

FATHER

13. NAME: Marvin H. Tuels

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): John A. Orr Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Ida. Date: Aug 10 1934

19. UNDERTAKER (Address): Glenn C. Sullivan

20. FILED: 8/8/34 1934. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/7/1934.

22. I HEREBY CERTIFY, That I attended deceased from 8/6/1934 193.... to 8/7/1934 193....

I last saw him alive on 8/7/1934 193....: death is said to have occurred on the date stated above, at 10:30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown | |
| Probably hemorrhage | |
| from ruptured ectopic gestation | |
| Seances | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: Curettage Date of: 8/7/34

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. V. Woodward M. D.

(Address) Payette Ida

RECEIVED SEP 1 7 19[illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90669

County of Payette

City of Payette

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Mr. Clarence Chas. Warden

(a) Residence. No. 723 North 6th St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora M. Warden

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchants Police

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deer Ridge, Missouri

MOTHER FATHER

13. NAME Samual Warden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martha Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Cora M. Warden Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette, Idaho Date 7/31/34 193..

19. UNDERTAKER Glenn C. Faulkner (Address) Payette, Idaho

20. FILED 8/8/34 193.. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 193.4, to July 28, 193.4.
I last saw h[illegible] alive on July 28, 1934; death is said to have occurred on the date stated above, at [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary Pneumonia of Lung | 7 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) ..... M. D.
(Address) Payette Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90670

County of Payette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Grant Gardner

(a) Residence. No. Fruitland Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 24 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (WIFE) Harriet B Gardner

6. DATE OF BIRTH (month, day, and year) Feb. 2 1864

7. AGE — Years: 70 | Months: 7 | Days: 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Druggist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1934
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country): Denison Iowa

FATHER

13. NAME Sterling Gardner
14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME Malinda Plumb
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address) H. Grant Gardner

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place New Plymouth Date 9/17, 1934

19. UNDERTAKER (Address) Wm McKinnis Fruitland Idaho.

20. FILED 9/16/34 193... J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-13 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably Coronary thrombosis. Death was very sudden. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90671

Registration District No.

Primary Registration District No. Local Registrar's No. 33

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eivin L ~~Sanders~~ Ware

(a) Residence. No. American Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 2 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 11 | 5 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Student

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.D.

FATHER

13. NAME Leon Ware

14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER

15. MAIDEN NAME Elizabeth Mugero

16. BIRTHPLACE (city or town) (State or country) S.D.

17. INFORMANT Elizabeth Londeen
(Address) Am Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL 9/28/34
Place I.O.F Cemetary Date 928., 193..

19. UNDERTAKER
(Address) American Falls, Idaho.

20. FILED 9-28., 193.4 Genevieve Roth
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 193.4., to 9-26, 193.4

I last saw him alive on 9-26-34, 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid fever | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Suppurative inflamation of joints (Septicemia) | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. J. Fogarty, M. D.

(Address) Commercial Hotel, American Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90673

Registration District No.....

Primary Registration District No..... Local Registrar's No. 37

(No. Lake Channel (about 18 mi. S W Am. Falls, )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Anderson

(a) Residence. No. Lake Channel St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year)
March 10, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 6 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 22

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Schelburn, Ind.

FATHER

13. NAME C. S. Anderson

14. BIRTHPLACE (city or town) (State or country) Schelburn, Ind.

MOTHER

15. MAIDEN NAME Ann Elizabeth Hall

16. BIRTHPLACE (city or town) (State or country) Deleware

17. INFORMANT (Address) Wm. S. Anderson Schelburn, Indiana

18. BURIAL, CREMATION OR REMOVAL
Place Lake Channel Date....., 193..

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Idaho.

20. FILED....., 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/29 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 1934, to 9/29, 1934.
I last saw h... alive on 9/27, 1934. death is said to have occurred on the date stated above, at 12 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, Suicide, or Homicide?... Date of injury 9/26 1934
Where did injury occur? At his ranch
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Fell striking object
Nature of injury Injury to chest

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) W. F. Farrell M. D.

(Address) Am. Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90674

Registration District No. 23-

Primary Registration District No. 2072 Local Registrar's No. 36

(No. Schilt, Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Ruben Chris Nelson

(a) Residence. No. Rockland, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Beatrice Nelson

6. DATE OF BIRTH (month, day, and year)
April 21 -1897

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 37 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.) 10 days

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) Rockland,
(State or country) Idaho.

FATHER

13. NAME Peter Nelson

14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME Bennie Christensen

16. BIRTHPLACE (city or town) Brigham City
(State or country) Utah.

17. INFORMANT Elmer Perry.
(Address) Rockland, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rockland, Ida. Date Oct. 2, 1934

19. UNDERTAKER A. W. Davis.
(Address) Am. Fals Idaho.

20. FILED 10-1, 1934. Genevieve Nott
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1934, to Sept. 29, 1934.
I last saw him alive on Sept. 29 1934.: death is said to have occurred on the date stated above, at 1:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrenous Appendix | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Cerebral Abcess | |
| | |
| | |

Name of operation Appendectomy Date of 9-21-34

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) V. V. Fogas, M. D.

(Address) Am. Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Power
City of Am Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90675

Registration District No. 23
Primary Registration District No. 2072 Local Registrar's No. 34
(No. if) Schultz Memorial Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Thomas Watts

(a) Residence. No. 183 Howard St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Mary A. Watts
6. DATE OF BIRTH (month, day, and year): April 22 - 1860
7. AGE — Years: 74 — Months: 4 — Days: 28 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Police
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Law in forcement
10. Date deceased last worked at this occupation (mo. and yr.): May 1933
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Scotland Co Mo

MOTHER FATHER
13. NAME: James A Watts
14. BIRTHPLACE (city or town) (State or country): Not known Indiana
15. MAIDEN NAME: Mary L Green
16. BIRTHPLACE (city or town) (State or country): Not Known Scotland Co Mo

17. INFORMANT (Address): Jos. T. Watts 183 Howard st
18. BURIAL, CREMATION OR REMOVAL — Place: Am. Falls Ida Date: Sept 23 193 4
19. UNDERTAKER (Address): A. W. Downey Am. Falls. Ida.
20. FILED: Sept. 193 4 Geneva Nolt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-20 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 193 4 to September, 193 4
I last saw him alive on Sept., 193 4: death is said to have occurred on the date stated above, at [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. E. Hyer M. D.
(Address) American Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90676

**PLACE OF DEATH**

County of Power
City of Am. Falls, Ida.
Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 33
(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora Frances Bartel

(a) Residence. No. Am. Falls, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Bartel

6. DATE OF BIRTH (month, day, and year)
January 18, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER FATHER

13. NAME Hurd

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Spalding

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Lena D. Fields, Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date Sept. 16 193 4

19. UNDERTAKER A. W. Davis.
(Address) Am. Falls, Ida.

20. FILED 9-15-, 193 4. Genevieve Nolte
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 193 4

22. I HEREBY CERTIFY, That I attended deceased from July 23., 1934., to September 14 1934.
I last saw h.er alive on Sept. 14 193 4. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Carcinoma ? | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. F. Ingram M.D. M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 90678

Local Registrar's No. 14

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Emma Frances Osler

(a) Residence. No. Mace Idaho St. Mace Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Married. |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John N. Osler

6. DATE OF BIRTH (month, day, and year) Sept 24 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER

13. NAME George Maxwell

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Sater

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) John Osler Mace Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Coeur d'Alene Date Sept 15 1944

19. UNDERTAKER (Address) J. A. Bower Wood Undertaking Co. Wallace Ida.

20. FILED Sept 14, 1944 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 12 1944

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1943, to Sept 12, 1944

I last saw her alive on Aug 25, 1944; death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Valvular Heart | 2yrs |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hyperpiesis | 4years |
| Cerebral Hemorrhage | 4hrs ago |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) James R Dean, M. D.

(Address) Wallace Idaho

RECEIVED OCT 10 [redacted] OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90679

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 13

(No.) Golconda Mine near Wallace
(If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. FULL NAME Hans L Ramlo.

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14 1910

7. AGE: Years 24 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 mos.

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER

13. NAME Erlun Ramlo

14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER

15. MAIDEN NAME Lucelle Romming.

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Hans Romming. Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) J. A. Bower (Ward Und Co) Wallace Ida

20. FILED Sept 14, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 11 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h[illegible] on Sept 11, 1934: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |
| Crushed Chest | Instant |
| Fractured Skull | |
| Fractured Leg | |
| Other contributory causes of importance: | |
| None | |

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 11 1934

Where did injury occur? Golconda Mine (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Golconda Mine

Manner of injury Crushed by Ore Car

Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? Yes Was Working

If so, specify

(Signed) [illegible]

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90680

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 12

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1005

2. FULL NAME Warren L Donahue

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 6 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Foundry
10. Date deceased last worked at this occupation (month and year): Aug 1934
11. Total time (years) spent in this occupation: 6 yrs.

12. BIRTHPLACE (city or town) (State or country): Wisc.

FATHER
13. NAME: Pat Donahue
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Jane Kohn
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): J. L. Donahue Three Forks Mont.
18. BURIAL, CREMATION, OR REMOVAL Place: Missoula Mont Date: Sept 8 1934 Shipped
19. UNDERTAKER (Address): J. A. Bour (Ward and C.) Wallace Ida.
20. FILED: Sept. 7, 1934 John Bour Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 6 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934 to [illegible], 1934
I last saw him alive on Sept 6, 1934 death is said to have occurred on the date stated above, at 5 15 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 8-16-34 |
| Duodenal Ulcer | [illegible] |

Other contributory causes of importance:

Name of operation: Gastroenterostomy Date of [illegible]
What test confirmed diagnosis: [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible], 193[illegible]
Where did injury occur? [illegible]
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. [illegible]
Manner of injury [illegible]
Nature of injury [illegible]
Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Dr. W. W. Wright M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 11 1934

**PLACE OF DEATH**

County of SHOSHONE

City of KELLOGG

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90681

Registration District No. 123

Primary Registration District No. 2207 Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME PHILIP WEBER

(a) Residence. No. 401 SOUTH DIVISION St. KELLOGG
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ LUCY WEBER

6. DATE OF BIRTH (month, day, and year) JULY 27 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 76 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** BANKER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** BANK

10. Date deceased last worked at this occupation (mo. and yr.) AUG-1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) CANAL DOVER, OHIO

FATHER

13. NAME JOHN WEBER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARY E. WAGNER

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT (Address) MRS. J. JOULE

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Pine Grove Cemetery Date 9/12, 1934

19. UNDERTAKER (Address) M. C. Rankin Funeral Home

20. FILED Oct. 9, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to Sept. 9, 1934.
I last saw him alive on Sept. 9, 1934.: death is said to have occurred on the date stated above, at 1.0'clock p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Diabetes | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. R. Mason, M. D.

(Address) Kellogg, Idaho.

RECEIVED OCT 10 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90682

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME FLOSSIE MARIE McCARTY

(a) Residence. No. ..... Kellogg, Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) XXXXXX: Wife of Michael M. McCarty

6. DATE OF BIRTH (month, day, and year): May 20, 1886

7. AGE — Years: 48 — Months: 4 — Days: 5 4 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Greencastle, Indiana

FATHER

13. NAME: Rufus J. Turner

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: CLARA GENEVA EVANS

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Mrs. Laura McCarty, Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Anderson, Indiana Date. Sept 27, 1934

19. UNDERTAKER (Address): M. C. Thornhill, Kellogg Ida

20. FILED Sept 27 1934 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1934, to Sept 25th, 1934.
I last saw h[illegible] alive on Sept 25, 1934.: death is said to have occurred on the date stated above, at 1.02 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstruction of bowel | |
| following Abdominal Hysterectomy | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Laparotomy Date of Operation

What test confirmed diagnosis? ... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Goodman M. D.

(Address) Kellogg Idaho

RECEIVED OCT 10 [illegible] STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90683

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 1911

Local Registrar's No. 20

(No. Wallace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anton J. Malenesky

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 17 1897

7. AGE — Years: 37 — Months: 6 — Days: 8 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.: Lead Mining

10. Date deceased last worked at this occupation (month and year): 1933.

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Friends. Wallace Idaho.

18. BURIAL, CREMATION, OR REMOVAL — Place: Wallace Ida. Date: Sept 30, 1934

19. UNDERTAKER (Address): J. H. Bacon & Woodland Co. Wallace Ida.

20. FILED: Sept 27, 1934 John Bacon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-28-34, 193..., to 9-25-34 1934

I last saw h... alive on 9-24-34 1934; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pul. Tuberculosis | |

Other contributory causes of importance:

| | |
|---|---|
| Duodenal Ulcer | |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. T. Smith M. D.

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90684

PLACE OF DEATH
County of Shoshone
City of Murray Ida

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 18

(No. 205)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan J Deasey

(a) Residence. No. Murray Ida St. Murray Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April - 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 5 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Tim Deasey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hayes.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Pat Deasey Butte Mont.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Sept 28, 1934

19. UNDERTAKER J.A. Brown (and Hearse Co.) (Address) Wallace Ida.

20. FILED Sept 27, 1934 John Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation of Heart | |
| Chronic Myocarditis | |
| Arteriosclerosis | |

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mary Hayes Deasey

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90685

PLACE OF DEATH
County Shoshone
City Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Burdett

(a) Residence. No. County Hospital (Usual place of abode) 8 yrs.

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min |
|---|---|---|---|---|
| | 73 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME do Not Know

14. BIRTHPLACE (city or town) (State or country) Not Know

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Infirmary Records

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date Sept 25 1934

19. UNDERTAKER Stauffer (Address) Kellogg Idd

20. FILED Sept 25, 1934 John Baer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1933, to Sept 21, 1934.

I last saw him alive on Sept 20, 1934: death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arthritis deformans | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 [illegible]

PLACE OF DEATH — STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90686

County of Shoshone
City of Wallace (Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 16.

(No.) at Polaris Mine Near Big Creek, 2 Mi.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Harvey Cole

(a) Residence. No. Burke, Ida, St. 186
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced
5a. If ~~married, widowed, or~~ divorced HUSBAND of ~~(or) WIFE of~~ Mary
6. DATE OF BIRTH (month, day, and year) Sept. 22 1902
7. AGE: Years 31 | Months 11 | Days 29 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakesdale Wash

FATHER
13. NAME George W. Cole
14. BIRTHPLACE (city or town) (State or country) California

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Geo. W. Cole Oakesdale
18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Oakesdale W. Date ....., 193[illegible]
19. UNDERTAKER (Address) C. E. Norcutt Wallace Ida
20. FILED Sept 22, 1934 John Buer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/21 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193... death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Crushed to death
Broken neck, crushed
Chest fractured, lung
both legs broken, internal

Other contributory causes of importance:

Cave in Polaris Mine Wallace Ida

Name of operation — Date of .....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/21, 1934
Where did injury occur? In Polaris Mine
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. While working in Polaris mine
Manner of injury Cave-in of wall
Nature of injury Crushed by rock

24. Was disease or injury in any way related to occupation of deceased? Yes, Crushed while working
(Signed) W. Mowery Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90687

**PLACE OF DEATH**
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 52

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva May Troyer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of D. H. Troyer.

6. DATE OF BIRTH (month, day, and year) Jan 27-1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 7 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winona Ill

FATHER
13. NAME Wm. Longlo-
14. BIRTHPLACE (city or town) (State or country) Canton Ohio.

MOTHER
15. MAIDEN NAME Laura M. DeCamp
16. BIRTHPLACE (city or town) (State or country) Lostant Ill-

17. INFORMENT (Address) Kennet Troyer

18. BURIAL, CREMATION, OR REMOVAL Place Brigham Utah Date Sept 13, 1934

19. UNDERTAKER (Address) Rudd Stanley Kellogg Ida

20. FILED Oct. 9, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1934, to Sept 11th, 1934
I last saw her alive on Sept 10th, 1934; death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | |
| Other contributory causes of importance: Acute Cholicystitis | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. C. Lindsay M. D.
(Address) Kellogg Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 90688

Local Registrar's No. 53

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Alice M. Hauge

(a) Residence. No. 302 Railroad Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Hauge

6. DATE OF BIRTH (month, day, and year) Aug. 3 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oconto Wis.

FATHER

13. NAME Geo. M. Thayer

14. BIRTHPLACE (city or town) (State or country) Stratford Mass

MOTHER

15. MAIDEN NAME Agnes Blair

16. BIRTHPLACE (city or town) (State or country) Debenpatown Pa

17. INFORMENT (Address) Mrs. Geo. Stafford Kellogg Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date Sept. 19, 1934

19. UNDERTAKER R. L. Stout (Address) Kellogg Idaho.

20. FILED Oct. 9, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1934, to Sept 16th, 1934

I last saw her alive on Sept 14th, 1934: death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma ? Right Lung. | |
| metastasis from | |
| Other contributory causes of importance: Carcinoma of right breast. | |

Name of operation Amputation of breast Date of 1931

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90689
State File No.

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 55

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dominic Frank

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 22, 1856
7. AGE — Years: 78 | Months: 6 | Days: 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Laborer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

MOTHER FATHER
13. NAME: Mr. Frank
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME: Nozini
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Mrs. Mary Milanovich 126 Railroad Ave Kellogg Ida.
18. BURIAL, CREMATION OR ~~REMOVAL~~: Place Kellogg Ida. Date Oct 6, 1934
19. UNDERTAKER (Address): M. C. Thornhill Kellogg Ida.
20. FILED Oct. 9, 1934. From Helen M. Brooke Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1934, to Oct 4, 1934.
I last saw him alive on Oct 3, 1934; death is said to have occurred on the date stated above, at 2:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | Sept 28-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:
Sept 28- fell & struck on Right side causing Pleurisy

Name of operation N.O. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) J. R. Mason, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 1934

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90690

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 51

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

111 N

2. FULL NAME Carl Jacob Granberg

(a) Residence. No. St. Rose Lake, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 14, 1886

7. AGE — Years: 48 — Months: 3 — Days: 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm

10. Date deceased last worked at this occupation (mo. and yr.): Sept. 1934

11. Total time (years) spent in this occupation: 10 years

12. BIRTHPLACE (city or town) (State or country): Umea Sweden

MOTHER FATHER

13. NAME: John Granberg

14. BIRTHPLACE (city or town) (State or country): Umea Sweden

MOTHER

15. MAIDEN NAME: Maria Lundstrom

16. BIRTHPLACE (city or town) (State or country): Umea Sweden

17. INFORMANT (Address): Albert Granberg

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Rose Lake Cem. Date 9/13, 1934

19. UNDERTAKER (Address): M. C. Thatcher Kellogg Idaho

20. FILED Oct. 9, 1934 Fred. Hulse Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-5-, 1934, to 9-9-, 1934.

I last saw him alive on 9-9, 1934; death is said to have occurred on the date stated above, at 5.58 pm

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from stomach | 9-4-34 |
| Other **contributory causes** of importance: Gastric ulcer | 1920 |

Name of operation: transfusion Date of 9-9-34

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn McCaffery M. D.

(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 22 1934

## PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90691

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME INA MER[redacted]LMAN

(a) Residence. No. ..... St. Kingston Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) DEC. 15 1901

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 32 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** [redacted]

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Public School

10. Date deceased last worked at this occupation (mo. and yr.) May 1937

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER FATHER

13. NAME W. S. SELMAN

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME OLLIE LIVINGSTON

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Alva Selman
(Address) Kingston, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Fairmont, Minn. Date Sept 15, 1934

19. UNDERTAKER M. S. Thompson
(Address) Kellogg Idaho

20. FILED Sept. 20 1934 Mrs. Helen M. Bridle Registrar.

## MEDICAL CERTIFICATE OF DEATH (13)

21. DATE OF DEATH (month, day and year) 9-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-6-, 1934, to 9-12, 1934.

I last saw her alive on 9-13, 1934: death is said to have occurred on the date stated above, at 2:35 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | 9-13-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Septic Endocarditis | 9-1-34 |
| Septic Endometritis | 9-1-34 |

Name of operation Abdelation & Curettement Date of 9-6-34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn Mahaffey, M. D.
(Address) Kellogg, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90693

PLACE OF DEATH
County of Teton
City of Felt
Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Michael K. Geraghty

(a) Residence. No. Felt, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margret O. Geraghty

6. DATE OF BIRTH (month, day, and year) May 29-1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. War Vetern. U.S.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Dublin Ireland

FATHER
13. NAME Geraghty
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) John Cowan Coroner Driggs, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Felt, Ida. Date 9-13-1934

19. UNDERTAKER Tennis Kizer (Address) Ashton, Idaho

20. FILED 9-20-, 1934. Alice M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-11-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 12 m. noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| Gun shot wound in head. | |

Other contributory causes of importance:

| | |
|---|---|
| None | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Cowan Coroner, M. D.

(Address) Driggs Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90694

PLACE OF DEATH
County of Nez Perce
City of Driggs

Registration District No. 77
Primary Registration District No. 2176

Local Registrar's No. 6

(No. 31)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Rayna, Jr.

(a) Residence. No. ..... St. California, Calif.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Mexican | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) April 6 - 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 4 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) San Bernardino, Calif.

PARENTS

10. NAME OF FATHER Joseph Rayna
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mexico
12. MAIDEN NAME OF MOTHER Madelina Fernandes
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mexico

14. Informant Jos. Rayna, Sr.
(Address) Driggs, Ida.

15. Filed 9-20-1934 Abie M. Greene
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 5 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1934, to Sept. 5, 1934
that I last saw him alive on Sept. 4, 1934
and that death occurred, on the date stated above, at 9.30 a.m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Tuberculosis Laryngitis
(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death? California
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) L. R. C. Paden, M. D.
9/5, 1934 (Address) Driggs, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Driggs Cemetery | Sept 6 1934 |
| 20. Undertaker | Address |
| — | — |

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90695

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 184

(No. Twin Falls Co. Gen. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Angus Cunningham 18

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Cunningham

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Peoria

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Rose Walker Rosebud

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place... Buhl Date 9/6/, 1934

19. UNDERTAKER (Address): Ernest L. Johnson Buhl Idaho

20. FILED Sept. 6, 1934 Geo. L. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1934

22. I HEREBY CERTIFY, That I attended deceased from 1- Sept. ....., 1934.., to 4- Sept. ....., 1934..

I last saw ~~him~~ alive on 4- Sept. ..., 1934.: death is said to have occurred on the date stated above, at 6...a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rocky Mt. Spotted fever | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H.W. MacMannis, M. D.

(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

OCT 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90695

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 189

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

78 L

2. FULL NAME Mrs. Joyce E. Jackson

(a) Residence. No. Shoshone Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oran A. Jackson

6. DATE OF BIRTH (month, day, and year) Jan. 18 1895

| 7. AGE | | | | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 39 Years | 7 Months | 27 Days | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monroe Utah

FATHER

13. NAME John A. Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Ada A. Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) OranA. Jackson Shoshone Ida. Rout 1

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida. Date Sept. 17 1934

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED Sept. 17, 1934 Geo. C. Valley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5/16, 1934, to Sept 13/16, 1934

I last saw h-e alive on Sept 13/4, 1934; death is said to have occurred on the date stated above, at 11.30 PM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Pneumonia | |

Other contributory causes of importance:

Thyrotoxicosis

Name of operation Thyroidectomy Date Sept 3/4

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ——, 193—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Pinard, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90697

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 188

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME George Francis Albee,

(a) Residence. No. Eden, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov., 17, 1928

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

MOTHER FATHER

13. NAME A. R. Aloee

14. BIRTHPLACE (city or town) Newton
(State or country) Iowa

15. MAIDEN NAME Myrtle Shaw

16. BIRTHPLACE (city or town) Warren,
(State or country) Ill.

17. INFORMANT Mr. A. R. Albee,
(Address) Eden, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 9-16 193 4

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED Sept. 15 193 4 Geo. C. Talley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-13 193 4

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 193 4, to 9-13, 193 4.

I last saw him alive on 9-13, 193 4. death is said to have occurred on the date stated above, at 11:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrenous appendicitis with blood stream infection | |

Other **contributory causes** of importance:

Name of operation appendectomy Date of 9-10-34

What test confirmed diagnosis? blood culture Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible], M. D.
(Address) [illegible]

RECEIVED OCT 11

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90698

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 187

(No. Twin Falls County General Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Dutson, 10

(a) Residence. No. 152 Van Buren St. City. St,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2, 1929

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delta, (State or country) Utah

MOTHER FATHER

13. NAME Benj. J. Dutson

14. BIRTHPLACE (city or town) Utah (State or country)

MOTHER

15. MAIDEN NAME Edna Mae Danner

16. BIRTHPLACE (city or town) Streeter (State or country) Texas.

17. INFORMANT Mrs. A. V. Danner
(Address) 1237 Elizabeth St.

18. BURIAL, ~~CREMATION~~
Place Twin Falls Date, 193..

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED Sept. 7, 1934 Geo. C. Talley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/7/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1934, to Sept. 7, 1934.

I last saw h~~er~~ alive on Sept 7, 1934: death is said to have occurred on the date stated above, at 7:15 P. M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Laryngeal diphtheria | 9/4/34 |

Other **contributory causes** of importance:

Name of operation tracheotomy Date of 9/5/34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Wetherbee M. D.

(Address) Twin Falls, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90699

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 186

(No. 546--2Nd. Ave, North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William A. Power

(a) Residence. No. 546--2Nd. Ave, North, City St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Power

6. DATE OF BIRTH (month, day, and year) Aug. 11 Th 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 0 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Realestate dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME No inf.
14. BIRTHPLACE (city or town) (State or country) ,,,,,,,,,

MOTHER
15. MAIDEN NAME No Inf.
16. BIRTHPLACE (city or town) (State or country) ,,,,,,

17. INFORMENT (Address) Mrs. L. F. Jones, Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Sept. 8 Th 1934

19. UNDERTAKER S.C. Phillips, (Address) Twin Falls, Ida.

20. FILED Sept. 8, 1934 Geo C Halley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Se.t. 6 Th 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1934, to 9/6, 1934
I last saw him alive on 9/6, 1934; death is said to have occurred on the date stated above, at 1.45 m PM.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 90700

Local Registrar's No. 185

(No. 502 Washington St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aaron Morse

(a) Residence. No. 502 Washington St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

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## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | ,,,, |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 14-1933

7. AGE 0 Years 8 Months 21 Days | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ,,,,,,,,,,,,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.

FATHER

13. NAME James H. Morse

14. BIRTHPLACE (city or town)
(State or country) Utah.

MOTHER

15. MAIDEN NAME Virgel McWheiter

16. BIRTHPLACE (city or town)
(State or country) Idaho.

17. INFORMENT James H. Morse
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Filer Idaho. Date Sept. 5 Th 34

19. UNDERTAKER S.C. Phillips,
(Address) Twin Falls, Idaho.

20. FILED Sept 5 1934 Geo C. Talley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 4 Th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1934, to Sept 4, 1934

I last saw him alive on Sept 4, 1934: death is said to have occurred on the date stated above, at 10.30 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhoea | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E. Langenwalter, M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 90701

County of Twin Falls
City of Twin Falls

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 183

(No. Apartment -- Park Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Joseph Macken

(a) Residence. No. Park Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred Macken

6. DATE OF BIRTH (month, day, and year) March 7 1890

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 44 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Hotel

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Manager

10. Date deceased last worked at this occupation (mo. and yr.) 9-3-34

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

MOTHER FATHER

13. NAME John Macken

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Mary Stuart

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mildred Macken
(Address) Park Hotel, Twin Falls.

18. BURIAL, CREMATION OR REMOVAL
Place. Twin Falls Cem. Date. Sept. 5 1934

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho.

20. FILED. Sept. 5 1934. Geo. C. Halley M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1934, to Sept. 4th, 1934
I last saw him alive on Sept. 4., 1934: death is said to have occurred on the date stated above, at 7:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | June 1st 34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:
Emphysema for 1914 & for four years thereafter

Name of operation ..... Date of ..... C.

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Gallagher M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Co. Geil Hos

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90702

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 184

(No. Twin Falls Co. Geil Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Everett Nelson Maleuder

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Oct 21 - 1913

7. AGE — Years: 21 | Months: 10 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Buhl Ida
(State or country)

FATHER

13. NAME Ernest Maleuder

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Alma C. Nelson

16. BIRTHPLACE (city or town) Oakland Neb.
(State or country)

17. INFORMANT Ernest Maleuder
(Address) Buhl Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 9/6, 1934

19. UNDERTAKER Evans & Johnson
(Address) Buhl - D. Johnson

20. FILED Sept. 6, 1934 Geo. E. Kelley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-30-34, 193..., to 9-4, 193.4.

I last saw him alive on 9-4, 1934.: death is said to have occurred on the date stated above, at 2:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | 1 H. ante mort |
| Appendicitis Suppurative | 8 To 10 days. |
| gangrenous perforated acute | ..... |
| Streptococcic Staph Colon | ..... |
| infection | ..... |
| Other **contributory causes** of importance: | |
| Gangrene of omentum | 4 days |
| Peritonitis General Supp. | ..... |
| ..... | ..... |

Name of operation Appendectomy Date of 9-30-34
Lab clinical + operation
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Duncan D. Evans M. D.
(Address) Twin Falls Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90703

Registration District No. 27

Primary Registration District No. 1085 Local Registrar's No. 199

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Mary Tibson

(a) Residence. No. 223-3 4th. West St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 18, 1934

7. AGE — Years | Months | Days: 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Twin Falls Idaho

MOTHER/FATHER

13. NAME: Dave Tibson

14. BIRTHPLACE (city or town) (State or country): Steubenville O. Ohio

15. MAIDEN NAME: Molly Tidy

16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Father Dave Tibson

18. BURIAL, CREMATION OR REMOVAL

Place ..... Date ....., 193..

19. UNDERTAKER (Address): Evans & Johnson Twin Falls Idaho

20. FILED Sept. 27, 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1934., to Sept. 23, 1934.

I last saw h.er alive on 9/23., 1934.; death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature - 7 month Gestation | |
| Cholemia (Jaundice) | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. A. Morgan, M. D.

(Address) Twin Falls, Ida.

Sept 11

3294

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90704

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 182

(No. ) 5 am

(If death occurred in a hospital or institution, give its name instead of street and number) 1610

2. FULL NAME Baby Crandall

(a) Residence. No. Twin Falls St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 2 '34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | X | X | X | 6 hrs. 30 min. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER FATHER

13. NAME F. Crandall

14. BIRTHPLACE (city or town) (State or country) Colo

15. MAIDEN NAME Emelia Jacobsen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) F. Crandall Twin Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls Date Sept 3 1934

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED Sept 3 1934 Geo. C. Halley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2d, 1934, to Sept 3d, 1934

I last saw him alive on Sept 2, 1934; death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Drake, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 11

**PLACE OF DEATH**

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90705

Registration District No. 37

Primary Registration District No. 7085 Local Registrar's No. 205

(No. Filer, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME Miss Sarah Breckenridge,

(a) Residence. No. Filer, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 17, 1873

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | 6 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** for brother

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fincastle, (State or country) Ohio.

MOTHER FATHER

13. NAME John Breckenridge

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Ella Blair,

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Wm. J. Breckenridge, (Address) Filer, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 10-5-, 1934

19. UNDERTAKER White Mortuary, Inc., (Address) Twin Falls, Idaho.

20. FILED Oct. 5, 1934 Geo. C. Talley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-30 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1934, to Sept. 30, 1934.
I last saw her alive on 9-30, 1934: death is said to have occurred on the date stated above, at 1:20 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | 9-25-34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| arterial hypertension | 1924 |
| Arterio-Sclerosis | |
| Myocardial disease | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John S. Coughlin M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90706

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 204
(No. Residence 98)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nirlee G. Griffard

(a) Residence. No. 331 - 3rd ave west St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Grace

6. DATE OF BIRTH (month, day, and year) October 1 - 1885

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Meder in

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sand and gravel

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Genevieve Mo

MOTHER FATHER

13. NAME Chas Griffard

14. BIRTHPLACE (city or town) (State or country) Mo

15. MAIDEN NAME Mary Lalumendier

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT (Address) Grace Griffard 331 - 3rd ave West

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date 10-2, 1934

19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls Ida

20. FILED Oct 5, 1934 Geo C. Talley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to Sept 28, 1934.
I last saw ~~him~~ alive on Sept 28, 1934.; death is said to have occurred on the date stated above, at 1 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aneurysm Arch of Aorta | ? |
| | |
| | |
| | |
| Other **contributory causes** of importance: Pneumonia (Broncho) | Sept 2, 34 |
| | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo C. Talley M. D.
(Address) Twin Falls Idaho

RECEIVED OCT. 11

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90707

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 207 2080 1000

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen May Zahn

(a) Residence. No. St. Filer Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 25 - 1934

7. AGE — Years: 0 | Months: 6 | Days: 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At HOME

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harden Montana

FATHER

13. NAME: Tony Zahn

14. BIRTHPLACE (city or town) (State or country): Belfort N. Dakota

MOTHER

15. MAIDEN NAME: Bernadena Bliele

16. BIRTHPLACE (city or town) (State or country): S. Dakota

17. INFORMANT (Address): Tony Zahn Filer Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Filer Cem. Date: 9-29-1934

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho

20. FILED Sept. 28 1934 Geo. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1934., to Sept. 27....., 1934.

I last saw her alive on Sept. 24, 1934. death is said to have occurred on the date stated above, at 2:05 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | 9-20-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury.., 1934.

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) B. A. Chenoweth, M. D.

(Address) 323 Shoshone St. Twin

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90708

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 202

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Josephine Howells

(a) Residence. No. Wall St. Ext. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 27, 1934

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Twin Falls Idaho

MOTHER FATHER

13. NAME: Frank Howells

14. BIRTHPLACE (city or town) (State or country): Oakley Idaho

MOTHER

15. MAIDEN NAME: Fanny Littlefield

16. BIRTHPLACE (city or town) (State or country): Silverville Idaho

17. INFORMANT (Address): Father

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Date 9/27, 1934

19. UNDERTAKER (Address): Gem State Mortuary Co. Jerome Johnson

20. FILED Sept. 28, 1934. Geo. Halley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23d, 1934, to Sept 26th, 1934.

I last saw h[illegible] alive on Sept 25, 1934: death is said to have occurred on the date stated above, at 3.45 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Enterocolitis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Malnutrition | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Lamb, M. D.

(Address)

Dr Lamb

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90709

## PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 199 201

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ambrose Cyril McFarland,

(a) Residence. No. Hansen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie McFarland

6. DATE OF BIRTH (month, day, and year) Nov., 27, 1893

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 40 | 9 | 27. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Weaver Utah

MOTHER FATHER

13. NAME Albert R. McFarland

14. BIRTHPLACE (city or town) (State or country) West Weaver Utah.

15. MAIDEN NAME Elizabeth A Greenwell

16. BIRTHPLACE (city or town) (State or country) West Weaver, Utah

17. INFORMANT Albert R. McFarland,
(Address) Hansen, Idaho

18. BURIAL, ~~CREMATION~~
Place Twin Falls Date 9--27, 1934

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED Sept. 28 1934 Geo C. Talley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1934, to Sept. 24, 1934.
I last saw him alive on Sept. 24 1934.; death is said to have occurred on the date stated above, at 8:50 A. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal perforation | 9-19-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| General peritonitis | 9-19-34 |
| | |
| | |

Name of operation Laparotomy Date of 9-19-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury.., 1934
Where did injury occur? Hansen Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury Struck by fork handle
Nature of injury Multiple Contusions

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify. threshing
(Signed) J. A. Davis, M. D.
(Address) Kimberly, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90710

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 198

(No. Twin Falls Co. Gen. Hospital 200) 145(a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lila May Severe

(a) Residence. No. Kimberly Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hyrum Harrison Severe

6. DATE OF BIRTH (month, day, and year): May-14-1914

7. AGE — Years: 20 Months: 4 Days: If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housekeeping

10. Date deceased last worked at this occupation (mo. and yr.): 9/12/34

11. Total time (years) spent in this occupation: 3 yrs.

12. BIRTHPLACE (city or town) (State or country): Church Hill Ida.

FATHER

13. NAME: Clyd Dahlquist

14. BIRTHPLACE (city or town) (State or country): Oakley Ida

MOTHER

15. MAIDEN NAME: Zella May Day

16. BIRTHPLACE (city or town) (State or country): Oakley Ida.

17. INFORMANT (Address): Hyrum Harrison Severe Kimberly Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Oakley Ida. Date: 9/17, 1934

19. UNDERTAKER (Address): F. C. Johnson Burley Ida.

20. FILED 9/24, 1934 Geo. C. Kelley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to Sept. 14, 1934.

I last saw her alive on Sept. 14, 1934; death is said to have occurred on the date stated above, at 11:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage - Shock - during Surgery | Immediate |
| Other **contributory causes** of importance: | |
| Pregnancy | 9 mo. |

Name of operation: Cesarean Section Date of: 9-14-34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury. —
Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Charles B. Seymour, M. D.

(Address) Twin Falls Ida

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90711

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 196 198 45

(No. Hospital - Twin Falls)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ottilea Amelia Lehmann.

(a) Residence. No. Baelish Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Lehmann

6. DATE OF BIRTH (month, day, and year) May 2, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm Conkele.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Fred Lehmann

18. BURIAL, CREMATION, OR REMOVAL Place Sunnyside Date , 193

19. UNDERTAKER A. E. Thompson (Address) Gooding Ida Rev A. P. Bright

20. FILED Sept 22 1934 Geo C Kelley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Sept 20, 1934

I last saw her alive on Sept 18, 1934; death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid Transverse Colon | 1933 |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Myocarditis | |

Name of operation Resection of Bowel Date of Sept 10

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. E. Burnett, M. D.

(Address) Shoshone Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90712

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 7085 Local Registrar's No. ~~1~~ 19

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jas Taylor

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

197 170

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 9 1878

7. AGE: Years 56 | Months — | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Rancher
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER FATHER

13. NAME: Jas. Taylor
14. BIRTHPLACE (city or town) (State or country): Penn
15. MAIDEN NAME: Nancy Wallace
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Mrs Jay Lor

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Sept 23 1934

19. UNDERTAKER (Address): E Drake Sun Faces

20. FILED Sept. 25 1934 Geo. C. Halley M.D. Coroner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 193... to ..... 193...
I last saw him alive on Sept. 21, 1934.: death is said to have occurred on the date stated above, at 1:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound through heart | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Suicide by 22 rifle shot | |

Name of operation None Date of ~~Sept 34~~
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 21 34
Where did injury occur? Filer, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Suicidal
Nature of injury Gun shot wound

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) T. A. Darg M. D.
(Address) Twin Falls County

RECEIVED OCT 11

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90713

## PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 196
(No. 129-10th Ave., N. City.)
(If death occurred in a hospital or institution, give its name instead of street and number)

748

2. FULL NAME Roscoe Stevens

(a) Residence. No. 129 - 10th, Ave. N. St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Harriet Stevens

6. DATE OF BIRTH (month, day, and year) June 10, 1881.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 53 | 3 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Ill.

MOTHER FATHER

13. NAME Truman Stevens

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Mary Stevens

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Mrs. Harriet Stevens Twin Falls, Idaho.

18. BURIAL, ~~CREMATION, REMOVAL~~
Place Twin Falls Date 9-24, 1934

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls Idaho

20. FILED Sept. 24 1934 Rea C. Halley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-22 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on
9-22, 1934., to Sept., 22nd, 1934.
I last saw him alive on Sept. 22 1934.: death is said to have occurred on the date stated above, at 4 ... A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC'D OCT 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90714

## PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. [illegible] 198

(No. 227 - 7th Ave. E. City.)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mrs. Carrie Elson

(a) Residence. No. 227 -7th Ave. N. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Scuyler F. Elson. deceased

6. DATE OF BIRTH (month, day, and year)
Dec., 21st, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 9 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Past two years

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** an invalid.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ypsalanti, Mich.
(State or country)

FATHER

13. NAME Ostrander,

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Babcock,

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Earl Elson.
(Address) Eden, Idaho.

18. BURIAL, ~~CREMATION, REMOVAL~~
Place Twin Falls Date 9-25 1934

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED Sept. 24 1934 Geo. C. Halley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st., 1934., to Sept. 22., 1934.

I last saw h.er alive on Sept. 21st 1934. death is said to have occurred on the date stated above, at 7.20 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cyrhosis of Liver | |
| Renal Disease | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| High Blood Pressure | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 1934.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Davis, M. D.

(Address) Twin Falls, Idaho.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90715

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. [illegible]

(No. Twin Falls County General Hospital 194

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Helen Jayne

(a) Residence. No. Eden - Idaho St. 45

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27 - 1865

7. AGE — Years: 69 — Months: 5 — Days: 23 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Dressmaker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tunkhannock Penn

MOTHER FATHER

13. NAME: M. J. Harding

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Nancy Benson

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Mrs. F. O. Chelley Eden Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~

Place: Twin Falls Date: 9-23, 1934

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Ida

20. FILED: Sept. 24 1934 Geo. C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1934, to Sept. 20, 1934.

I last saw h[illegible] alive on Sept. 20, 1934; death is said to have occurred on the date stated above, at 4:[illegible] m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomas of Colon | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. E. Lamb, M. D.

(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90716

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. ~~185~~ 192

(No. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Ellen Marguerite Wilson

(a) Residence. No. 528 5th West St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 30, 1933

7. AGE — Years: — Months: 14 Days: 18 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER FATHER

13. NAME: J. R. Wilson

14. BIRTHPLACE (city or town) (State or country): Idaho

15. MAIDEN NAME: Violet Zachary

16. BIRTHPLACE (city or town) (State or country): Oregon

17. INFORMANT (Address): J. R. Wilson Twin Falls

18. BURIAL, CREMATION OR REMOVAL

Place: Twin Falls Date: Sept 23, 1934

19. UNDERTAKER (Address): J. E. Drake Twin Falls

20. FILED Sept. 24, 1934 Geo. C. Kelly, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 193 4 to Sept 18, 193 4

I last saw h... alive on Sept 18, 193 4: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteric colitis (Summer Complaint) | Sept 12 1934 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Bronchial Pneumonia | Sept 15 1934 |
| | |
| | |

Name of operation... none Date of... —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? not Date of injury.., 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury... —

Nature of injury... —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Russell R. Craft M.D. M. D.

(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90717

Registration District No. 37

Primary Registration District No. 2985

Local Registrar's No. 192

(No. Twin Falls Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessford Abel (Abel)

(a) Residence, No. Filer St. 188C

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4 1915

7. AGE: Years 19 | Months 3 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Okla

MOTHER FATHER

13. NAME R D Abel

14. BIRTHPLACE (city or town) (State or country) Ark

15. MAIDEN NAME Ida Cooper

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT Mrs. R D Abel (Address) Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Sept 19 193 4

19. UNDERTAKER F E Drake (Address) Twin Falls Idaho

20. FILED Sept. 19, 1934 Geo. F. Talley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 193 4, to 9-16, 193 4.

I last saw him alive on 9-16, 193 4: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatism to Chest and abdomen | 9-16-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Rupture liver, Hemorrhage & Shock | 9-16-34 |
| Suturing Liver | |

Name of operation Lap. Date of 9-16-34

What test confirmed diagnosis? C. Was there an autopsy? Yes

23. If death was due to external causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? Accident. Date of injury 9-16 193 4

Where did injury occur? Highway, Twin Falls Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway

Manner of injury Auto

Nature of injury Traumatism

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Duncan D. McGraw M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Castleford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90718

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 191

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Lawn. 45

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E. J. Lawn.

6. DATE OF BIRTH (month, day, and year) June 26 — 1897

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 37 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rusk (State or country) Texas

FATHER

13. NAME Jos. Eakins.

14. BIRTHPLACE (city or town) ..... (State or country) Texas.

MOTHER

15. MAIDEN NAME Sarah Skidmore

16. BIRTHPLACE (city or town) ..... (State or country) Texas.

17. INFORMANT E. J. Lawn (Address) Castleford Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burial Date ....., 193..

19. UNDERTAKER Evans & Johnson (Address) Buhl

20. FILED Sept. 15, 1934 Geo. A. Haller M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/13/33, 193..., to 8/13/34, 193...

I last saw her alive on 8/13/34, 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | about |
| Carcinoma descending colon | 1½ yrs. |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Obstruction | 1 year. |
| Secondary anemia | 6 months |
| Hemorrhage | 5 months |

Name of operation Colostomy Date of 8/13/33

What test confirmed diagnosis? .... Was there an autopsy? no.
x-rays! lab, operation.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no... Date of injury .., 193.

Where did injury occur? none
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....none.....

Manner of injury.....none.....

Nature of injury.....none.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Duncan Alexander, M. D.

(Address) Twin Falls, Idaho

5 & Alert

RECEIVED OCT 11

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90719

## PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 198

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J.S Chapman

(a) Residence. No. 511. Fourth west St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1856

6. DATE OF BIRTH (month, day, and year) May, 3

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME Sanford Chapman
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Sally Strong
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs Golda Chapman
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Sept 17 193 4

19. UNDERTAKER F E Drake
(Address) Twin Falls

20. FILED Sept. 17, 1934 Geo. C. Talley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13 193 4

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th, 193 4, to Sept. 13th, 193 4.
I last saw h alive on Sept. 13, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related **causes of importance** were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| Cerebral Hemorrhage | |
| | |
| | |
| | |

Other **contributory causes** of importance:
Cyrdio vascular Renal Disease

Name of operation None Date of.....
What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13

**PLACE OF DEATH**
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90729

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lura Faye Harvey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Geo. Harvey

6. DATE OF BIRTH (month, day, and year) Sept 21- 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 27 | | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grassy Cave Iowa

MOTHER FATHER
13. NAME Luther G. Hill
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Retta Loden
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Geo. Harvey
(Address) Burley

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Burley Date 9/28, 193 4

19. UNDERTAKER Evans & Johnson
(Address) Burley Geo. Johnson

20. FILED 9-29, 193 4 W. W. Woodall Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 193 4

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 193 4, to 9-26, 193 4
I last saw h alive on 9-26, 193 4; death is said to have occurred on the date stated above, at 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary | |
| Tuberculosis | about 1932 |

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo Jennings M. D.
(Address) Burley Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Jerome

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90721

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No. 75)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Price

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edith Price

6. DATE OF BIRTH (month, day, and year): Dec. 13 - 1868

7. AGE — Years: 66 | Months: 7 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mail Carrier

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Des Moines Iowa

FATHER

13. NAME: Jacob Price

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Sarah Phillips

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mrs. Hazel Kenneth Hitchcock S.D.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place: Hitchcock S.D. Date: 9/27, 193..

19. UNDERTAKER (Address): Ernest Johnson Burley, Idaho

20. FILED 9-27-34 193.. J. M. Mansfield Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-26-34 ..., 1934..., to 6-26-34 ..., 1934..

I last saw him alive on 26 Sept. ..., 1934...: death is said to have occurred on the date stated above, at 6:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Chronic phenyngeal mass | 23-9-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. MacManus, M. D.

(Address) Burley, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90722

County of Twin Falls

City of Buhl

Registration District No. 39

Primary Registration District No. 7087 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Doris Marie Harnsberry

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23 - 1925

7. AGE: Years 9 | Months 4 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: (none)

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: School girl

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello (State or country) Idaho

FATHER

13. NAME H. F. Harnsberry

14. BIRTHPLACE (city or town) Arkansas (State or country)

MOTHER

15. MAIDEN NAME Stella Turner

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT H. F. Harnsberry (Address) Buhl

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Buhl Date 9/21, 1934

19. UNDERTAKER Evans & Hoggan (Address) Buhl

20. FILED 9-20, 1934 J. H. Wiggett (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1934, to 9-19, 1934

I last saw her alive on 9-19, 1934; death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephritis | 9-10-34 |
| 3 weeks following an untreated | |
| attack of | |
| Other **contributory causes** of importance: | |
| Scarlet fever | |
| 3 weeks previous | |

Name of operation None Date of

What test confirmed diagnosis? Clin. Sat. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ted Jennings M. D.
(Address) Buhl Idaho

by Jennings

RECEIVED OCT 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90723

Registration District No. 39

Primary Registration District No. 7881 Local Registrar's No.

(No. Twin Falls Co. Gen'l Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry A. Larsen

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Larsen

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 74 — Months: — — Days: — — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Carpenter

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Jack Stacey Buhl Ida

18. BURIAL, CREMATION OR REMOVAL — Place: Buhl — Date: 9/22 1934

19. UNDERTAKER (Address): Evans & Johnson Buhl

20. FILED 9-20, 1934 J. V. Wright Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 18-Sept., 1934, to 19-9, 1934

I last saw him alive on 18-Sept., 1934; death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis, | |
| Colitis | |
| Medical insufficiency | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. W. McManus, M. D.

(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13

PLACE OF DEATH

County of Twin Falls

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90724

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. E. 9th)

(If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Elizabeth L. Tyler

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julius J. Tyler

6. DATE OF BIRTH (month, day, and year): Feb. 18 1855

7. AGE — Years: 79 | Months: 6 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Leeds Canada

FATHER

13. NAME: Thomas Deale

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Jane Cobban

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Fredrick Kerpio Twin

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place: Weiser Date: 9/18, 193..

19. UNDERTAKER (Address): Evans Funeral Parlors Twin Falls Idaho

20. FILED 9-18, 193.. J. H. Campbell Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-16-193 4

22. I HEREBY CERTIFY, That I attended deceased from ...June..., 193.4., to Sept. 16., 193.4.

I last saw her alive on Sept. 13., 193.4.; death is said to have occurred on the date stated above, at 8 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio Vascular Renal Disease | Indefinite |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility & old age | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical & P. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. A. Sayle M. D.

(Address) 3-2 Shoshone St. Twin Falls, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13

**PLACE OF DEATH**

County of Twin Falls

City of Do.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90725

Registration District No. 31

Primary Registration District No. 2086 Local Registrar's No.

(No. Twin Falls C. Grad Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Mary Osburn

(a) Residence. No. Anacortes - Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Floyd Osburn

6. DATE OF BIRTH (month, day, and year) Nov 8 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 42 | 10 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Chas. A. Little

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise F. Burkey

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT (Address) W. C. Little Buhl

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl Date 9/17 193 4

19. UNDERTAKER (Address) Evans & Johnson Buhl J. H. Mackey

20. FILED 9-16, 193 4 Registrar

Dr Barney

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/15 193 4

22. I HEREBY CERTIFY, That I attended deceased from August 7, 193 4 to Sept. 15, 193 4

I last saw her alive on Sept. 15, 193 4 death is said to have occurred on the date stated above, at 9:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Hemorrhagic Pancreatitis Peritonitis | 6 days |
| Cholecystectomy | |
| Suturing Abdominal Incision | |
| Intravenous Glucose Saline and Duodenum | |

Other **contributory causes** of importance:

General anesthesia

Name of operation Cholecystectomy Date of 9-1-34

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Berry M. D.

(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 15

**PLACE OF DEATH**
County of Twin Falls
City of Buhl.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90726

Registration District No. 39
Primary Registration District No. 7087
Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert W. Alberty.

(a) Residence. No. Tourist St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 25 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Candy
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Maker
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER/FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Arthur Parker, Chief of Police, Buhl
18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Worcester, Mass. Date: 9/15, 1934
19. UNDERTAKER (Address): Evans & Johnson, Buhl
20. FILED 9-15, 1934 J. H. Whitfield, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-12 1934
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ ....., 193...., to ....., 193....
I last saw him ~~alive~~ on 9-12-1934: death is said to have occurred on the date stated above, at 8.30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture at first cervical vertebra | |
| | |
| | |

Other **contributory causes** of importance:
Auto skidded off road and turned at high speed

Name of operation None Date of
What test confirmed diagnosis Clinic Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury, 193.
Where did injury occur? S. Main Street of Buhl, Ida.
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On state highway
Manner of injury. Accidental
Nature of injury. Auto accident

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H. A. Dwight M. D.
(Address) Coroner of Twin Falls County Ida

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90727

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Hamilton Ketenkamp

(a) Residence. No. Melon Valley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Kate E. Ketenkamp

6. DATE OF BIRTH (month, day, and year) August 24, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | | 12 | 6 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Leatherworker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Shoe Shop Harness Saddle Shop

10. Date deceased last worked at this occupation (mo. and yr.) Mar., 1930

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Lincoln Nebraska

MOTHER FATHER

13. NAME John Ludolph Ketenkamp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kate Anna Ketenkamp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Kate E. Ketenkamp Burley, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Burley Idaho Date 9/9, 1934

19. UNDERTAKER Evans & Johnson (Address) Burley

20. FILED 9-7, 1934 J. W. Johnson

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7-, 1933 to 9-6, 1933.
I last saw him alive on June 2, 1934: death is said to have occurred on the date stated above, at 6:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 9-7-33 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. Marshall M. D.
(Address) Burley Idaho

RECEIVED OCT 13

**PLACE OF DEATH**
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90728
State File No.

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha E. Carr

(a) Residence. No. 510 - 8th Ave No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 22 — 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 11 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** /
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Washington Parker
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Lattie — —
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Dave Bickford
(Address) Burley

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Burley Date 9/7, 1934

19. UNDERTAKER Evans & Johnson
(Address) Burley J. D. Johnson

20. FILED 9-7, 1934 J. M. Murphy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/5 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Sept 5, 1934
I last saw her alive on Sept 5, 1934; death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endo Carditis | 1931 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Rheumatism | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. E. Lynch, M. D.
(Address)

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

**PLACE OF DEATH**

County of Twin Falls

City of Buhl, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90729

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Bell Hustead

(a) Residence. No. 421 Main St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Jess Hustead
6. DATE OF BIRTH (month, day, and year): June 8, 1883
7. AGE: Years 51 Months 2 Days ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Corvallis Montana

MOTHER
13. NAME: Benj. Strange
14. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
15. MAIDEN NAME: Amanda Goff
16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Jess Hustead Buhl Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Buhl Cem. Date: Aug 10 1934

19. UNDERTAKER: Drake (Address): Twin Falls Idaho

20. FILED 8-9, 1934 J. H. Wopley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1934 to 8-7, 1934
I last saw her alive on 8-7, 1934; death is said to have occurred on the date stated above, at 12:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of heart | 8-6-34 |
| Result of myocarditis, | |
| Pleurisy of lungs | 1 or 2 |
| and Chron. Interstitial | yrs |
| nephritis | |

Other **contributory causes** of importance:
Chronic Emphysema (24 yrs standing) with Coma of left lung

Name of operation None Date of
What test confirmed diagnosis? Clinical - Flouroscope Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide or homicide? No Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. No injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. K. Harry M. D.
(Address) Buhl Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90730

**PLACE OF DEATH**
County of Valley
City of McCall

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dallas C Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 14-1915

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 18 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pearl Idaho

FATHER
13. NAME: John C Jensen
14. BIRTHPLACE (city or town) (State or country): Efraim Utah

MOTHER
15. MAIDEN NAME: Irene E Frandsen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Charles F Jensen
18. BURIAL, CREMATION, OR REMOVAL. Place Emmett Cem. Date Aug 14 1934
19. UNDERTAKER (Address): A S Robb
20. FILED Aug 22, 1934 M Gardner Reedy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 9 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? McCall Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Overturning of boat
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A S Robb Coroner Valley Co
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90731

**PLACE OF DEATH**

County of Valley
City of McCall Idaho

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 7

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John I. McFall

(a) Residence. No. McCall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24th 1848

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 86 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Frank McFall

14. BIRTHPLACE (city or town) (State or country) Ten,

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank McFall Jr.
(Address) McCall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place McCall Idaho Date 10/3, 1934

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED Sept 10, 1934 Gertrude Keady Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29, to 10-2, 1934.
I last saw him alive on 10-1, 1934: death is said to have occurred on the date stated above, at 1:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Several years | |
| Senility | |
| with Cardiac | |
| Insufficiency | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ulysses S. Graft M.D.
(Address) McCall Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90732

**PLACE OF DEATH**

County of Valley

City of McCall Idaho

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Buell Welton Spriestersbach

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16th, 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 30 | | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Everett
(State or country) Washington

FATHER

13. NAME Charles Peter Spriestersbach

14. BIRTHPLACE (city or town) ////////
(State or country)

MOTHER

15. MAIDEN NAME Cora Mae Warner

16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Elwyn Warner Spriestersbach
(Address) Mosco Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Everett Washington Date ....., 193..

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Aug 10., 1934. M. Gardner Ready.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/12/1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental drowning | |
| in Payette Lake | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? McCall Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury Boat overturned

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signature) A.D.Robb Coroner Valley Co Ida

(Address) Cascade Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 20 [illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90733

County of Washington
City of Cambridge Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 188 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Allen Herbert

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Herbert

6. DATE OF BIRTH (month, day, and year) May 27-1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska Ida

FATHER

13. NAME W B Allen

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Rebecca Hedgcock

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMENT (Address) Geo. Allison

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date July 15 1934

19. UNDERTAKER (Address) Cambridge

20. FILED 8-11-34 1934 W W Thoman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to July 12, '34, 1934
I last saw her alive on July 9, 1934: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Contused and lacerated wound-left leg | |
| Compound, comminuted fracture-left tibia and fibula-junction lower and middle third: amputation required. | |
| Other contributory causes of importance: Shock-cardiac insufficiency. | 7-8-'34 |

Name of operation Amputation-left leg Date of July 9
What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 7/8, 1934
Where did injury occur? Cambridge-Wn Co.-Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. State Highway
Manner of injury Said to have been struck by automobile.
Nature of injury Crushing injury left leg

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W W Thoman, M. D.
(Address) Cambridge, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90734

PLACE OF DEATH
County of Washington
City of Cambridge
Registration District No.
Primary Registration District No.
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucinda Caroline Green

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. / yrs. / mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Feminine | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Geo W. Green

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 5 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utica N. Y.

FATHER
13. NAME Wm Phillips
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Date Aug 6, 1934

19. UNDERTAKER H. A. Hubbard, San Francisco Calif.
(Address) Cambridge Idaho

20. FILED 8/5/34, 193 W. W. Thomas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/2/34 193

22. I HEREBY CERTIFY, That I attended deceased from 8/2/34, 193, to 8/2/34, 193
I last saw her alive on 8/2/34, 193: death is said to have occurred on the date stated above, at 8:00 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion(Thrombosis) | |
| Other contributory causes of importance: | |
| Senility | |
| Arterio-sclerosis. | |

Name of operation None Date of --
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. W. Thomas, M. D.
(Address) Cambridge, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90735

PLACE OF DEATH
County of Washington
City of Cambridge
Registration District No.
Primary Registration District No. Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ezra W. Bain

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eva Rilla Bain

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 8 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year) 1923
11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Benjamin Farmer Bain
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Amanda Wilson
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Eva Bain

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date Aug. 18 193 4

19. UNDERTAKER Jas Henderson
(Address) Cambridge Ida

20. FILED 8-17-34 193 W. H. Wiseman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug-13-, 1934, to Aug. 16, 1934
I last saw him alive on Aug. 16., 1934; death is said to have occurred on the date stated above, at 10:00 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Marasmus- | |
| Chronic Myocarditis | July 1-34 |
| Other contributory causes of importance: | |
| Inoperable Carcinoma of Prostate gland. | 1932 |
| Laryngeal Metastasis | |

Name of operation None Date of 0
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. H. Wiseman, M. D.
(Address) Cambridge Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90736

**PLACE OF DEATH**

County of Washington

City of Cambridge

Registration District No. 85

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Newton Roberts

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Roberts

6. DATE OF BIRTH (month, day, and year) 9-10-1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mt Pleasant Utah

FATHER

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Downey

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) T. H. Hudson Funeral Home Cambridge Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER T. H. Hudson
(Address) Cambridge Idaho

20. FILED 8-29-34, 193.. W. W. Freeman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-24-34, 193.., to 8-27-34, 193..

I last saw him alive on 8-27-34, 193..; death is said to have occurred on the date stated above, at 11-45 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Gangrenous Appendicitis | 8-23-34 |
| Intestinal Obstruction Effect | 8-26-34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Toxemia | |
| | |
| | |
| | |

Name of operation Appendectomy Date 8-26-34

What test confirmed diagnosis? Viscera Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

24a. If so, specify .....

(Signed) W. W. Freeman, M. D.

(Address) Cambridge Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90737

**PLACE OF DEATH**

County of Washington

City of Midvale

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Holmes

(a) Residence. No. Midvale Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | Wht | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon P Holmes

6. DATE OF BIRTH (month, day, and year) Sept - 19 - 1848

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 85 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

13. NAME William Cooper

14. BIRTHPLACE (city or town) (State or country) Ky

FATHER

15. MAIDEN NAME Elizabeth Hiatt

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT James Holmes (Address) Midvale Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Idaho Date 9-13-, 193 4

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED 9-17-, 193 4 M. E. Skidmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-10-34, 193..., to 9-11-34, 193...

I last saw h.. alive on 9-10-34 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of Coron a.ry arteries | 9-10-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Senility | ? |
| Hypertensio-sclerosis | |

Name of operation None Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Wm H Coleman M. D.

(Address) Cambridge Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 20

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90738

County of Washington
City of Cambridge Registration District No.
Primary Registration District No. Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME Richard Owen York

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 26 - 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Ida.

FATHER

13. NAME Verlin York

14. BIRTHPLACE (city or town) (State or country) Cambridge

MOTHER

15. MAIDEN NAME Helen Thomason

16. BIRTHPLACE (city or town) (State or country) Cambridge

17. INFORMENT (Address) Verlin York Cambridge Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Date 9-9, 1934

19. UNDERTAKER Attended
(Address) Cambridge

20. FILED 9-18-34, 193 W. H. Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7-34, 193, to 9-7-34, 193

I last saw him alive on 9-7-34, 193: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gastro-enteritis | 9-6-34 |
| Cholera Infantum | |

Other contributory causes of importance:

| | |
|---|---|
| Severe Toxemia | 9-6-34 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. H. Evans, M. D.

(Address) Cambridge - Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 20 1934

PLACE OF DEATH

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90739

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME James Irvin York

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 30 - 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 | | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge
(State or country) Washington Co

FATHER

13. NAME Irby York

14. BIRTHPLACE (city or town) Cambridge
(State or country)

MOTHER

15. MAIDEN NAME Helen Thomason

16. BIRTHPLACE (city or town) Cambridge
(State or country)

17. INFORMENT Irby York
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia Date 9-9, 1934

19. UNDERTAKER J. Sanderson
(Address) Cambridge Ida

20. FILED 9-18-34 1934 W. H. Thomas
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7-34, 193..., to 9-7-34, 193...

I last saw him alive on 9-7-34, 193..., death is said to have occurred on the date stated above, at 4:15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gastro-enteritis | 9-6-34 |
| "Cholera-Infantum" | |

Other contributory causes of importance:

| | |
|---|---|
| Severe Toxemia | 9-6-34 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. H. Thomas, M. D.

(Address) Cambridge Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90740
State File No.....

Registration District No. 86

Primary Registration District No. 1010 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Nalzeb

(a) Residence. No. Weiser Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 10-1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Tailor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Schlaeker
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 9-22-1934

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED Oct. 5, 1934 Dr. Hancher
Registrar.

By P.A.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1932 to Sept. 1934
I last saw him alive on Sept 20, 1934: death is said to have occurred on the date stated above, at 11:50 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1932 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hypertension | unk |
| Chronic Essential | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Coats M. D.

(Address) Weiser Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90741
State File No.....

Registration District No. 8 6

Primary Registration District No. 10 1 0 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give name instead of street and number)

2. FULL NAME Emma Lida Tolbert

(a) Residence. No. 674 W Main St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | wht | divorced |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Albert Ellsworth

6. DATE OF BIRTH (month, day, and year) Oct 12 1878

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housework

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

MOTHER FATHER

13. NAME Wm Poge

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Ella Barton

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Horace E Elliott (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Idaho Date 9-21-1934

19. UNDERTAKER L. B. Northam (Address) Weiser Idaho

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6..., 1934.., to Sept 14..., 1934..
I last saw h[illegible] alive on Sept 12 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious anemia | 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) F. A. Hamm ....., M. D.
(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT

IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90742

**PLACE OF DEATH**

County of Cassia

City of Delco

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 56

(No. 101a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Selma F. Bauer

(a) Residence. No. Delco, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. C. W. Bauer

6. DATE OF BIRTH (month, day, and year): July 20-1884

7. AGE: Years 50 | Months 1 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 4/15/34

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Topeka Kansas

MOTHER

13. NAME: Charles Veronica

14. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): J. C. W. Bauer Delco Ida.

18. BURIAL, CREMATION OR REMOVAL

Place: Los Angeles Date: 9/6/, 1934

19. UNDERTAKER (Address): D. E. Johnson Burley - Ida.

20. FILED 9/5/, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/3 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1934, to Sept 3, 1934.

I last saw her alive on Sept 3, 1934; death is said to have occurred on the date stated above, at 4:0 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac | 8 yrs. |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Lobar Pneumonia | Aug 29- |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh L. Dean M. D.

(Address) Burley Ida

OCT 11 [illegible]

90743

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90743

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 54

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tony Maravak, Custom

(a) Residence. No. Kellogg, Ida. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) — — 1896

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 38 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mines

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Petrinja Slavia

MOTHER FATHER

13. NAME Mr. Tony Maravak

14. BIRTHPLACE (city or town) (State or country) Petrinja Slavia

MOTHER

15. MAIDEN NAME Rosie Maravak

16. BIRTHPLACE (city or town) (State or country) Petrinja Slavia

17. INFORMANT Mary Coleman (Address) Kellogg, Ida

18. BURIAL, CREMATION OR REMOVAL Place Kellogg, Ida. Date Oct 6, 1934

19. UNDERTAKER M. C. Thornhill (Address) Kellogg, Ida.

20. FILED Oct. 9, 1934. From Ardeen M. Brick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-7-34, 1934, to 10-2- 1934.

I last saw him alive on 10-2-, 1934; death is said to have occurred on the date stated above, at 3:20 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tbc | 1930 ? |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner, Silicosis

(Signed) Glenn McCaffery, M. D.

(Address) Kellogg, Idaho

90744

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 90744

2. FULL NAME Henry Hensley

(a) Residence. No. 18½ mi S 2W. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mertle Hensley

6. DATE OF BIRTH (month, day, and year): Oct 23. 1880

7. AGE: Years 53 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: W D Hensley

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Melda Newton

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Mrs. Henry Hensley Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cemetery Date Sept 22 1934

19. UNDERTAKER (Address): J R Wiley Jerome, Idaho

20. FILED 9/25 1934 Chas F Zellers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from Not seen until after death 193.... to 193....
I last saw h....alive on ....., 193.... death is said to have occurred on the date stated above, at 3:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Sept 18, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: No Date of:

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Reuben C. Matson, M. D.
(Address) Jerome, Ida

RECEIVED OCT 2 [illegible]

90 745

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90745

PLACE OF DEATH

County of Shoshone

City of Mullan

Registration District No. 10

Primary Registration District No. 10 11

Local Registrar's No. 23

(No. [illegible])

(If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. FULL NAME Matt Kiiro

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.

10. Date deceased last worked at this occupation (month and year) Oct 10 34

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Finland.

FATHER

13. NAME Henry Nurs

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Kaser Kiiro

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Mrs Bronze Nickelson Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Oct 13, 1934

19. UNDERTAKER J. A Brown (Coard and Co) (Address) Wallace Ida.

20. FILED Oct 13, 1934 John Bever Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 193[illegible] to [illegible], 193[illegible]

I last saw him alive on Oct 10, 1934 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chest & Spine Crushed in Mining Mine Accident Over in Mine Rock | |
| Other contributory causes of importance: None | |

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 10, 1934

Where did injury occur? Morning Mine (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place While Engaged in Mining Ore

Manner of injury Fell down Raise

Nature of injury Crushed Chest & Back

24. Was disease or injury in any way related to occupation of deceased? Yes Cause Mine Accident

(Signed) H. Mowry Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

90746

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90746

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 291

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle May Roth.

(a) Residence. No. Route # 2. Nampa, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry B. Roth.

6. DATE OF BIRTH (month, day, and year) Jan. 26. 1899.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 35 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER FATHER

13. NAME W. J. Skillings.

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Rachel Arrants.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry B. Roth.
(Address) Route # 2. Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho. Date 10/14 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-13, 1934 W. T. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Death, 193...

I last saw h[illegible] alive on 10-12, 1934.: death is said to have occurred on the date stated above, at 1:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Oct 3, 1934 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardiac failure | Oct 13. |
| Fx. broken ribs left. | Oct 1 |
| Pulmonary hemorrhage | Oct 1-2-3. |

Name of operation... Laparotomy... Date of...

What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Yes. Date of injury.., 193.
Where did injury occur?...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On highway
Manner of injury... auto accident
Nature of injury... Several broken ribs - scalp lacerations

24. Was disease or injury in any way related to occupation of deceased? No If so, specify...

(Signed) ... H. F. West ..., M. D.
(Address) ... City ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 26 [illegible]

90747

## PLACE OF DEATH

County of .....

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90747

Registration District No. 79

Primary Registration District No. 3156 Local Registrar's No. .....

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)) 169

2. FULL NAME Joseph Charles Hebert

(a) Residence. No. ..... St. Lucerne Minn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Department of Justice
(Address) Weights and Measures

18. BURIAL, CREMATION OR REMOVAL
Bonners Ferry July 24, 1934
(Place) (Date)

19. UNDERTAKER W. P. Church
(Address) Bonners Ferry Ida

20. FILED July 24, 1934 [illegible]
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Found dead in Kootenai River | |
| Suicide | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....193.
Where did injury occur? Libby Montana
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury. Suicide by Drowning
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. M. Bonner, M. D.

(Address) Bonners Ferry Idaho

Coroner

RECEIVED OCT 31 1934 N. 3852

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9D748

**PLACE OF DEATH**

County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 104

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert J. Carlson

(a) Residence. No. ..... St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of [redacted] Nina Carlson

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 9 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER

13. NAME Charles Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Lena Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Idaho Date Oct 3, 1934 Pearl T. Rossi Morris Hill

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 10-29, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1934 to October 27, 1934
I last saw him alive on October 27, 1934: death is said to have occurred on the date stated above, at 9:10p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| V.H.D. Mitral Stenosis, severe | 1908 |
| Cardiac dilatation | 10-15-34 |

Other contributory causes of importance:

| | |
|---|---|
| Infarcts, hemorrhagic & anemic right lung, lower lobe | 10-15-34 |
| Pleurisy, serous, right, moderate left fibrous, extensive | 10-15-34 |

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) R. E. BAKER, M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5

90749

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90749

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 105

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HALL, William T.

(a) Residence. No. ____ St. Richland, Oregon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 11, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 59 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER

13. NAME Truman Hall

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Helen Finch

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A.F., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Richland Oreg. Date 10-31, 1934

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-30, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1934 to October 25, 1934.
I last saw him alive on October 25, 1934: death is said to have occurred on the date stated above, at 8:30p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostetic Pneumonia | 10-21-34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebral Hemorrhage; | 4-28-34 |
| Hemiplegia | 4-28-34 |
| | |

Name of operation ---- Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) R. E. BAKER, M. D.
(Address) V.A. Facility, Boise, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 19

90750

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90750

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 314

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Barry

(a) Residence. No. ..... St. Emmett, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. L. Barry

6. DATE OF BIRTH (month, day, and year) May 6, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER FATHER

13. NAME Isaac Chatfield

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) J. L. Barry

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Oct. 28 1934

19. UNDERTAKER C. D. Buchanan
(Address) Emmett Rhodes

20. FILED 11-2, 1934 W. L. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1934, to 10/25, 1934

I last saw h[illegible] alive on 10/26/34 [illegible]: death is said to have occurred on the date stated above, at 7.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Chronic Interstitial Nephritis. | 1926 |
| (2) Cerebral Hemorrhage. | Oct. 25, 1934. |
| | |
| | |
| | |
| Other **contributory causes** of importance: Hypertension | |
| | |
| | |

Name of operation None. Date of .....

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following: no
Accident, suicide, or homicide? no ... Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest E. Baumgartner M. D.

(Address) Boise, Idaho.

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

NOV 7

90751

**PLACE OF DEATH**

County of Cassia

City of Burley.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90751

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 69

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Chadwick 3%

(a) Residence. No. Rt I St. Burley Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alta Mary Chadwick.

6. DATE OF BIRTH (month, day, and year) Nov. 22nd 1889.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 44 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Oct 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dalton Ark.
(State or country)

MOTHER FATHER

13. NAME C. F. Chadwick

14. BIRTHPLACE (city or town) Arkansas
(State or country)

15. MAIDEN NAME Luna Nixon

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Oct 24, 1934

19. UNDERTAKER
(Address)

20. FILED Oct 22, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1934, to Oct 21, 1934

I last saw h....alive on Oct. 21, 1934: death is said to have occurred on the date stated above, at 10.00 p m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | (History |
| Genitourinary | about |
| tract (Bladder | 1918) |
| largely involved) | & Kidney |
| | removed |
| | previously |

Other **contributory causes** of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leland Strain, M. D.
(Address) Burley, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 7 1934

90752

# PLACE OF DEATH

County of Ada

City of Weiser Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90752

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 286

St Lukes Hospital

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Malcolm Ruth

(a) Residence. No. 7 Miles West Of Boise RT. 1 St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel Ruth

6. DATE OF BIRTH (month, day, and year): Jan 20th 1892

7. AGE: Years 42 | Months 8 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timekeeper And Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I.F.R.A

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clinchport West Va,

FATHER

13. NAME David Ruth

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT (Address) Mrs. Mabel Ruth Rt. 1 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Idaho Date 10/10 34

19. UNDERTAKER (Address) Schreiber & McCann Boise Idah

20. FILED 10-9, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/7, 1934, to 10/9, 1934.

I last saw him alive on 10/9, 1934: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Compound fracture of skull, | |
| Compound fracture left tibia & fibula. | |
| Fracture left tibia | |
| Probable Kidney laceration | |

Other **contributory causes** of importance:

Name of operation none Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Highway

Manner of injury Auto Accident

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W. Stone, M. D.

(Address) 317 Eastman Bldg., Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 7 [illegible]

90753

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90753
State File No.....

**PLACE OF DEATH**

County of Bonn
City of Ida Falls

Registration District No. 23
Primary Registration District No. 2-1-2 Local Registrar's No. 2 2 0

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Martin Begh

(a) Residence. No. Foole Utah St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1890

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Oct 6 - 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 67 | | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Hotel Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) week

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austryia

FATHER

13. NAME Matt Begh

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) Mrs Anna Mc Nally

18. BURIAL, CREMATION OR REMOVAL Place Rosedale Utah Date Oct 29, 1934

19. UNDERTAKER (Address) V. F. McCann

20. FILED Oct 29, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 28 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Broken neck | |
| revealed by X Ray | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** High Way

Manner of injury.. Auto Wreck

Nature of injury.... Broken neck

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) ..... M. D.

(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 2 1934

90754

# PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90754

Registration District No.

Primary Registration District No. Local Registrar's No. 230

(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Jane Hoit

(a) Residence. No. 114 Blackfoot University Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grant Hoit

6. DATE OF BIRTH (month, day, and year) March 2 1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 8 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stanwood, Iowa

FATHER

13. NAME Wilford Sturdevant

14. BIRTHPLACE (city or town) (State or country) Wilkesbarre

MOTHER

15. MAIDEN NAME Hannah Clement

16. BIRTHPLACE (city or town) (State or country) La. Moille Ill.

17. INFORMANT Warren Hoit
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Green City Cem. Date Oct 30 1934

19. UNDERTAKER G.V. Ford
(Address) Blackfoot Ida

20. FILED 10-30, 1934 D.C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/23/34, to 10/28/34.
I last saw h.. alive on 10/27/34; death is said to have occurred on the date stated above, at 1:15 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Stasis | |
| Toxaemia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Oper. - Prochelorrhaphy | |
| Peritonitis | |
| Central Suppuration | |

Name of operation G.E. Date of 10/24/34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? / Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** /
Manner of injury /
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H.C. Sevier, M. D.
(Address) Poc

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 3 1934

90755

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90755

Registration District No.

Primary Registration District No. Local Registrar's No. 221

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna M. Glindeman

(a) Residence. No. 325 North Garfield Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of John A. Glindeman

6. DATE OF BIRTH (month, day, and year): September 2, 1865.

7. AGE — Years: 69 | Months: 1 | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: Hans D. Wittorf

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Wilhemina M. Schutt

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Mrs. F. M. Bistline, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL — Place: Spokane, Wash. Date: Oct. 21, 1934.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Oct. 17, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 16, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934., to Oct. 16, 1934.

I last saw h. alive on Oct. 16., 1934.: death is said to have occurred on the date stated above, at 4:25 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary hemorrhage | |
| from old pulmonary | |
| TB | |

Other **contributory causes** of importance:

Name of operation. Date of.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. M. Newton M. D.

(Address) Pocatello, Idaho.

90757

NOV 0

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90757

**PLACE OF DEATH**

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 119

(No. 919 - 10th Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A. W. Ogle

(a) Residence. No. 3 miles East Nampa St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) January 2nd 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 84 + | 9 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Ohio

MOTHER FATHER

13. NAME — Ogle

14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL Rotherham
Place Nampa, Ida. Date 10-28 1934

19. UNDERTAKER Wm. D. Talley
(Address) Nampa Idaho

20. FILED Nov. 1, 1934 Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934, to Oct 23, 1934.

I last saw him alive on Oct 21, 1934; death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Ross, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

90758

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90758

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 111

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver E. Hunter

(a) Residence. No. Gen. Del. St. Soldier's Home, Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 23, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 4 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Hunter

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Elizabeth Hines

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Doris M. Crawforth, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Idaho Date Nov. 15, 1934
Morris Hill

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 11-14, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1934, to November 12, 1934
I last saw him alive on November 12, 1934; death is said to have occurred on the date stated above, at 4:45p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, lobar, right & left | 11-8-34 |
| Other contributory causes of importance: | |
| Hypertension | Many years |
| Nephritis, chr. interstitial | |

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.
(Address) V.A., Boise, Idaho

Duplicate, original sent back for signature

90759

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boise

City of Near Horse Shoe Bend

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90759

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 92 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jackson Coon

(a) Residence. No. Near Horse Shoe Bend St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Coon

6. DATE OF BIRTH (month, day, and year)
Nov. 11, 1855.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) New York State.

MOTHER FATHER

13. NAME Solomon S. Coon

14. BIRTHPLACE (city or town) (State or country) New York State

15. MAIDEN NAME Caroline Barber.

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT Andrew J. Coon Jr.
(Address) Rt. 1, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Horse Shoe Bend Date Oct. 22 1934

19. UNDERTAKER None.
(Address)

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 193.., to Oct. 20, 1934.
I last saw him alive on Sept. 10, 1934; death is said to have occurred on the date stated above, at 6:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Heart Failure | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Hypertrophy degeneration | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. C. Parkinson M.D.
(Address) Emmett, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90759

## PLACE OF DEATH

County of Boise
City of Near Horse Shoe Bend
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. 99)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jackson Coon

(a) Residence. No. Near Horse Shoe Bend St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widower |

5a. If married, widowed, or divorced
HUSBAND of Sarah Coon
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME Solomon S. Coon

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Caroline Barber

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT (Address) Andrew J. Coon Jr. Rt. 1 Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Horse Shoe Bend Date Oct. 22, 193 4

19. UNDERTAKER (Address) None

20. FILED 11/17, 193 Sara E. Robison Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20 193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 193 4, to Oct. 20, 193 4.
I last saw h alive on Sept 20, 193 4; death is said to have occurred on the date stated above, at 6:40 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | |
| Heart failure | |
| Other **contributory causes** of importance: | |
| Arteriosclerotic myocardial degeneration | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. B. Lahmann M. D.
(Address) Emmett Ida.

90760

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90760

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 33
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Shea Wardell

(a) Residence. No. 1812 N 8th St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of O.F. Wardell

6. DATE OF BIRTH (month, day, and year) Nov 24, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 57 | 11 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Independence Iowa

FATHER
13. NAME Tom Shea
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget Hurley
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) W.B. Wardell (son) Boise.

18. BURIAL, CREMATION OR REMOVAL Boise Idaho
Place St. Johns Date 11-17 1934

19. UNDERTAKER (Address) L. Schreiber & Mc Cann Boise Idaho

20. FILED 11-16, 1934 W.T. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 14 Nov 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1934, to ....., 193....
I last saw her alive on Nov. 14 1934: death is said to have occurred on the date stated above, at 10.30 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Decompensated Heart | |
| Auricular Fibrillation | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cirrhosis | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Stethoscope Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) L.H. Wyckoff, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. Wable.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 16

90761

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90761

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Hank

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed
6. DATE OF BIRTH (month, day, and year): January 25-1856
7. AGE — Years: 78 Months: 8 Days: 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Falkenstein Germany

FATHER
13. NAME: Karl W. Hanke
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Paul Zeyard Salmon
18. BURIAL, CREMATION, OR REMOVAL Place: Salmon Cemetery Date: 10/5, 1934
19. UNDERTAKER (Address): Jno C. Diehl Salmon Ida
20. FILED Nov 14, 1934 Chas C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10-3rd 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Sept 29, 1934
I last saw h alive on Sept 29, 1934: death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia (primary) | Sept 1, |
| Other contributory causes of importance: | |
| mitral regurgitation | Not known |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas F Hamner, M. D.
(Address) Salmon

7176-C

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90762

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 320

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jasper Smith

(a) Residence. No. 1113 Euclid St. Boise
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alma Smith

6. DATE OF BIRTH (month, day, and year) February 23, 1876

7. AGE — Years: 58 — Months: 8 — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER/FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Miss.

15. MAIDEN NAME Nancy Smith

16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMANT Beatrice Smith
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Nov. 15 193 4

19. UNDERTAKER W. McBratney, Boise.
(Address)

20. FILED 11-14, 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-13 193 4

22. I HEREBY CERTIFY, That I attended deceased from June, 193 3 to Nov 13, 193 4
I last saw him alive on Oct 31, 193 4: death is said to have occurred on the date stated above, at 1 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | 7 yrs previous |

Other **contributory causes** of importance:

| | |
|---|---|
| Pulmonary Hemorrhage | |

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Branch M. D.
(Address) Boise Idaho

OCCUPATION is very important. See instruction on back of certificate.

907.63

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90763

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 112

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Earl H. Scott

(a) Residence. No. ..... St. McEwen, Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24, 1903

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 31 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

MOTHER / FATHER

13. NAME Charles H. Scott

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Edna Tucker

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place LaGrande, Oregon Date Nov. 16, 1934

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 11-16, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1934, to November 14, 1934.
I last saw him alive on Nov. 14, 1934.: death is said to have occurred on the date stated above, at 9:45a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetic Coma | 1925 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pneumonia, lobar, early, | |
| mild | 11-13-34 |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. E. BAKER, M. D.
(Address) V.A.F., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90764
State File No.....

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jay Ed Phelps

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, and year) July 11, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day... hrs. or ... min. |
|---|---|---|---|
| 69 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer Retired 7 yrs

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Decatur
(State or country) Michigan

FATHER

13. NAME Johnson Phelps

14. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio

MOTHER

15. MAIDEN NAME Marcella Barnhart

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mrs. Nora Phelps
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 11/8, 1934

19. UNDERTAKER E. W. Robeson
(Address) Meridian Ida

20. FILED 11/8, 1934 E. W. Beer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/28, 1934, to 11/5, 1934

I last saw him alive on 11/5, 1934; death is said to have occurred on the date stated above, at 5:07 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | 11/2/34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? N.A. If so, specify.....

(Signed) ..... M. D.

(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

EXCLUSIVE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90765

## PLACE OF DEATH

County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 34
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Whitney Parrish

(a) Residence. No. ..... St. Caldwell, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thelma Parrish

6. DATE OF BIRTH (month, day, and year) May 19, 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 5 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Clerk

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Grocery

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

FATHER

13. NAME W W Parrish

14. BIRTHPLACE (city or town) (State or country) Cartwright County New York

MOTHER

15. MAIDEN NAME Ella Knox

16. BIRTHPLACE (city or town) (State or country) Boise Idaho

17. INFORMANT (Address) Mrs. W. W. Parrish Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date Oct. 21 1934

19. UNDERTAKER C. D. Buckenum
(Address) Emmett

20. FILED 9/22..., 193.4 W. H. Parr
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193.... death is said to have occurred on the date stated above, at About 3:A..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Head and Body Injuries | |
| Caised By An Automobile | |
| Accident | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? Near Meridian
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Highway
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) J. M. Cave Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90766

## PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 313

(No. St. Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna F. Hamilton

(a) Residence. No. 324 - 6th Ave. So. St. Nampa, Ada
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Orin Hamilton

6. DATE OF BIRTH (month, day, and year) May 6th 1882

7. AGE: Years 52 | Months 5 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridan Nebraska

MOTHER FATHER
13. NAME Thomas Bayers
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME Francisco Fraser
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Mr. Orin Hamilton Nampa, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Nampa, Ida. Date 10-24 1934

19. UNDERTAKER (Address) Mrs. Nina M. Foster Nampa Ida

20. FILED 10-30 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/24/34 193

22. I HEREBY CERTIFY, That I attended deceased from January, 1920, to 10-24-, 1934
I last saw her alive on 10/24, 1934: death is said to have occurred on the date stated above, at 11½ A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage * | |
| Surgical Shock | |
| | |
| | |
| | |

Other **contributory causes** of importance: Adenoma of thyroid 1933
Degeneration

Name of operation Thyroidectomy Date of 10-24-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas Stewart M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 288

DO NOT WRITE IN THIS SPACE

State File No. 90767

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel James Dunlap.

(a) Residence. No. 1208 Washington Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Whitee

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary V. Dunlap.

6. DATE OF BIRTH (month, day, and year): Oct. 3. 1934.

7. AGE: Years: 83 | Months: 0 | Days: 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pittsburg. Penn.

FATHER

13. NAME: Samuel Dunlap.

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Caroline Easter.

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mary V. Dunlap.
(Address): 1208 Washington Street.

18. BURIAL, CREMATION OR REMOVAL
Place... Morris Hill... Date 10/11, 193 4

19. UNDERTAKER: Summers & Krebs.
(Address): Boise, Idaho.

20. FILED 10-10 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/8/193 4

22. I HEREBY CERTIFY, That I attended deceased from family physician 193..., to ....., 193....
I last saw h.. alive on Oct 6, 1934.: death is said to have occurred on the date stated above, at 7.32 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arterio sclerosis of several years | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| anginal pain severe | |
| last days probably | |
| due to coronary sclerosis | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No. If so, specify.....
(Signed) ..... H. M. Robinson ..., M. D.
(Address) .... Boise Ida .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90768

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 287

(No. St. Alphonsus Hospital Boise Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME G. W. Johnson

(a) Residence. No. St. Cascade Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 84Yrs, | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Trapper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Andrew Campbell
(Address) Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Valley County Cemetery Date 9/18 193 4

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED 10-18 193 4 W. H. Rhoden
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/14 193 4, to 9/16 193 4.

I last saw h~~i~~m alive on 9/16 193 4, death is said to have occurred on the date stated above, at 6 30P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Nephritis | |
| Diabetes | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred O. Kinney M. D.

(Address) Boise Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90769

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 285

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry A. Crump

(a) Residence. No. 1110 State St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27## mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 54 | 5 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manhattan Kansas

FATHER

13. NAME Henry C. Crump

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Catherine Webber

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs. J. C. Ames Boise

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 10-10, 193-4

19. UNDERTAKER (Address) W. McBratney - Boise

20. FILED 10-9, 193-4 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-6 1934

22. I HEREBY CERTIFY, That I attended deceased from Octo 1-2, 193-4, to Octo 6-4, 193-4

I last saw him alive on Octo 6-4 1934; death is said to have occurred on the date stated above, at 9:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coughing Pectoris attacks | |
| Complicated with Bronchitis of Coronary veins | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) John Boyd M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90770

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 284
St. Lukes
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles E. King

(a) Residence. No. County Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of May King

6. DATE OF BIRTH (month, day, and year) March 24 1885

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 49 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Barry Co.
(State or country) Missouri

FATHER

13. NAME John King

14. BIRTHPLACE (city or town) Barry Co
(State or country) Missouri

MOTHER

15. MAIDEN NAME Nancy Langston

16. BIRTHPLACE (city or town) Barry Co
(State or country) Missouri

17. INFORMANT Jessie L. King
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-8 1934

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 10-8, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-6- 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934., to Oct 6, 1934.
I last saw him alive on Oct 5., 1934.: death is said to have occurred on the date stated above, at 1 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from an ulcer of | |
| oesophageal opening into stomach | |
| chronic Gastrectasis and | |
| gastric Ulcers | |
| Other **contributory causes** of importance: | |
| Extra peritoneal hemorrage at thru | |
| lower abdomen. | |
| Old abcess L. Left Lung, following TB | |

Name of operation None Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No., Date of injury ., 193.
Where did injury occur? Not injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. Greenway, M. D.
(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90771

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 283

(No. On way to Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Mark Blodgett.

(a) Residence. No. 225 Boise City National Bank Building. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 4. 1853.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 81 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Elevator Operator.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Port Washington
(State or country) Wisconsin

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Charles N. Blodgett.
(Address) Virginia, Minnisota.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/6/, 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-6 1934 A. A. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/30/34.

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1934, to 9-30, 1934

I last saw him alive on ....., 193..; death is said to have occurred on the date stated above, at about 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy. | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Old age | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Carraway M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90772

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 282

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jose Pio Ondarza ( Alastra )

(a) Residence. No. 207 E. Jefferson St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

185

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Escolostica Arriandiaga

6. DATE OF BIRTH (month, day, and year): May 4th 1871

7. AGE — Years: 63 . Months: 4 Days: 28 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Sheep Man
10. Date deceased last worked at this occupation (mo. and yr.): Sept 30-34
11. Total time (years) spent in this occupation: 32

12. BIRTHPLACE (city or town) (State or country): Nachitua Spain

FATHER

13. NAME: Batista Ondarza
14. BIRTHPLACE (city or town) (State or country): Nachitua Spain

MOTHER

15. MAIDEN NAME: Josefa Alastra
16. BIRTHPLACE (city or town) (State or country): Nachitua Spain

17. INFORMANT (Address): Marcelino Aldecoa Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: St Johns Date: 10/5 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 10-5 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-2 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on
10-2-, 1934, to ....., 193....
I last saw him alive on 10-2-, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Base Skull | 10-2-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Shock — Fractured shoulder | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.. 10-2 193 4
Where did injury occur?.. Boise Idaho.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ..Home.....
Manner of injury.. Fell from ladder.....
Nature of injury.. Fractured Skull.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) ..... M. D.
(Address) ..... Boise Idaho.....

L

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90773
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 280

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

917

2. FULL NAME Laura Almira White

(a) Residence. No. 1416 - N. 11 St. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elisha White

6. DATE OF BIRTH (month, day, and year)
July 16, 1846.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 88 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) New York

MOTHER/FATHER

13. NAME Lemuel Blood

14. BIRTHPLACE (city or town)
(State or country) New Hampshire

15. MAIDEN NAME Margaret Waldo.

16. BIRTHPLACE (city or town)
(State or country) ?

17. INFORMANT E. Waldo White,
(Address) 1011-N. 23st. Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-2, 1934

19. UNDERTAKER Summers & Krebs
(Address) 906 Bannock St.

20. FILED 10-2, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9- 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934, to Oct 29, 1934.
I last saw her alive on Oct 27, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stricture of Oesophagus & | about |
| arteriosclerosis | 1924 |
| | 1928 |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Bronchopneumonia and Inanition | Sept 26 1934 |

Name of operation None Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. M. Braffan, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90774

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 297

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Ewald.

(a) Residence. No. 1011. N. 17 th Street. St.
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine. C. Ewald.

6. DATE OF BIRTH (month, day, and year): Month and Day Unknown. 1845.

7. AGE — Years: 89. Months: 0 Days: 0. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Certified Public Accountant.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER / FATHER

13. NAME: John Ewald.

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Mrs. Katherine. C. Ewald. 1011. N. 17 th St.

18. BURIAL, CREMATION OR REMOVAL: Portland Oregon. October. 18. 1934.
Place ..... Date ....., 193..

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 10-17, 193.4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/14/1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1934, to Oct 14, 1934.
I last saw him alive on Oct 14, 1934; death is said to have occurred on the date stated above, at 3:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstical Obstruction | 1933 |
| probably Ca of Illeum | |

Other **contributory causes** of importance:

| | |
|---|---|
| Advanced age and Arterio Sclerosis with Invagition | 12 da. |

Name of operation Illeostomy Date of Oct 7, 34

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Drayton, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90775

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 296

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nannie. B. Pollard.

(a) Residence. No. 1712. N. 19 th Street. St.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Widowd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March. 23. 1844.

7. AGE — Years: 90. Months: 6 Days: 21. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER/FATHER

13. NAME: Martin Brown.

14. BIRTHPLACE (city or town) (State or country): York. Penn.

15. MAIDEN NAME: Susan Jane Goddard.

16. BIRTHPLACE (city or town) (State or country): Kentucky.

17. INFORMANT (Address): Mrs. Lillie La Munyon. 1712. N. 19 th. St.

18. BURIAL, CREMATION OR REMOVAL: Mry Creek Cemetery. Oct. 17. 1934.
Place ..... Date ....., 193..

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 10-16 1934 C. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....

I last saw h[illegible] alive on Oct. 7., 193.4 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility - | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Injured by fall about one year previous

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) L. D. Anderson M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90776

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 294

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Church

(a) Residence. No. 206 E Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F.M. | Light | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Forrester Church

6. DATE OF BIRTH (month, day, and year) May 25th 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 4 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House Wife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Stockton Calif

MOTHER FATHER
13. NAME Thomas Barry
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Margarett Ahern
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank F. Church
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Boise
Place St. Johns Date 10-10-1934

19. UNDERTAKER Schneider & McCann, Boise Idaho
(Address)

20. FILED 10-15 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/1/5 ..., 193..., to 10/7 ..., 1934
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Patient of Dr 9/1/34 | |
| Vaginal Repair | |
| Other **contributory causes** of importance: | |
| Arteio Sclerosis | |

Name of operation Vaginoplasty & Uterine Suspension
What test confirmed diagnosis? Evidence & Autopsy

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) Fred G. Illingworth M. D.
(Address) Boise Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90777

**PLACE OF DEATH**

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 293
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. **FULL NAME** Carl Theodore Johnson Jr.

(a) Residence. No. Bruneau, Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 6-5-1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 4 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Boise Idaho

PARENTS

10. NAME OF FATHER Carl T. Johnson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Fanny M. King

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant (Address) Carl T. Johnson Bruneau, Idaho.

15. Filed 10-15 1934 W. N. Rhodes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH 10 (Month) 9 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-7 1934 to 10-9 1934
that I last saw h. alive on 10-9 1934
and that death occurred, on the date stated above, at 9.45 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH** was as follows:

Septicaemia

(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Meningitis
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death? Bruneau
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Blood culture
(Signed) T. W. Ahrend M. D.
10-13 1934 (Address) Boise Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Bruneau, Idaho | 10/12 1934 |
| 20. Undertaker | Address |
| D. C. Zacher | Rd. Home Idaho |

4-77-4

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90778

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 101

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adalbert Freimuth

(a) Residence. No. 1003 No. 9th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

15

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda

6. DATE OF BIRTH (month, day, and year) October 3, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | --- | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland, Russia.

MOTHER/FATHER

13. NAME Otto Freimuth

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Louise Selmer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mrs. Adaline Martens

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 10-18 193 4

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 10-17 193 4 W. H. Rhodes Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 193 4, to Oct. 16, 193 4

I last saw him alive on Oct. 16, 193 4: death is said to have occurred on the date stated above, at 9:15 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Paralysis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90779

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 100

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Ada Co Hospital)

2. FULL NAME Elizabeth Jay

(a) Residence. No. [ ] St. R. 3
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: 2

6. DATE OF BIRTH (month, day, and year): 1850

7. AGE — Years: 84 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER
13. NAME: William Brown
14. BIRTHPLACE (city or town) (State or country): W. Va.

MOTHER
15. MAIDEN NAME: Nancy Hedy Day
16. BIRTHPLACE (city or town) (State or country): Ariz.

17. INFORMANT (Address): A. S. Schreiber Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill. Date: 10-12 1934

19. UNDERTAKER (Address): A. Schreiber & Wm. Cogan

20. FILED 10-13 1934 W. R. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1934, to 10-12, 1934.
I last saw her alive on 10-1-34, 1934. death is said to have occurred on the date stated above, at 9 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Dandyp. Paralysis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Cudmore M. D.
(Address) Boise Idaho

D-48-10

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90780

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 289

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arla Beth Wilkinson

(a) Residence. No. Route 1 St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

FATHER

13. NAME Wm. B. Wilkinson

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Mary Decker

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT (Address) Wm. B. Wilkinson Route 1, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Fill Date 10-11-34

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 10-11, 1934 W. H. Rhodes Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1934, to Oct. 9, 1934.
I last saw her alive on Oct. 9, 1934; death is said to have occurred on the date stated above, at 4:15 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion from | |
| Acute Pleurisy | 10-8 |
| | |
| Other **contributory causes** of importance: | |
| Mongolianism | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harmon Delmage M. D.

(Address) Boise

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90782

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 281

(No. St Alphonsus Hospital) 206
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Nisson

(a) Residence. No. 1612 Lincoln St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 3, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | -- | -- | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME Ivan Nisson

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Lola Corn

16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT (Address) Mrs. W. F. Corn Boise

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 10-4-34, 193..

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 10-4, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct-4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on Oct. 4., 1934.: death is said to have occurred on the date stated above, at 4 3/4 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Edwin A. Coats, M. D.
(Address) Box 1724

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90784

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 308

(No. Salvation Army Maternity Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rollan De Wayne Coles

(a) Residence. No. 1410 Grand Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 23rd. 1934.

7. AGE — Years | Months | Days | If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise, Ida.

FATHER

13. NAME: J.C.Coles
14. BIRTHPLACE (city or town) (State or country): Boise, Ida.

MOTHER

15. MAIDEN NAME: Thelma Grace Jones
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): J.C. Coles Boise

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cem
Place: Boise Date: 10-23, 1934

19. UNDERTAKER (Address): Schreiber & Williams Boise, Ida

20. FILED 10-26 1934 W. W. Rhoden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/23/34, 193.., to 10/23/34, 193.. I last saw h.. alive on 10-23, 193.4.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Umbilical hemorrhage. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Prematurity | |
| Hemophilia | |

Name of operation ✓ Date of ✓
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... Attorney ....., M. D.
(Address) ..... Boise Ida

B Beals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90785

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 295

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Earline Mills.

1610

(a) Residence. No. Burley, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 14. 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day, .9 hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Earl Mills.

14. BIRTHPLACE (city or town) (State or country) Caldwell, Ida.

MOTHER

15. MAIDEN NAME Edna Mayes.

16. BIRTHPLACE (city or town) (State or country) Rupert, Idaho.

17. INFORMANT (Address) Earl Mills 320. E. 2nd Street. Burley Idaho.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. Date Oct. 15. 1934.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-15, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1934, to Oct 13, 1934

I last saw h[illegible] alive on Oct 4, 1934; death is said to have occurred on the date stated above, at 10:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature | |
| 7 months | Oct 13-34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Burley

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| EXAMPLE I | | EXAMPLE II | |
|---|---|---|---|
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | 1915 | *Attack of epilepsy* | 1 *week ago* |
| *Chronic interstitial nephritis* | 1921 | *Run over by street car* | 1 *week ago* |
| *Cerebral hemorrhage* | *July* 5, 1927 | *Peritonitis* | 3 *days ago* |
| | | | |
| | | | |
| Other CONTRIBUTORY CAUSES of importance: | | Other CONTRIBUTORY CAUSES of importance: | |
| *Gallstones* | *May* 1, 1923 | *Gastroenteritis* | 1 *year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

born and died Oct 14 — See birth 2 (21)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of ADA

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90786

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 301

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Sylvester Bettes

(a) Residence. No. 1109 Warm Springs Avenue St. Boise Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Moore Bettes

6. DATE OF BIRTH (month, day, and year): February 11 1864

7. AGE — Years: 69 — Months: 7 — Days: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Dentist &

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Stockman

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jamestown (State or country) California

MOTHER FATHER

13. NAME Otis John Bettes

14. BIRTHPLACE (city or town) Westmoreland (State or country) New York

15. MAIDEN NAME Fanny Maria Cheshire

16. BIRTHPLACE (city or town) Manchester (State or country) England

17. INFORMANT Lawrence Bettes (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 10-11-1934

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 10-20 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/9/1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 10-9....., 1934.

I last saw him alive on 10-9..., 1934.; death is said to have occurred on the date stated above, at 11:22 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | 10-8-34 |
| Arteriosclerosis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bronchitis, Hypostatic Congestion & Atelectasis | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? V Date of injury.., 193.

Where did injury occur? V (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury V

Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify V

(Signed) Lawrence Bettes M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of .....

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. .....

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Sylvester Betts

(a) Residence. No. 1109 Warm Springs Ave St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Moore Betts

6. DATE OF BIRTH (month, day, and year) February 11 - 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Dentist & Stockman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1927

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Jamestown California

**FATHER**

13. NAME Otis Joshua Betts

14. BIRTHPLACE (city or town) (State or country) Westmoreland New York

**MOTHER**

15. MAIDEN NAME Fanny Maria Cheshire

16. BIRTHPLACE (city or town) (State or country) Manchester England

17. INFORMANT (Address) M. L. Betts Honolulu Hawaii

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise (or near)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90788

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 107

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lois Bruno

(a) Residence. No. ..... St. Huron
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Will Bruno

6. DATE OF BIRTH (month, day, and year) May 8- 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 11 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

MOTHER/FATHER

13. NAME Williams Draper

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Fany Newton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs R D. Bruno

18. BURIAL, CREMATION OR REMOVAL Morris Hill
Place Boise Date 10-30, 1934

19. UNDERTAKER Schreiber & Wm. Canon
(Address) Boise Idaho

20. FILED 10-30 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1933, to 10-27-, 1934.

I last saw her alive on Oct 26, 1934 death is said to have occurred on the date stated above, at 9:30 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Melitis | |
| Died in Coma | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Old age | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of .....

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90789

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 106

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME KILIAN, H.A. (Initials only)

(a) Residence. No. CCC Co. 1335, Camp F-108, St. French Creek, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) December 24, 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 46 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 14/24

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Lutterboro Hanover,
(State or country) Germany

FATHER

13. NAME Nek knowu

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT C.C.C. Headquarters Boise Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL Spring field, Minn. Date Nov 1, 1934

19. UNDERTAKER H. McBratney
(Address)

20. FILED 10-30, 1934 W. R. Rhodes, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Oct 28, 1934.

I last saw him alive on Oct 28, 1934; death is said to have occurred on the date stated above, at 10.00 AM.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congestive heart failure | Oct 28/34 |
| Pneumonia, broncho, bilateral | Oct 27/34 |
| | |
| | |
| Other **contributory causes** of importance: Influenza | Oct 15/34 |
| | |
| | |

Name of operation None Date of —

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. T. Kerling, 1st Lt. Med. Res. M. D.
(Address) CCC Camp F-108, McCall, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Blaks Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 90790

Local Registrar's No. 103

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Laura Ogle

(a) Residence. No. Blacks Creek, Ada Co. St.
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. F. Ogle

6. DATE OF BIRTH (month, day, and year) JULY 22nd. 1862.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 2 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Thomas Campbell

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Lizze Owens

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Route H. Box 191 Mrs H.A. Hanson Oregon City Ore

18. BURIAL, CREMATION OR REMOVAL Boise Ida
Place Morris Hill Date 10-20-1934

19. UNDERTAKER Schreiber & Mc Cann
(Address) Boise Ida

20. FILED 10-20, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-15- 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1934., to Oct 15, 1934.

I last saw her alive on Oct 14, 1934.; death is said to have occurred on the date stated above, at 2:40 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| Senility | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway M. D.
(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90791

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 102

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Debbie Bell

(a) Residence. No. S.W. of city St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Farry Bell

6. DATE OF BIRTH (month, day, and year)
Sept. 21, 1855

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 79 | 0 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Ellias Burris

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Mason

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs. R. E. Campbell Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Irrigon Cre. Date 10-20- 1934

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 10-19 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-14-34 1934, to 10/18/34, 1934

I last saw h[illegible] alive on 10/15/, 1934 death is said to have occurred on the date stated above, at 9.20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Diabetes Mellitus | 5 yrs. |
| (2) Generalized Arteriosclerosis | 1(2) |
| (3) Cerebral Hemorrhage | 19 hours. |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 1934.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest E. Kaufmann M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90792

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 99

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Myrtle Harvey

(a) Residence. No. ..... St. Kuna Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fred Harvey

6. DATE OF BIRTH (month, day, and year) July 16th 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Otsego Co (State or country) New York

FATHER

13. NAME Mr. Hoose [illegible]

14. BIRTHPLACE (city or town) Not Obtainabl (State or country) " "

MOTHER

15. MAIDEN NAME Laura Davis

16. BIRTHPLACE (city or town) Not Obtainable (State or country) " "

17. INFORMANT Barton Rea (Address) Kuna Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Idaho Date 10/14 193 4

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 10-13 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-11-1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934, to ....., 193..
I last saw h....alive on 10-11 P., 1934: death is said to have occurred on the date stated above, at 5:55 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway M.D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90793

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 98

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Frank Roberts

(a) Residence. No. 1110 East Bannock St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dont know

6. DATE OF BIRTH (month, day, and year) 1851

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 83 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Scranton, Pa. (State or country)

MOTHER FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) American (State or country)

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMANT Mrs M Roberts Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 10/1 193 4

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 10-5 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-29 193 4

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30., 193 4., to 9-29., 193 4.

I last saw him alive on 9-28., 193 4.; death is said to have occurred on the date stated above, at 12.5 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Old Pullary Bronchitis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90794

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 97

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannadell Dunn

(a) Residence. ~~No.~~ R. 2. Boise, Idaho ~~St.~~
(Usual place of abode) since 1893. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ~~yrs. mos. ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

189

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female. | white | widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Dunn.

6. DATE OF BIRTH (month, day, and year) May 8, 1866.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 4 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** no occupation

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grand Island, (State or country) Neb.

MOTHER FATHER

13. NAME Jess Shoemaker.

14. BIRTHPLACE (city or town) ..... (State or country) Penn.

15. MAIDEN NAME Henrietta Hurley.

16. BIRTHPLACE (city or town) ..... (State or country) Penn.

17. INFORMANT (Address) Mabel Curington (daughter) R2. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial.
Place Morris Hill. Boise Date 9/29., 1934

19. UNDERTAKER (Address) Scrieber and Mc Quan. Bannock St. Boise.

20. FILED 10-5., 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25 1934.

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1933., to 9-25-, 1934.

I last saw her alive on 9-25-, 1934.; death is said to have occurred on the date stated above, at 11. P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of skull from fall | Sept. 15. |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| trail, party, runaway, | |
| shock of injury | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/25 1934.
Where did injury occur? Boise, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** public place
Manner of injury Thrown from horse in Centennial Parade
Nature of injury broken hip

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Taylor, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90795

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 96

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J.W. Wallis

(a) Residence. No. Joplin Corner. Near Boise Ave, St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188 e

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24th 1928

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 6 | 8 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Globe
(State or country) Ariz.

FATHER

13. NAME James Wallis

14. BIRTHPLACE (city or town) Shawnee
(State or country) Okla.

MOTHER

15. MAIDEN NAME Pauline Opal Stanfield

16. BIRTHPLACE (city or town) Colorado,
(State or country)

17. INFORMANT Arron S. Black
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place .... Date 10/2 ..., 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-3 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 30th 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chest Crushed By An | |
| Automobile. | |
| Accident. | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation .... Date of ....
What test confirmed diagnosis?.... Was there an autopsy?..

If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.... Date of injury .., 193.
Where did injury occur? At The Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) J. W. McCann Coroner
Boise Idaho, M. D.
(Address) ....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT REC information should be carefully supplied. AGE should be stated EXACTLY. PH state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

ry ite NS sh tement of

# PLACE OF DEATH

County of Ada

City or Near The City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90796

Registration District No. 2

Primary Registration District No. 2004

Local Registrar's No. 95

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Harry Gossett

(a) Residence. No. Ada County Hospital

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): ~~Mar~~ 1877

7. AGE: Years 57 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

Aged about

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dont Know

MOTHER FATHER

13. NAME: " "

14. BIRTHPLACE (city or town) (State or country): " "

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Schreiber & McCann Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-25, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida

20. FILED 10-1, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22 1934

22. I HEREBY CERTIFY, That I attended deceased from ..March 3..., 1934., to ..Aug. 22..., 1934.

I last saw him alive on ..Aug 21 1934.: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Disease of Coronary Arteries | |
| Sclerosis of Aorta and Coronary | |
| Vessles with atrophy of | |
| Heart muscle | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry,** in **home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) .....M. Callaway....., M. D.

(Address) .....Boise Idaho.....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Germany

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90797

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 292

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miron Minad Hall Maydole.

49

(a) Residence. No. Salmon Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Divorced. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 13. 1863.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 71. | 5 | 0. | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota.

**MOTHER/FATHER**

13. NAME Calvin Maydole.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Calvin Pyeatt. Salmon Idaho.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. Date October. 17. 1934.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-15 1934 W. V. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930., to Oct 13....., 1934.

I last saw h. alive on Oct 13 1934.: death is said to have occurred on the date stated above, at ....P..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Prostate | unknown |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation .../..... Date of.....

What test confirmed diagnosis? Y. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Chas V. Kennaway M. D.

(Address) 615 Eastman Bldg. Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTERED OCT 11

# PLACE OF DEATH

County of Canyada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90798

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 97291A

(No. St. Luke's)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriett Luella Hart

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of O. H. Hart

6. DATE OF BIRTH (month, day, and year) July 23 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 73 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indianola
(State or country) Iowa

FATHER

13. NAME Moore

14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER

15. MAIDEN NAME Elizabeth Sileatt

16. BIRTHPLACE (city or town) Iowa Ind.
(State or country)

17. INFORMANT Mrs. Jos. T. Bales
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 9-16 1934

19. UNDERTAKER A. V. Peckham
(Address) Caldwell Ida

20. FILED ~~9-14-34~~ 10-13-34 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1934, to 9-14, 1934

I last saw her alive on 9-14, 1934; death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis from ruptured appendix | 9/12/34 |

Other **contributory causes** of importance:

Name of operation Drainage Date of 9/13/34

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. A. Forbush M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98799

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 290
(No. 814 N. 8th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilson Davis

(a) Residence. No. 808 State St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mrs. Nora Davis

6. DATE OF BIRTH (month, day, and year): Oct. 30- 1852

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 82 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lima, Ohio

FATHER

13. NAME: Ephram Davis
14. BIRTHPLACE (city or town) (State or country): U.S.A. Ohio

MOTHER

15. MAIDEN NAME: Hanna Stepmayer
16. BIRTHPLACE (city or town) (State or country): U.S.A. Ohio

17. INFORMANT (Address): Edd Moore Boise, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Boulder, Col. Date: 10-12, 1934

19. UNDERTAKER (Address): Schreiber & Mc Cann Boise Ida

20. FILED: 10-11, 1934 W. L. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-10 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1934, to Oct. 10, 1934.
I last saw h~~im~~ alive on Oct. 10, 1934: death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90800

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 302

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Le Roy Wilson.

(a) Residence. No. Atlanta, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 15. 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 5. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Atlanta Idaho.

FATHER

13. NAME Ernest. J. Wilson.

14. BIRTHPLACE (city or town). (State or country) Dillon Montana.

MOTHER

15. MAIDEN NAME Mildred Ogden.

16. BIRTHPLACE (city or town). (State or country) Auburn, Calif.

17. INFORMANT Ernest. J. Wilson.
(Address) Atlanta, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Mountain Home, Idaho Date Oct., 22. 1934.

19. UNDERTAKER Summers & Kibby
(Address)

20. FILED 10-22 1934 W. R. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1934, to Oct. 20, 1934.
I last saw her alive on Oct. 20 1934.; death is said to have occurred on the date stated above, at 10:30 p m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 10-17-34 |
| Other **contributory causes** of importance: | |
| Convulsions | 10-19-34 |

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) Harmon Drennan M. D.
(Address) Boise.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 30001

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 298

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willa Frances Heyde

(a) Residence. No. 2205 No. 28th St,
(Usual place of abode) St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Walter R. Heyde

6. DATE OF BIRTH (month, day and year) Feb. 8th 1873

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jackonville
(State or country) Alabama

MOTHER FATHER

13. NAME Woodward

14. BIRTHPLACE (city or town) U.S.A.
(State or country)

15. MAIDEN NAME ? Grant

16. BIRTHPLACE (city or town)
(State or country) U.S.A.

17. INFORMANT Wally R Heyde
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/15, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-17, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to Oct. 12, 1934.
I last saw h[illegible] alive on Oct. 12 1934. death is said to have occurred on the date stated above, at 6.45 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | 1934 |
| Ca. Breast | 1931 |
| Ca Spine | 6-1934 |
| | |

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis Xray. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Bruce L Budge M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90802
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 300

(No. 1415 Harrison Blvd.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Edward Coughlin.

(a) Residence. No. 1409. Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 25. 1932.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | 4 | 22. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Thomas. P. Coughlin.

14. BIRTHPLACE (city or town) (State or country) Troy New York.

MOTHER

15. MAIDEN NAME Dortha. M. Gahley.

16. BIRTHPLACE (city or town) (State or country) Seattle. Wash.

17. INFORMANT Thomas. P. Coughlin.
(Address) 1409. Harrison Blvd.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Oct. 18. 1934

19. UNDERTAKER Summers & Kreby.
(Address)

20. FILED Oct. 19 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-17 1934.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17., 1934., to Oct. 17., 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11. a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock | 10-17-34. |

Other **contributory causes** of importance:

Falling on face into open pool of water with immersion of body.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/17/1934
Where did injury occur? Boise, Ada Co. Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Home (neighbors yard.)
Manner of injury. Child walked into pool.
Nature of injury. Shock from falling on face

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) Harrison S. Heyrand M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

West ✓

DO NOT WRITE IN THIS SPACE

State File No. 90803

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 299

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

143

2. FULL NAME Jessie May Iwanick.

(a) Residence. No. Lyndale Hotel. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Aleck. J. Iwanick.

6. DATE OF BIRTH (month, day, and year)
June. 29. 1902.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 32. | 3 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon City.
(State or country) Idaho.

FATHER

13. NAME James. W. Caperon.

14. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER

15. MAIDEN NAME Della Thomas.

16. BIRTHPLACE (city or town) Nebraska.
(State or country)

17. INFORMANT Aleck. J. Iwanick.
(Address) Lyndale Hotel.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Oct. 19, 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-19 1934 W. A. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-9-34, 193..., to 10-16, 1934.

I last saw h[illegible] alive on 10-16, 1934.; death is said to have occurred on the date stated above, at 11:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diffuse peritonitis | 10-9-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Septic abortion | Unknown |
| | |

Name of operation None Date of.....

What test confirmed diagnosis..... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) L. F. West M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon Ida

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90804

Registration District No. 2

Primary Registration District No. 1904

Local Registrar's No. 311

(No. St. Lukes)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jamima Dahlkoper Blacketack

(a) Residence. No. (Usual place of abode) 1 Massing, Ida St.

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 25 1875

7. AGE: Years 58 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER

13. NAME: Geo Ford

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Sarah Hill

16. BIRTHPLACE (city or town) (State or country): London England

17. INFORMANT (Address): Adam Blacketack

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 10-25 193[illegible]

19. UNDERTAKER (Address): E. V. Eckhart Caldwell Idaho

20. FILED 10/29 193[illegible] W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-20 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from June 5, 193[illegible], to Oct. 20, 193[illegible]
I last saw her alive on Oct. 20, 1934: death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic Carcinoma | |
| to Chest from | Sept. 1932 |
| Rt. Breast | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: Amputation of Breast Date of 6/6/33

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Lewis M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

2

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90805

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 310
(No. Allied At 25th & Fairview St)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Hyrum Albert Vincent

(a) Residence. No. 211 So 9th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8th 1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 0 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Drug Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrison Co,
(State or country) Iowa

FATHER

13. NAME James E. Vincent

14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Ellen Irwin

16. BIRTHPLACE (city or town) Virginia,
(State or country)

17. INFORMANT Harold Potter
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/25, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-26 1934 W. J. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 21st 1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1: A...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Head And Body Injuries | |
| Automobile Accident. | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Street
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. J. McLaughlin Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90806

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 309

St. Lukes
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emil Dodge

(a) Residence. No. 1712 North 13th. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 13th. 1885.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Plasterer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Helena, Mont.
(State or country)

FATHER

13. NAME Dodge

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Sarah M.Poole

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT A. Schreiber
(Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL Boise, Ida
Place Morris Hill Date 10-26, 1934.

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida.

20. FILED 10-26 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1934, to 10-23, 1934.
I last saw him alive on 10-23, 1934; death is said to have occurred on the date stated above, at 10:32 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Fracture Skull | 10-9-34 |
| Basilar | |
| Hemorrhage, Subdural, | " |
| Rt. | |
| Rupture, Jugular sinus + | " |
| Post meningeal art. | |

Other **contributory causes** of importance:
Cerebral - degeneration

Name of operation Decompression of skull Date of 10/23-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide or homicide~~? Date of injury 10, 1934
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry
Manner of injury 15 feet Fall
Nature of injury Fract. Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. D. Simonton M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90807

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 307

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Belle Birdwell

(a) Residence. No. 1315 No. 7th St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Birdwell

6. DATE OF BIRTH (month, day, and year) October 11, 1878

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 56 | -- | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Bradford Furt

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Bessie Gilbert

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Samuel Birdwell Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morg. Cem. Date 10-25 193[illegible]

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 10-25, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-23 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934, to Oct 23, 1934.
I last saw her alive on Oct. 22, 1934: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| .... | .... |
| Chronic Osteo-arthritis | 1933 |
| .... | .... |
| .... | .... |
| .... | .... |
| Other **contributory causes** of importance: | |
| .... | .... |
| .... | .... |
| .... | .... |

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) O. F. Svendsen, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90808

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 306

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

10-26

2. FULL NAME Shirley Allen Lowe

(a) Residence. No. ..... St. Meridian Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Ida

FATHER

13. NAME Fred Lowe

14. BIRTHPLACE (city or town) (State or country) Sweet Ida

MOTHER

15. MAIDEN NAME Bertha Miller

16. BIRTHPLACE (city or town) (State or country) Palmyra Neb

17. INFORMANT Fred Lowe
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 10/26 193 4

19. UNDERTAKER E. N. Robinson
(Address) Meridian Ida

20. FILED 10-25 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 193 4

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 193 4, to Oct. 24, 193 4.

I last saw h[illegible] alive on Oct 24, 193 4; death is said to have occurred on the date stated above, at 8:30 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Branchial Pneumania | Oct 23, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Dehydration-Malnutrition | Since Birth |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. L. Jewell M. D.
(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90809

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 305

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Louise Beck.

(a) Residence. No. Mayfield, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March. 12. 1922.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 12. | 7 | 10. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

MOTHER/FATHER

13. NAME James. O. Beck.

14. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

15. MAIDEN NAME Gladys Wells.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT James. O. Beck.
(Address) Mayfield, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. October. 24. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-24., 1934. W. H. Rhodes
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/22/34, 193..., to ..., 193...
I last saw her alive on 10/22., 1934.: death is said to have occurred on the date stated above, at 4:15P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | 10/22/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide or homicide~~? 10/22/34 Date of injury.., 193.
Where did injury occur? Mayfield, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. School grounds
Manner of injury Kicked by horse
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [redacted], M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90810

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 304

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine. H. Bacon.

(a) Residence. No. Melba, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert. S. Bacon.

6. DATE OF BIRTH (month, day, and year) November. 22. 1872.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 61. | 10 | 27. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado.

MOTHER FATHER

13. NAME Matt Boillert.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine Leopold.

16. BIRTHPLACE (city or town) (State or country) Buffalo. N.Y.

17. INFORMANT Robett. S. Bacon.
(Address) Melba, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Oct. 21. 1934.
Place Date 193..

19. UNDERTAKER Summers & Krebs. Boise, Idaho.
(Address)

20. FILED 10-22 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20..., 1934.., to ...Oct. 19....., 1934..
I last saw h.. alive on Oct. 19..., 1934.: death is said to have occurred on the date stated above, at 12:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | Sept 27, 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Adhesions | |

Name of operation Resection of bowel Date of Oct 6 1934

What test confirmed diagnosis? Clinical + X-ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify.....

(Signed) O.F. Swindell, M. D.
(Address) Boise Idaho

Forney

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90811

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 303

(No. Standard Rooms. 317½ N. 8 th.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida. A. Atwood.

(a) Residence. No. 3 miles West of Boise. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A.A. Atwood.

6. DATE OF BIRTH (month, day, and year) April. 12.1864.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER FATHER

13. NAME Thomas. B. Burk.

14. BIRTHPLACE (city or town) (State or country) Indiana.

15. MAIDEN NAME Mary. A. Bowman.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT (Address) Ernest. O. Atwood. 317½ N. 8 th Street, Boise

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. Date Oct. 22. 1934

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-22 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/20 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1934, to 10/20 1934

I last saw her alive on 10-20 1934; death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation | |
| Senility | |
| Dropsy | |
| Other **contributory causes** of importance: | |
| Senility | |

Name of operation. None Date of.

What test confirmed diagnosis. Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Forney, M. D.

(Address) Boise Idaho

NOV 8 1934

**PLACE OF DEATH**
County of Ada
City of Star
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90812

Registration District No. 9-10
Primary Registration District No. 9-10
Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson Sturgeon

(a) Residence. No. .... St. Star Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced (or) WIFE of: J. W. Sturgeon
6. DATE OF BIRTH (month, day, and year): March 21 - 1853
7. AGE: Years 81; Months 6; Days 4; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: No
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Park County Indiana

FATHER
13. NAME: Williams

MOTHER
14. BIRTHPLACE (city or town) (State or country): Ont. Kans
15. MAIDEN NAME: Dorothy Snow
16. BIRTHPLACE (city or town) (State or country): ....

17. INFORMANT: J. W. Sturgeon
(Address) ....

18. BURIAL, CREMATION OR REMOVAL
Place Star Ida Date 11/7, 1934

19. UNDERTAKER: W. McDonald
(Address) Boise Idaho

20. FILED 11/7, 1934
Registrar
Eagle Idaho

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ...., 193.. to Nov 4, 1934
I last saw h...alive on Nov 3 193.. death is said to have occurred on the date stated above, at 12 5 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Progressive anemia | 3 yrs |
| Old age | |
| | |
| | |
| Other **contributory causes** of importance: Diabetes | |
| | |
| | |

Name of operation. None Date of....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193..
Where did injury occur?....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury.... ....
Nature of injury....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify....

(Signed) .... M. D.
(Address) Star Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV

**PLACE OF DEATH**

County of Bannock

City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90813

Registration District No.....

Primary Registration District No..... Local Registrar's No. 232

(No. Residence )
(If death occurred in a hospital or institution, give its name instead of street and number)

198C

2. FULL NAME Mary Jane Rowe

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Truman Rowe

6. DATE OF BIRTH (month, day, and year) October 21, 1880.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 0 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Richmond, Utah.
(State or country)

FATHER

13. NAME Crowshaw

14. BIRTHPLACE (city or town) Utah.
(State or country)

MOTHER

15. MAIDEN NAME Annie Faulkner

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT William Rowe
(Address) McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho. Date Nov. 1, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Oct. 31 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 29, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture & hemorrhage of the spleen & hemorrhag into Abdominal Cavity Broken Ribs & bruise of Chest | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 26 1934
Where did injury occur? Highway 91 Inkom
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury Auto accident
Nature of injury Rupture of spleen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. A. Rich M. D.
(Address) Lava Hot Springs

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MARGIN RESERVED FOR BINDING

NOV 2 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90814

Registration District No.

Primary Registration District No. Local Registrar's No. 231

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mallissa Ellen Wheatley

(a) Residence. No. Duboise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Caucasian

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 26th, 1859

7. AGE — Years: 75 | Months: 6 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ottamwa Iowa

FATHER

13. NAME: John S. Bacus

14. BIRTHPLACE (city or town) (State or country): Unknown Missouri

MOTHER

15. MAIDEN NAME: Susan Carter

16. BIRTHPLACE (city or town) (State or country): Unknown Missouri

17. INFORMANT (Address): Irene G. Beachamp 1530 North Harrison

18. BURIAL, CREMATION OR REMOVAL
Place. Duboise, Idaho Date. Oct. 30 193 4

19. UNDERTAKER: H. L. McHan
(Address) Pocatello, Idaho

20. FILED 10-29, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934, to Oct 28, 1934.
I last saw h. alive on Oct 28 1934. death is said to have occurred on the date stated above, at 10 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | |
| during when I attended her | |
| as above stated | |
| I was called | |
| | |
| Other **contributory causes** of importance: | |
| Liver — Kidneys | |
| Heart — Bacus | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Lapsley, M. D.
(Address) Doc Idaho

NOV 3

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90815

Registration District No.
Primary Registration District No.
Local Registrar's No. 229

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME George A. Laird

(a) Residence. No. 1230 S. Third St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith & machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F.E.R.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Nebraska

FATHER

13. NAME Geo. W. Laird

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Lillian Twitchell

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Lee H. Laird 1230 S. Third

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Oct. 27, 1934

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello Idaho

20. FILED 10-25, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| Crushing injury to head | |
| Hit by automobile on Highway North of City (Accidental) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Arthur W Hall Coroner M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 3 1934

# PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90816

Registration District No.....

Primary Registration District No..... Local Registrar's No. 228

(No. 706 North Hayes St)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Pauline Queiga

(a) Residence. No. 706 N. Hayes St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 6, 1853.

7. AGE: Years 81 | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fulfbach Germany

MOTHER

13. NAME Carl Eben Sperger

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Anna Marie Berkele

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Chas. G. Queiga Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Cem. Date ....., 193..

19. UNDERTAKER (Address) J. C. Hayes Pocatello Idaho

20. FILED Oct 25 1934 D. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4, 193.. to Oct 24, 193..

I last saw h[illegible] alive on Oct 24, 193..; death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-renal disease | Chronic |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. Hayes M. D.

(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 3 1934

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90817

Registration District No.

Primary Registration District No. Local Registrar's No. 227

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Mac Roylance

(a) Residence. No. 628 South Fifth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 27, 1927.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 7 | 0 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Francis H. Roylance

14. BIRTHPLACE (city or town) (State or country) Salem, Oregon.

MOTHER

15. MAIDEN NAME Eva McDonald

16. BIRTHPLACE (city or town) (State or country) PresqueIsle, Maine.

17. INFORMANT (Address) Mrs. Francis Roylance, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho Date Oct. 27, 1934.

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED Oct. 24, 1934. D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 24, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1934., to Oct. 24, 1934.

I last saw him alive on 10-23., 1934.; death is said to have occurred on the date stated above, at 4:30 a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute suppurative appendicitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation. Appendectomy. Date of 10-20-34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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NOV 3 1934

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90818

Registration District No.
Primary Registration District No.
Local Registrar's No. 225

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Kathryne Kleffner

(a) Residence. No. 253 S. 4th St. Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, and year) Jan. 13, 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zeleaky Ohio

FATHER

13. NAME Ed Eel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mr. Frank Kleffner

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Idaho Date Oct. 24, 1934

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello, Idaho

20. FILED 10-24, 1934 D. C. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1934, to Oct 21, 1934

I last saw h[illegible] alive on Oct 20, 1934; death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 6 yr? |
| Arteriosclerotic Heart Dis. | 6 yr. |
| Uremia; nephritic | 3 weeks |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Rilford P. Howard, M. D.

(Address) Pocatello

NOV 1934

# PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90819

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 224

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes E. Tolman

(a) Residence. No. Richland St. Bet. Maple & Cedar St. Ave's.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Lomoni Tolman

6. DATE OF BIRTH (month, day, and year): May 4, 1864.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Call's Fort, Utah.

FATHER

13. NAME: Chester Call

14. BIRTHPLACE (city or town) (State or country): Illinois.

MOTHER

15. MAIDEN NAME: Agnes Loveland

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): C. T. Tolman, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Chesterfield, Ida. Date: Oct. 24, 1934.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Oct. 22, 1934. D. C. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 21, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 10/21....., 1934.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Never saw Patient alive. Death occured at about Date | |
| Senility | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not to specify .....

(Signed) W. N. Hughart, M. D.

(Address) Pocatello, Idaho.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter OCCUPATION is very important. See instruction on back of certificate.

NOV 3 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90820

Registration District No.

Primary Registration District No. Local Registrar's No. 223

(No. General Hospital, Pocatello, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick William Stocking

(a) Residence. No. 108 East 17th St. Olympia, Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma L. Stocking

6. DATE OF BIRTH (month, day, and year): Oct. 4th, 1863

7. AGE — Years: 71 | Months: 0 | Days: 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Manager

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Capitol Savings and Loan

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Port Washington

FATHER

13. NAME: Frank M. Stocking

14. BIRTHPLACE (city or town) (State or country): Unknown Conn.

MOTHER

15. MAIDEN NAME: Eliza James

16. BIRTHPLACE (city or town) (State or country): Unknown Wisconsin

17. INFORMANT (Address): Mrs. F. W. Stocking Olympia, Washington

18. BURIAL, CREMATION OR REMOVAL — Place: Olympia, Wash. Date: Oct. 24 1934

19. UNDERTAKER (Address): H. L. McHan Pocatello, Idaho

20. FILED 10-27, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934, to Oct 20, 1934.

I last saw h[illegible] alive on Oct 19, 1934, death is said to have occurred on the date stated above, at [illegible] a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chr. Myocarditis | |
| Senility | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**, .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. L. McHan M. D.

(Address) Pocatello, Idaho

NOV 3 [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90821

Registration District No.
Primary Registration District No. Local Registrar's No. 222

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Mary Weller Brady

(a) Residence. No. Arimo, Idaho. St. Arimo, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of L. E. Brady

6. DATE OF BIRTH (month, day, and year): September 9, 1874.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kaysville, Utah.

MOTHER FATHER

13. NAME: Joseph S. Marston

14. BIRTHPLACE (city or town) (State or country): England.

15. MAIDEN NAME: Mary Ellen Webster

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Lynn Weller
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Salt Lake City, Ut. Date: Oct. 23, 193 4

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED Oct. 21, 193 4. D Clay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 20, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 ..., 193.. to Oct 20 ..., 193.. 34

I last saw h[illegible] alive on ..., 193.. death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lastricilla Infection, | 1 wk |
| Pulmonal | |
| Pneumonia | |
| | |
| | |
| Other **contributory causes** of importance: Diabetes | Chronic |
| | |
| | |

Name of operation: Amputation Date: Oct 18

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... William D. Haverfield M.D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV

**PLACE OF DEATH**

County of Bannock

City of Pocatello Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90822

Registration District No.....

Primary Registration District No..... Local Registrar's No. 220

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick H Ringe

(a) Residence. No. American Falls Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 22-1913

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 20 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Service Station

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME H C Ringe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Meta Muller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT R. L. Ringe (Address) Am Falls

18. BURIAL, CREMATION OR REMOVAL
Place Am Falls Date 10-17 1934

19. UNDERTAKER (Address) A Wodan Am Falls Ida

20. FILED 10-17, 1934 D Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1934, to 10-14, 1934.

I last saw him alive on 10-14, 1934; death is said to have occurred on the date stated above, at ~3:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull Fracture - | |
| Caused by head on collision with truck | |
| on highway at R.R. underpass | |
| North of Pocatello about 1 mile. | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Decompression Date of 10-14-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/13 1934

Where did injury occur? Highway 1 mile northwest of Pocatello (Specify city or town, county, and state) at underpass of R.R.

Specify whether injury occurred in **industry**, in **home**, or in **public place.** on highway

Manner of injury Head on Collision Automobile & Truck

Nature of injury Skull Fracture - Decompressed -

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. L. Gongwer M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90823

Registration District No.
Primary Registration District No.
Local Registrar's No. 219

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Bridget Agnes Sullivan

(a) Residence. No. 734 N. Grant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of James

6. DATE OF BIRTH (month, day, and year) Feb. 13, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 8 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mayo County
(State or country) Ireland

FATHER
13. NAME Michael Burke
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Mary McNamara
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT Mr. Floyd Brydon
(Address) 734 N Grant

18. BURIAL, CREMATION, OR REMOVAL
Place Salem, Ohio Date , 1934

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello, Idaho

20. FILED 10-16, 1934 D Clay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934, to Oct 14, 1934
I last saw her alive on Oct 14, 1934: death is said to have occurred on the date stated above, at 1a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct 10 |
| sept. | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. W. Rodgers, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 1934

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90824

Registration District No.

Primary Registration District No. Local Registrar's No. 218

(No. Lynn Brother's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl C. Hamlin

(a) Residence. No. Fort Hall, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Cora Davis

6. DATE OF BIRTH (month, day, and year): March 24, 1890.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 44 | 6 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bozeman, Montana.

FATHER

13. NAME: George Hamlin

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Carrie Bellis

16. BIRTHPLACE (city or town) (State or country): Montana.

17. INFORMANT (Address): Mrs. Carl C. Hamlin, Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Oct. 18, 1934.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Oct. 15, 1934. D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 13, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1934., to Oct. 13, 1934.

I last saw him alive on Oct. 13, 1934.; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |

Other **contributory causes** of importance:

Cancer of Prostate
Uraemia
General Debility

Name of operation: Drained Bladder Date of: 10-2-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. No
Manner of injury No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Lynn M. D.
(Address) Pocatello, Idaho.

NOV 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90825

**PLACE OF DEATH**
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No. Local Registrar's No. 217
(No. Transient Relief Station)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack D. Stewart 89
(a) Residence. No. Transient Relief Dept St. Yakima, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): single (?)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): unknown
7. AGE — Years: 29 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Transient
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Transient Relief Station
18. BURIAL, CREMATION, OR REMOVAL Place: Mountainview Date: Oct. 16, 1934
19. UNDERTAKER: Downard's Funeral Home (Address) Pocatello, Idaho
20. FILED 10-, 193 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 12, 1934
22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1934, to Oct 12, 1934
I last saw him alive on Oct 12, 1934: death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows: — Date of onset

a. Acute Dilation

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D. C. Ray, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV [illegible] 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90826

Registration District No.
Primary Registration District No. Local Registrar's No. 216
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna E. Roberts

(a) Residence. No. 527 South Harrison Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced wife of Paul Roberts

6. DATE OF BIRTH (month, day, and year): October 11, 1891.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 43 | 0 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cheyene, Wyoming.

MOTHER FATHER

13. NAME: Albert E. Bradley

14. BIRTHPLACE (city or town) (State or country): Canada.

15. MAIDEN NAME: Mary Sullivan

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT (Address): Dorothy Roberts, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Oct. 14, 1934.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Oct. 13, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 11, 1934.

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Oct., 1934, last saw her alive on Oct., 1934, death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ca Rectum & Whole Abdomen | [illegible] |
| | [illegible] |
| | [illegible] |
| | [illegible] |
| | [illegible] |

Other **contributory causes** of importance: Ca Rectum & Abdomen

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) D. C. Ray M. D.
(Address) Pocatello, Idaho.

NOV 2 1934

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90827

Registration District No.

Primary Registration District No. Local Registrar's No. 215

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Thomas Robison

(a) Residence. No. 644 West Bridger St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug. 31. 1861.
7. AGE — Years: 72 | Months: 11 | Days: 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Laborer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: Peter Robison
14. BIRTHPLACE (city or town) (State or country): Pensylvania

MOTHER
15. MAIDEN NAME: Mary Ash
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. D. R. McInnis Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Ida. Date: Oct. 12 1934

19. UNDERTAKER (Address): L. L. McCammon Pocatello Idaho

20. FILED 10-1-1 1934 D. C. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1934, to Oct 10 1934.
I last saw him alive on Oct 10 1934: death is said to have occurred on the date stated above, at 10.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Asthma | |
| for years | |
| Nephritis | |
| Edema Lungs | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chr. Asthma | |
| Chr. Bronchitis | |
| Nephritis | |

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Dayton M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90828

Registration District No.

Primary Registration District No. Local Registrar's No. 214

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David M. Gallafent

(a) Residence. No. No. 8 Hood Apts. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower of Erma M. Newton

6. DATE OF BIRTH (month, day, and year) March 31, 1883.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, lawyer, bookkeeper, etc.** President & Manager

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Bannock Motor Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME David Gallafent

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Victoria Miller

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Robert Gallafent
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City, Ut. Date On Arrival

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Oct. 10, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-[illegible], 193..., to 10-9, 193..

I last saw h[illegible] alive on 10-9, 193.. death is said to have occurred on the date stated above, at 9.4 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic Coma. | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Nephritis | |
| | |

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 1934

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
90829
State File No.

Local Registrar's No. 217

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Elmer Charles Mayne

(a) Residence. No. 442 S. 5th St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. // yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Intermountain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mgr. Produce Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Toledo, Ohio

FATHER

13. NAME Chas. Mayne

14. BIRTHPLACE (city or town) (State or country) Toledo Ohio

MOTHER

15. MAIDEN NAME Mary Lambert

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. E. C. Mayne 442 S. 5th

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Oct. 7, 1934

19. UNDERTAKER Downard Funeral Home (Address) Pocatello, Idaho

20. FILED 10-5, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1934, to 10-4, 1934

I last saw h...alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary embolism | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M.D.

(Address) Pocatello

NOV 8 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 30850

State File No.....

Registration District No.....

Primary Registration District No..... Local Registrar's No. 211

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Jacob Bruesch

(a) Residence. No..... Almo Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Hannah Bell Bruesch

6. DATE OF BIRTH (month, day, and year) April 1 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 88 | 5 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 8/1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME John Jacob Bruesch

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Margaret Rigley

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) Jacob Bruesch Almo Ida.

18. BURIAL, CREMATION OR REMOVAL Place Almo Ida., Date 10/7, 1934

19. UNDERTAKER (Address) W. C. Johnson Burley Ida.

20. FILED ....., 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1934, to Oct 4, 1934.

I last saw h... alive on Oct 4 1934; death is said to have occurred on the date stated above, at 1 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial pneumonia | Sept 27 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) D. C. Ray, M. D.

(Address) Pocatello Idaho

NOV 3 1934

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90831

Registration District No.

Primary Registration District No. Local Registrar's No. 213

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Margaret Kohs

(a) Residence. No. 1026 E. Clark St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of H. B. Kohs

6. DATE OF BIRTH (month, day, and year) September 21. 1898

7. AGE: Years 36 | Months — | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perkins Oklahoma

MOTHER FATHER

13. NAME John B. Howard

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Atha Sanders

16. BIRTHPLACE (city or town) (State or country) Rope Indiana

17. INFORMANT (Address) H. B. Kohs Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Pocatello Cem. Co. Date 11-3-34

19. UNDERTAKER (Address) L. L. McGlone Pocatello Idaho

20. FILED Nov 3, 1934 L. D. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934 to Oct 5, 1934

I last saw her alive on Oct 1, 1934; death is said to have occurred on the date stated above, at 9 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignant Neoplasma | |
| Metastasis | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Eccleston M. D.

(Address) Pocatello

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90833

Local Registrar's No. 24

PLACE OF DEATH

County of Bannock Registration District No. 84

City of Lava Hot Springs Primary Registration District No. 2161

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrol Aslett

16D

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or 15 min. |
|---|---|---|---|
| | | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lava Hot Springs Idaho

PARENTS

10. NAME OF FATHER Leon Aslett

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lava Hot Springs Ida

12. MAIDEN NAME OF MOTHER Leona Leatham

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Cash Idaho

14. Informant Leon Aslett

(Address) Lava Hot Springs

15. Filed Nov 2, 1934. Mrs. G. G. Hub Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 15 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from on Oct 15, 1934 to ....., 19....

that I last saw her alive on Oct 15 -, 1934

and that death occurred, on the date stated above, at 6:25 A m.

The CAUSE OF DEATH* was as follows: Congenital Hypertrophic Cirrhosis of Liver

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) C. A. Buck, M. D.

10-15-, 1934 (Address) Lava Hot Spgs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Lava Hot Springs | Nov 2 1934 |
| 20. Undertaker Had none | Address |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90834

PLACE OF DEATH
County of Bannock
City of Arimo

Registration District No. 8-3
Primary Registration District No. 2190
Local Registrar's No. 17

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Ray Chatterton

(a) Residence. No. St. Arimo Idaho.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Virgie Chatterton

6. DATE OF BIRTH (month, day and year): Feb 6 1907

7. AGE: Years 27 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer: None

9. BIRTHPLACE (city or town) (State or country): Richmond Utah

PARENTS

10. NAME OF FATHER: Heber Chatterton
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Logan Utah
12. MAIDEN NAME OF MOTHER: Effie Pearl Trupp
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Richmond Utah

14. Informant: Heber Chatterton
(Address) Richmond Utah

15. Filed Nov. 4, 1934 Mary E. Coffin Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 30 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1934 to Sept 30, 1934
that I last saw him alive on Sept 29, 1934
and that death occurred, on the date stated above, at 10:00 m.
The CAUSE OF DEATH was as follows:
Typhoid Fever
(duration) yrs. 1 mos. 3 ds.
CONTRIBUTORY (Secondary) Bronchial Pneumonia
(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no.
What test confirmed diagnosis? Widal
(Signed) C A Rich, M. D.
Oct 1, 1934 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Arimo | 10-2 1934 |
| 20. Undertaker: E. W. Hall | Address: Pocatello |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 1934

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
90835
State File No.

Local Registrar's No. 19

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Bailey

(a) Residence. No. Valley Hotel St. St. Maries (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Timber Cruiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods

10. Date deceased last worked at this occupation (month and year) Aug. 10 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) A.F. Swisher St. Maries

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Sept. 17 1934 St Maries

19. UNDERTAKER STAPISH & SON (Address) ST. MARIES, IDAHO

20. FILED Nov 8, 1934 Walter Roberg Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1934, to 9/9, 1934

I last saw him alive on 9-7, 1934; death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Edema of the epiglottis and laryngeal spasm | 8/11/34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Owen D. Cate, M. D.

(Address) St. Maries, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9083?

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Thomas Moran

(a) Residence. No. 330 Third St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Moran

6. DATE OF BIRTH (month, day, and year) March 20, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 7 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Politician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Commissioner

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Glenmore
(State or country) Wis.

FATHER

13. NAME Richard Moran

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Shea

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT Catherine Moran
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Woodlawn Date 11/1., 1934.

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Nov. 8, 1934. Walter Doberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 30, 1934. 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Oct 30, 1934

I last saw him alive on Oct 30, 1934; death is said to have occurred on the date stated above, at 10:05 mA

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancerous of Stomach | |

Other **contributory causes** of importance:

Name of operation Clinical Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Owen D. Platt, M. D.

(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90838

Registration District No. 97

Primary Registration District No. 2049 Local Registrar's No. 21

(No. 740 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Maude Simms

(a) Residence. No. 1201 9th & Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: O. L. Simms

6. DATE OF BIRTH (month, day, and year): May 30, 1881

7. AGE: Years 53 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jollytown Pa.

FATHER

13. NAME: Thos. B. Hermen

14. BIRTHPLACE (city or town) (State or country): Jollytown Pa.

MOTHER

15. MAIDEN NAME: Cora B. Daulberer

16. BIRTHPLACE (city or town) (State or country): Philippi W. Va.

17. INFORMANT: O. L. Simms
(Address): St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL: Cremation
Place: Spokane, Wash. Date: Oct. 12, 1934

19. UNDERTAKER: Mitchell & Wessa
(Address): St. Maries, Idaho

20. FILED: Nov. 2 1934 Walter Leberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1934, to 10-10, 1934.

I last saw her alive on 10-10, 1934; death is said to have occurred on the date stated above, at 4:15 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |

Name of operation: None Date of:

What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Chas. D. Platt, M. D.

(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90839

County of Benewah
City of De Smet
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 20

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence J. Prosper

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Married |

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Adaline Prosper

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm Work

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Thomas Prosper

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Mary Joseph

16. BIRTHPLACE (city or town) (State or country) Ida.

17. INFORMENT Adaline Prosper (Address) De Smet

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Tekoa Date Oct 3, 1934
KIMBALL FUNERAL HOME

19. UNDERTAKER (Address) TEKOA, WASH.

20. FILED Nov 8, 1934 Walter Roberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at about 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shot self with 30-30 rifle/ Suicide | |
| Other contributory causes of importance: | |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10/2, 1934

Where did injury occur? De Smet, Benewah Co. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Not Known

Manner of injury Gun shot 30-30 rifle

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Ira W. Mitchell Coroner, M. D.

(Address) St Maries Idaho

NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90840

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 176

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shard Crooks

(a) Residence. No. Shelley, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 10-12-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, | hrs. or min. |
|---|---|---|---|---|---|
| | | | | 7 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Ida.

PARENTS

10. NAME OF FATHER Donal J. Crooks
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Twin Falls Idaho
12. MAIDEN NAME OF MOTHER Edith Alex
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Twin Falls Idaho

14. Informant Donal J. Crooks
(Address) Shelley Ida.

15. Filed Dec. 13, 1934 Walter E. Latrie
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 12 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-12, 1934, to 10-12, 1934
that I last saw her alive on 10-12, 1934
and that death occurred, on the date stated above, at 8 P.M.
The CAUSE OF DEATH* was as follows:
Premature birth

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Undetermined
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Edwin Cutler, M. D.
, 19 (Address) Box 86 Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Shelley Cemetery | 12-3 1934 |
| 20. Undertaker None | Address |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 7 1934

PLACE OF DEATH

County of Fort Hall

City of Reservation

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2I94-R

DO NOT WRITE IN THIS SPACE

State File No. 90843

Local Registrar's No. I68

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lavern Tom

(a) Residence. No. Fort Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone Ind. 4/4 | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, and year) 6-22-33

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | I | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - - -

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

FATHER

13. NAME Grover Tom

14. BIRTHPLACE (city or town) (State or country) Owyhee, Nevada

MOTHER

15. MAIDEN NAME Essie Fisher

16. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

17. INFORMANT Essie Tom
(Address) Fort Hall Reservation

18. BURIAL, CREMATION, OR REMOVAL -
Place Presbyterian Mis. Date Sept. I3 1934

19. UNDERTAKER Brown-Eldredge
(Address) Blackfoot, Idaho

20. FILED Oct. 20, 193 4 Mrs. Walter E. Pratt
Registrar.

## MEDICAL CERTIFICATE OF DEATH

No Doctor in attendance

21. DATE OF DEATH (month, day, and year) Sept. I2 193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept. II, 193 4, to Sept. II, 193 4

I last saw him alive on Sept. II, 193 4; death is said to have occurred on the date stated above, at 8:A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis | 8/23/34 |

Other contributory causes of importance:
No medical supervision or treatment.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank A. Nelson M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 7

**PLACE OF DEATH**

County of Fort Hall Reservation

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE

State File No. 90844

Local Registrar's No. I69

1002

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Loraine Buckskin

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Shoshone 4/4 | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) June 27, I932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 2 | I8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

FATHER

13. NAME Charles Buckskin

14. BIRTHPLACE (city or town) (State or country) Fort Hall Res

MOTHER

15. MAIDEN NAME Grace Ponzo

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

17. INFORMANT (Address) Charles Buckskin Fort Hall Reservation

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Cemetery Date Sept. I7, 193[illegible]

19. UNDERTAKER Agency Carpenter (Address) Fort Hall, Idaho

20. FILED Oct. 20, 193[illegible] Mr. Walter E. Patrick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. I5, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at - - m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 9/I/34 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank A. Wilson, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90845

PLACE OF DEATH
County of Fort Hall Reservation
City of

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. I70

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Peap

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mattie Peap

6. DATE OF BIRTH (month, day, and year) I867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | - - | - - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) Sept. I6, I934

11. Total time (years) spent in this occupation Live

12. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) A.C.Dearmond Pocatello Star Route

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Bannock Creek Date Sept. 22, 1934

19. UNDERTAKER Agency Carpenter,
(Address) D Fort Hall, Idaho.

20. FILED Oct. 20, 1934 Mr. Mattie E Pabie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. I7, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193.., to, 193..

I last saw h... alive on, 193..: death is said to have occurred on the date stated above, at 8:P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Had been drinking heavily. | |
| Ate supper shortly thereafter, | |
| fell over dead. | |
| Probably Angina Pectoris. | |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Frank G. Nelson, M. D.
(Address) Fort Hall, Idaho

NOV 7 1934

PLACE OF DEATH
County of Fort Hall Reservation
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121-R
Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE
State File No. 90846

Local Registrar's No. 171

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

99c

2. FULL NAME Doty Carlson Wadzese

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Bannock 4/4 | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) July 28, 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res

FATHER

13. NAME Doty Curtis Lewis

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Comfort Wadzese

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res

17. INFORMANT (Address) Mrs. William Perry Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Indian Cemetery Date Oct. 2, 1934

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED Oct. 20, 1934 Walter E. Pattie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 6:P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis,-acute | 9/10/34 |
| Broncho Pneumonia | 9/26/34 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Frank A. Nelson, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90847

**PLACE OF DEATH**
County of Fort Hall Reservation.
City of

Registration District No. I21-R
Primary Registration District No. 2194-R
Local Registrar's No. I72

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME James Honena

(a) Residence. No. Fort Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Edith Honena

6. DATE OF BIRTH (month, day, and year) 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | No record | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

FATHER

13. NAME George Honena

14. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Sam Honena Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Butte Cemetery Date Oct. 6, 1934

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall Idaho

20. FILED Oct. 20, 1934 Mrs. Martin E. Pore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 12:P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 5 years |
| Tuberoular knee | 2 years |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Frank A. Nelson, M. D.
(Address) Fort Hall, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90848

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 173
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ANTOINETTE OLIVER

(a) Residence. No. St. BOISE, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. J. OLIVER

6. DATE OF BIRTH (month, day, and year)
March 18th, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | ~~18~~ 6 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hopkins
(State or country) Mo.

MOTHER'S FATHER

13. NAME James Ulmer

14. BIRTHPLACE (city or town) ---
(State or country) ---

MOTHER

15. MAIDEN NAME Ritchie Sturgeon

16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place. Paine Idaho Date Oct 3 1934

19. UNDERTAKER E. J. Peak
(Address) Blackfoot Idaho

20. FILED Oct 2, 1934 Mrs. Mattie E. Petrie
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-1 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21st, 1934 to Oct 1 1934
I last saw her alive on Sept. 1 1934 death is said to have occurred on the date stated above, at 12:26P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocardits | 1930 |
| ~~Ke~~ with arteriosclerosis | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? --- Date of injury.., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Lucas R. Lowe M. D.
(Address) Supt. State Hosp. South
Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 7 1934

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90849

Registration District No. 121

Primary Registration District No. 2121 Local Registrar's No. 174

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME FRED BURRI

(a) Residence. No. ..... St. Montpelier, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | --- |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Nov. 24th, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bern
(State or country) Switzerland

MOTHER FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) do not know
(State or country)

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) do not know
(State or country)

17. INFORMANT Records of State Hosp. South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Idle Hour Cem. Date Oct 8 193 4

19. UNDERTAKER [illegible]
(Address)

20. FILED Oct. 8, 1934 Wm. Martin E. Latta
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, to Oct. 8th, 1934.
I last saw him alive on Oct. 7th 1934.: death is said to have occurred on the date stated above, at 3:55 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CHRONIC VALVULAR DISEASE | |
| MITRAL INSUFFICIENCY | July 26 1934 |

Other **contributory causes** of importance:

None

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? --- Date of injury .., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Chas. R. Lowe M. D.
(Address) Supt State Hosp South
Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 7 1934

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90850

Registration District No. 121

Primary Registration District No. 2191

Local Registrar's No. 175

(No. Dr. M. M. Beck's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME William Hartford Avery

(a) Residence. No. 160 South 5th E Blackfoot Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. // yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eliza M. Avery

6. DATE OF BIRTH (month, day, and year) Dec 17 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep raising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1, 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Payson Utah

FATHER

13. NAME Wm. H. Avery

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eliza Jane Shepherd

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) T. E. Cheney Moreland Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Iron City Cemetery Date Oct. 14, 1934

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Oct. 14, 1934 W. B. Waller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934, to Oct 11, 1934

I last saw him alive on Oct 11, 1934: death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | |
| Due to | |
| | Oct 10, 34 |

Other contributory causes of importance:

| | |
|---|---|
| Prostatectomy | Oct 7, 34 |

Name of operation Prostatectomy Date of 10-7-34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. M. Beck, M. D.

(Address) Blackfoot, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90851

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 177.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. D. WILLIAMS

(a) Residence. No. ..... St. Mountain Home
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | DIVORCED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) March 10th, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 7 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) ~~Unknown~~ do not know
(State or country)

MOTHER FATHER
13. NAME ~~Unknown~~ do not know
14. BIRTHPLACE (city or town) do not know
(State or country)

MOTHER
15. MAIDEN NAME ~~Unknown~~ do not know
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Records of State Hosp. South
(Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place State Hosp. So. Cem. Date Oct 15 1934

19. UNDERTAKER Mountain Lawn Funeral Parlors
(Address) Blackfoot, Idaho

20. FILED Oct. 15, 1934 J. Mc. Foutch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26th, 1934, to Oct 13th, 1934
I last saw him alive on Oct 13th, 1934; death is said to have occurred on the date stated above, at 12:53 PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILITY | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. None Date of .....
What test confirmed diagnosis? Whether autopsy? Clinical symptoms.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? --- Date of injury .., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify .....
(Signed) Chas. R. Lowe M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho.

NOV 7

# PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90852

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 178

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME THADIUS BUXTON

(a) Residence. No. ..... St. DRIGGS, IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | SINGLE |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) March 1st, ~~1934~~ 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 64 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lewiston
(State or country) Utah

MOTHER/FATHER

13. NAME ~~xxxxxxxxxxxx~~ John Buxton

14. BIRTHPLACE (city or town) ~~xxxxxxxxxxxx~~
(State or country) England

15. MAIDEN NAME ~~xxxxxxxxxxxx~~ Mary A. Pond

16. BIRTHPLACE (city or town) ~~xxxxxxxxxxxx~~
(State or country) Utah

17. INFORMANT Records of State Hosp. South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ..... 193..

19. UNDERTAKER .....
(Address)

20. FILED Oct. 20 193.. Mrs. Walter E. Patrie
By ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-19 193..

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th ....., 193.1., to Oct. 19th ....., 193.4.
I last saw him alive on Oct. 19th 1934; death is said to have occurred on the date stated above, at 4:58 PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CEREBRAL HEMORRHAGE | Oct 2nd 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ---- Date of injury .., 193..
Where did injury occur? ----
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ----
Manner of injury ----
Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify .....
(Signed) Chas. R. Lowe M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 7 1934

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90853

Registration District No. 121

Primary Registration District No. 2191 Local Registrar's No. 179

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

744

2. FULL NAME Ruben Prouse

(a) Residence. No. R.F.D. #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. E. Prouse

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER

13. NAME John Prouse

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs E. Prouse
(Address) R.F.D. #3

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grove City Cem. Date Oct. 25 1934

19. UNDERTAKER E.T. Peck
(Address) Blackfoot, Idaho

20. FILED Oct 24 1934 Mrs. Hattie E. Price
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1934., to Oct. 22, 1934.

I last saw ~~him~~ alive on Oct. 22 1934: death is said to have occurred on the date stated above, at 11 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) H. W. Mulcahy M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90854

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 180
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WILLIAM H. SMITH

(a) Residence. No. ..... St. BOISE, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. Color or Race: WHITE
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): June 20, 1860

7. AGE — Years: 74 — Months: 4 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ---
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Stevenson County Illinois

FATHER

13. NAME: Theodore Smith
14. BIRTHPLACE (city or town) (State or country): --- Pennsylvania

MOTHER

15. MAIDEN NAME: Eliza Ott
16. BIRTHPLACE (city or town) (State or country): --- ---

17. INFORMANT (Address): Records of State Hosp. South Blackfoot, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place. Basin Idaho Date ....., 193..

19. UNDERTAKER (Address): E. T. Peck Blackfoot Ida

20. FILED Oct 27, 1934 Mrs. Walter E. Tabor Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22nd, 1934, to Oct. 25th, 1934.
I last saw him alive on Oct. 25th 1934: death is said to have occurred on the date stated above, at 9:05 PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| SENILITY | 1931 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Was autopsy made? Clinical symptoms

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? --- Date of injury .., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Chas. H. Lowe M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

No. 7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90855

**PLACE OF DEATH**

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 181

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Eugene Good

(a) Residence No. 136 (Usual place of abode) N. Immaterial St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Mrs. Minnie Good
6. DATE OF BIRTH (month, day, and year): May 6, 1873.
7. AGE: Years 60 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lawyer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lunenburg Canada

FATHER
13. NAME: James Good
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Jane McCuen
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. Minnie Good Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place: Blackfoot Idaho Date: Oct. 30 1934

19. UNDERTAKER (Address): R. L. McCann Pocatello, Idaho

20. FILED Oct 29 1934 Mrs. Mattie E. Lee Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Oct. 27, 1934.
I last saw him alive on 10-26, 1934; death is said to have occurred on the date stated above, at 9.30 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | Oct 1, 1934 |
| Other **contributory causes** of importance: | |
| My o cardities | Jan 1, 1934 |
| Been in Wheelchair 14 years with Paralysis | |

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Ida

W. W. Beck.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 90856

**PLACE OF DEATH**

County of Bingham
City of Blackfoot Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 152
(No. McClellan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Angus Young

(a) Residence. No. Shelly Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 11 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 20 | 8 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer his Father

9. BIRTHPLACE (city or town) Shelly Idaho
(State or country)

PARENTS

10. NAME OF FATHER Angus Young
11. BIRTHPLACE OF FATHER (city or town) Hamilton
(State or Country) Utah
12. MAIDEN NAME OF MOTHER Elizabeth Dutton
13. BIRTHPLACE OF MOTHER (city or town) Cedar City
(State or County) Utah

14. Informant (Address) Angus Young Shelley Idaho

15. Filed Oct. 31, 1934 Mrs. Porter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 29 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934, to Oct. 29, 1934, that I last saw ~~him~~ alive on Oct. 29, 1934, and that death occurred, on the date stated above, at 11.50 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Shelley Idaho
Did an operation precede death? no (Date of)
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) F. W. McClellan M. D.
Oct. 30, 1934 (Address) Blackfoot Idaho

| 19. Place of ~~Burial~~, Cremation, or Removal | Date of Burial |
|---|---|
| Shelly Idaho | Nov 1st 1934 |

20. Undertaker E. J. Funk
Address Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90857

PLACE OF DEATH
County of Bingham
City of Sterling
Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 15

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Clarence Alonzo Partridge

(a) Residence. No. St. Sterling, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of ----
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 12, 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 25 | 10 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Cabool
(State or country) Missouri

FATHER

13. NAME Carlos Partridge

14. BIRTHPLACE (city or town) Filmore
(State or country) Utah

MOTHER

15. MAIDEN NAME Louisa Belle Darling

16. BIRTHPLACE (city or town) Holton
(State or country) Michigan

17. INFORMENT Louisa Belle Partridge
(Address) Sterling Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Springfield, Idaho Date 10-14-, 1934

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho

20. FILED 10-11, 1934 M. C. Markinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-10-34 193

22. I HEREBY CERTIFY, That I attended deceased from 1929, 193, to Oct 10, 1934
I last saw him alive on October 3, 1934: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asthma | 1927 |
| Myocarditis | 1932 |
| Chronic Nephritis | 1933 |

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) M. C. Markinson, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 19

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90858

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Mehle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 6 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ... min. |
|---|---|---|---|
| 75 | 11 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 16 yrs

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Saxon Germany

FATHER

13. NAME Mehle

14. BIRTHPLACE (city or town) (State or country) Saxony Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Saxony Germany

17. INFORMANT (Address) Mrs. Emma Hedrick Warm Spring Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Date 9-14-, 1934

19. UNDERTAKER (Address) L. H. Harris Ray Metcalfe

20. FILED 10-15, 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/12, 193.4, to 9/12, 193.4

I last saw h.. alive on ....., 193...; death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 6 mo |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. W. Fox M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90859

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 30

(No. ) 198 C

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Talmadge Joice Thompson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelyn Lance

6. DATE OF BIRTH (month, day, and year): Feb 3-

7. AGE — Years: 28 | Months: 7 | Days: 0 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): State Road, North Carolina

MOTHER FATHER

13. NAME: John Smith Thompson

14. BIRTHPLACE (city or town) (State or country): Sparta, North Carolina

15. MAIDEN NAME: Hattie Joice

16. BIRTHPLACE (city or town) (State or country): X

17. INFORMANT (Address): O. R. Thompson, Buhl Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place: Buhl, Ida. Date: Sept 4 1934

19. UNDERTAKER (Address): L. Hagins, Hailey, Ida.

20. FILED 10-15 1934 H. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/3 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/3 1934, to 9/3 1934

I last saw h— alive on 9/3 1934; death is said to have occurred on the date stated above, at 9:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Basal fracture | 9/3-34 |
| Fracture of frontal bone & Depression may cause loss of | |
| Auto wreck | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hemorrhage & Shock | |

Name of operation: None Date of: clinical diagnosis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/3 1934

Where did injury occur? Ketchum Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway

Manner of injury: Auto wreck

Nature of injury: Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. [illegible] M. D.

(Address) Hailey, Idaho

NOV 7 '34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90861

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John James Plumer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Margaret C. Plumer

6. DATE OF BIRTH (month, day, and year): April 8 1860

7. AGE — Years: 74 — Months: 5 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Doctor M.D.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 1933

11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Edina Mo.

FATHER

13. NAME: Wm Fulton Plumer

14. BIRTHPLACE (city or town) (State or country): Harrietta Ohio

MOTHER

15. MAIDEN NAME: Frances Berwick

16. BIRTHPLACE (city or town) (State or country): Marietta Ohio

17. INFORMANT (Address): John D. Plumer

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Portland Ore. Date: Oct. 6 1934

19. UNDERTAKER (Address): H. H. Hanis Hailey Ida.

20. FILED: 11-2, 1934 R. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1934, to 10/4, 1934

I last saw him alive on 10/4, 1934; death is said to have occurred on the date stated above, at 10.45 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nephritis | 3 yrs |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. W. Fox M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90862

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 32

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Burt J. Yockey

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Green Yockey

6. DATE OF BIRTH (month, day, and year) Jan 17 1876

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 8 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Delphos Kansas
(State or country)

MOTHER FATHER

13. NAME Daniel Yockey

14. BIRTHPLACE (city or town) ....
(State or country) Indiana

15. MAIDEN NAME Dorothy Caroline Overacker

16. BIRTHPLACE (city or town) ....
(State or country) Indiana

17. INFORMANT Daniel Yockey
(Address) Hailey - Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place City Plot Date Oct 9, 1934

19. UNDERTAKER C. F. Hanna
(Address) Hailey Ida

20. FILED 11-3, 1934 R. V. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1934 to Oct 6, 1934

I last saw h... alive on Oct 3, 1934; death is said to have occurred on the date stated above, at 9.50 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephritis | 1 wk |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Uremia | 2 d |
| | |
| | |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) .... M. D.

(Address) Hailey, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90863

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Catherine Bonin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Italian
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anthony Bonin

6. DATE OF BIRTH (month, day, and year) May 18 - 1891

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spilimbergo Italy

FATHER

13. NAME: Joseph Siefano
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: X
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Anthony Bonin Hailey Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place I.O.O.F. Plot Date Oct 21, 1934

19. UNDERTAKER (Address): Lee Hanna Hailey Ida

20. FILED 11-3, 1934 R. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1934, to Oct 18, 1934

I last saw her alive on Oct 18, 1934: death is said to have occurred on the date stated above, at 5:40 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolism Pulmonary Duration | |
| Fatherm orbidgie ovarian Dermoid | |
| | Oct 14-1934 |
| Other **contributory causes** of importance: Resection of Stomach | Oct 18-34 |

Name of operation Ovariotomy Date of Oct 14-34

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90864

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Addie Womack

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 22 1858

7. AGE: Years 75 | Months 11 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Smithton (State or country) Mo

FATHER

13. NAME Dudley Dudley Smith
14. BIRTHPLACE (city or town) X (State or country)

MOTHER

15. MAIDEN NAME X
16. BIRTHPLACE (city or town) X (State or country)

17. INFORMANT (Address) Edward Womack Ketchum Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Picabo Ida. Date Oct. 31 1934

19. UNDERTAKER (Address) L. F. Harris Hailey Ida.

20. FILED Nov. 3, 1934 R. F. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3 P. ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died en route to Hailey | |

Other **contributory causes** of importance:

| | |
|---|---|
| Influenza | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Robert A. Wright M. D.
(Address) Blaine Co. Coroner Hailey, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90865

## PLACE OF DEATH

County of Bonner
City of Newport
Registration District No. 2
Primary Registration District No. 2/35
(No. )
Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Thomas Johnston

(a) Residence. No. Newport St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Oct. 22, 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 67 | 11 | 12 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) woodswork
(c) Name of employer I. E. R. A.

9 BIRTHPLACE (city or town) (State or country) Monkland Roxborrough Canada

PARENTS
10 NAME OF FATHER Thomas Johnston
11 BIRTHPLACE OF FATHER (city or town) (State or country) Monkland Canada
12 MAIDEN NAME OF MOTHER Jane Noddel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Wm. Geary
(Address) Newport, Wash.

15 Filed Oct 14, 1934 Ben L. Ross Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 12 th 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1934, to Oct. 12, 1934, that I last saw him alive on Oct. 12, 1934, and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:
Perforated gastric ulcer
(duration) 2 yrs. mos. 14 ds.
CONTRIBUTORY (Secondary) Gastric ulcer
(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy findings
(Signed) A. H. Schoellkopf M. D.
Oct. 13, 1934 (Address) Newport, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Newport, Wash. | 10/15 1934 |
| 20. Undertaker | Address |
| Sherman & Davis | Newport, Wn |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY; PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bonner

City of Glengary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90867

Registration District No. 78

Primary Registration District No. 2153 Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christina Maria Schroeder

(a) Residence. No. ..... Glengary Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth 86 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robt. A. Schroeder

6. DATE OF BIRTH (month, day, and year): June 22, 1851

7. AGE — Years: 83 | Months: 6 | Days: 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 63 yrs.

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Gohlman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Bruna Schroeder Portland Oregon

18. BURIAL, CREMATION OR REMOVAL: Broten Cem.
Place: Glengary Ida Date: Nov 2, 1934

19. UNDERTAKER (Address): L. E. Moon Sandpoint Ida

20. FILED Oct. 30, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 1932, 193.., to Oct. 26, 193.4.

I last saw her alive on Oct. 26 193.4; death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| GASTRIC CARCINOMA | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None, Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. G. A. Wendle, M. D.

(Address) Sandpoint Ida

NOV 7

**PLACE OF DEATH**

County of Bonner

City of Sandpoint, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90868
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 88

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christ Stove

(a) Residence. No. County Farm St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cedar Mason

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Cem. Date Oct 29, 1934

19. UNDERTAKER Tamblyn Co. (Address) Sandpoint Ida

20. FILED Oct. 29, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Oct. 26, 1934.
I last saw him alive on Oct. 25, 1934 death is said to have occurred on the date stated above, at 12:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arterio Sclerosis | 1930 |

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm. F. Tyler M. D.
(Address) Sandpoint, Idaho.

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

NOV 7

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90869

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 87

(No. Adams Residence - Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Dale

(a) Residence. No. ..... St. Hope, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | unknown |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, and year) Unknown.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown...

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown...

17. INFORMANT Mrs. Cora E. Alcorn - Md.
(Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Sunset Cem.
Place Sandpoint Ida. Date Oct. 29, 1934

19. UNDERTAKER L. E. Mooney
(Address) Sandpoint Ida.

20. FILED Oct. 27 1934. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1934, to 10-23, 1934

I last saw him alive on 10-23, 1934: death is said to have occurred on the date stated above, at 7.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double Pneumonia | 10-8-34 |
| | to 10-24-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| C. H. Trouble | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) L. E. Alcorn M. D.

(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Grouse Creek (Sandpoint, Ida. rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90870
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 86

(No. Grouse Creek)
(If death occurred in a hospital or institution, give the name instead of street and number)

2. FULL NAME Donald Jesse Leach 10

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 15 1931 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER / FATHER

13. NAME Cloyd N Leach

14. BIRTHPLACE (city or town) (State or country) Mo

15. MAIDEN NAME Jessie Kohler

16. BIRTHPLACE (city or town) (State or country) Dakota

17. INFORMANT (Address) Mrs. C. N. Leach Grouse Creek

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Cem. Date 10/23., 1934

19. UNDERTAKER (Address) T. Turnbull Sandpoint

20. FILED Oct 23., 1934. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22., 1934., to Oct. 22., 1934.
I last saw him alive on Oct. 22., 1934.; death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Dip. & Laryngitis | Oct 19 1934 |
| Nose & throat | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) Wm. T. Tyler, M. D.
(Address) Sandpoint, Idaho

NOV 7

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90871

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 85

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Filo Alexander Mc Nall

(a) Residence. No. ..... St. Lakeview, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Mc Nall

6. DATE OF BIRTH (month, day, and year) May 4th 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1934

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Washington Territory

MOTHER FATHER

13. NAME Edmond Freeman Mc Nall

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Susan Allen Isham

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT ... Mrs. Mary A. Smith
(Address) Lakeview, Idaho.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place. Spokane, Wash. Date. Oct. 21 1934

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED Oct. 21, 1934. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934., to Oct 21, 1934.

I last saw him alive on Oct 21, 1934: death is said to have occurred on the date stated above, at 11:40 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 10-15-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. P. Starkhouse M. D.
(Address) Sandpoint, Idaho.

NOV 7 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90872

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 84

(No. Pace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

178C

2. FULL NAME Alfred Anderson

(a) Residence. No. 612 N Washington St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 5 1913

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 21 | 0 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

MOTHER FATHER

13. NAME William Anderson

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Nora Salyers

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT (Address) Mrs. Nora Salyers 612 N Washington

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Cem. Date Oct 16, 1934

19. UNDERTAKER Trumbull Co. (Address) Sandpoint Idaho

20. FILED Oct 16, 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934, to Oct. 15, 1934.
I last saw him alive on Oct 15, 1934 death is said to have occurred on the date stated above, at 6:10 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Compound fracture | |
| left frontal & | Oct 15, 1934 |
| temporal bones | |
| Died 45 minutes after | |
| auto accident | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 15 1934
Where did injury occur? Sandpoint, Bonner Co., Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway near Sandpoint
Manner of injury Head on collision of 2 cars
Nature of injury Compound fracture skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler M. D.
(Address) Sandpoint, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90873

Registration District No. 78
Primary Registration District No. 2-155 Local Registrar's No. 83
(No. 512 - 5th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Ellithorp

(a) Residence. No. 512 - 5th Ave. St. Sandpoint, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of Leslie E Ellithorp

6. DATE OF BIRTH (month, day, and year) June 24 1849.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 85 | 3 | 20. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME — Dana

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Hans Boeck Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cemetery
Place Sandpoint Ida Date Oct 16, 1934

19. UNDERTAKER (Address) L. G. Mogan Sandpoint Ida.

20. FILED Oct. 15 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Oct. 14, 1934.
I last saw h... alive on did not see 193...: death is said to have occurred on the date stated above, at 7a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arterio Sclerosis | 1924 |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. E. Tyler, M. D.
(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

3.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90874

## PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 81
(No. 723 N 4th)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph E Pratt

(a) Residence. No. 723 N 4th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta Pratt

6. DATE OF BIRTH (month, day, and year) May 20 1910

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 24 | 4 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER
13. NAME Lenord Pratt
14. BIRTHPLACE (city or town) (State or country) Wash.

MOTHER
15. MAIDEN NAME Ada Baily
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Mrs. Henrietta Pratt 723 N 4th

18. BURIAL, CREMATION OR REMOVAL
Place Clarkfork Date Oct. 11, 1934

19. UNDERTAKER (Address) T. Turnbull Co. Sandpoint

20. FILED Oct 10, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Oct. 10, 1934.
I last saw him alive on Oct. 9, 1934; death is said to have occurred on the date stated above, at 2 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary | |
| Tuberculosis | 1932 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... no If so, specify.....
(Signed) Wm F. Tyler M. D.
(Address) Sandpoint Idaho

NOV 7 1934

**PLACE OF DEATH**

County of Bonner

City of Dover

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90875

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 80

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Edwin Thomas

(a) Residence. No. .... St. Dover Idaho
(Usual place of abode) Bonner County
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Minnie Thomas.

6. DATE OF BIRTH (month, day, and year) Dec 6 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woods Worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Unknown

FATHER

13. NAME Isreal J. Thomas

14. BIRTHPLACE (city or town) .... (State or country) New York

MOTHER

15. MAIDEN NAME Mary Watson

16. BIRTHPLACE (city or town) .... (State or country) Pa

17. INFORMANT Mrs. L. U. Whitney (Address) Spokane Wn

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint Ida Date Oct 11, 1934

19. UNDERTAKER L. G. Moon (Address) Sandpoint Ida

20. FILED Oct 11 1934 Nibla Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 ....., 1934.., to Oct 4 ....., 1934..
I last saw h.im alive on Oct 4., 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Chronic | |
| Vascular-Renal disease Chronic | |

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Floyd G. Wendle M. D.
(Address) Sandpoint Ida.

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90876

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 79

(No. 212 Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John A. Adams

(a) Residence. No. 212 Main St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Christina Adams

6. DATE OF BIRTH (month, day, and year) Sept. 27, 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 61 | 0 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Electrician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Supt. of Mont. Light Power Co.

10. Date deceased last worked at this occupation (mo. and yr.) 10 yrs 1890

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Douglas Co., Ill.

MOTHER FATHER

13. NAME Robert N. Adams

14. BIRTHPLACE (city or town) ..... (State or country) Ky.

15. MAIDEN NAME Mary Alice Winship

16. BIRTHPLACE (city or town) ..... (State or country) Ohio.

17. INFORMANT Mrs. John Adams (Address) Sand point, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Lake view Cem. Date Oct 6, 1934

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho

20. FILED Oct 6, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934, to Oct 3, 1934.
I last saw ~~him~~ alive on Oct 4, 1934; death is said to have occurred on the date stated above, at 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Myocarditis | ? |
| Lobar Pneumonia | Oct 1934 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) R. T. Coss, M. D.
(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Granite

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90877

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie Joel Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura Clark

6. DATE OF BIRTH (month, day, and year)
July 8, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harrisburg
(State or country) Oregon

FATHER

13. NAME Jason Clark

14. BIRTHPLACE (city or town) .....
(State or country) Indiana

MOTHER

15. MAIDEN NAME Anna Maechel

16. BIRTHPLACE (city or town) .....
(State or country) Indiana

17. INFORMANT Edgar Clark
(Address) Granite, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Athol, Idaho Date 10/9, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum, Idaho

20. FILED Oct. 8, 1934. A. C. Spooner
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to Oct. 5, 1934.
I last saw him alive on Oct. 5, 1934; death is said to have occurred on the date stated above, at 6 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage (R.) | 10-5-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

1.) Heart Block
2.) Mitral Insufficiency
3.) Decompensation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Acheson, M. D.
(Address) Spirit Lake, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Nov 7 19[illegible]

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90878

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 2 0 V —
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lowell Maynard

(a) Residence. No. 117 St. Arco Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): December 30 1918
7. AGE: Years 15 | Months 9 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Arco Idaho

FATHER
13. NAME: William Harry Maynard
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER
15. MAIDEN NAME: Luella Cofe
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT (Address): Mrs. Luella Maynard Arco Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Arco Idaho Date Oct 22 193[illegible]

19. UNDERTAKER (Address): Jack A. Ward Idaho Falls, Idaho

20. FILED Oct 22, 193[illegible] [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 19 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Oct 16., 193[illegible], to Oct 19..., 193[illegible]
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at [illegible] P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Peritonitis | Oct 17 |
| Other **contributory causes** of importance: | |
| Acute appendicitis | Oct 13 |

Name of operation. Appendectomy Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [signature], M. D.
(Address) Idaho Falls [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dec 7 1934

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90879

Registration District No. 73

Primary Registration District No. 2-1-0

Local Registrar's No. 24

(No. L.D.S. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Paul Adams

(a) Residence. No. 465 - 1st St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16 V

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 26, 1934

7. AGE — Years | Months | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls

FATHER

13. NAME: William David Adams

14. BIRTHPLACE (city or town) (State or country): Idaho Falls, Idaho

MOTHER

15. MAIDEN NAME: Mary Ellen Wise

16. BIRTHPLACE (city or town) (State or country): Lincoln, Idaho

17. INFORMANT (Address): Wm. D. Adams, Idaho Falls

18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls Date: Oct. 25 1934

19. UNDERTAKER (Address): Jack A. Woods, Idaho Falls

20. FILED Oct 27, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934 to Oct 23, 1934.

I last saw him alive on Oct 23, 1934; death is said to have occurred on the date stated above, at 6:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Colitis | 10/6/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Hoyt B. Woolley M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90880

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 207

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Magnus Gutke

(a) Residence. No. ..... St. Shelley, Ida.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 83 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME John Gutke

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Ann Christina Alonsson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Sylvester Gutke
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Ida. Date Oct. 26 1934

19. UNDERTAKER Jack A. Woods
(Address) Idaho Falls

20. FILED Oct 26, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1934, to Oct. 22, 1934
I last saw ~~him~~ alive on Oct. 22 1934; death is said to have occurred on the date stated above, at 9:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidently fell on left side & Chest. Fracture of ribs & caused Hemorrhage in lung and Collapsed | left Oct. 22. 34 |
| Other **contributory causes** of importance: | |
| Old age | |

Name of operation None Date of
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to ext'l causes **(violence)** fill in also following:
Accident, suicide, or homicide? Accident Date of injury Oct 22 1934
Where did injury occur? Shelley Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury Car hit him
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) 7-9 Edwards, M. D.
(Address) Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90881

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 20 A

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Elizabeth Meikle

(a) Residence. No. Turnerville, Wyo. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Linel Summers Meikle

6. DATE OF BIRTH (month, day, and year): July 28, 1900

7. AGE: Years 34 | Months 2 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bedford, Wyo.

MOTHER FATHER

13. NAME: Levi Edward Merritt

14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Elizabeth Moser

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Samuel H. Merritt, Turnerville, Wyo.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bedford Wyo. Date: 10-28, 1934

19. UNDERTAKER (Address): Cook & Ward, Idaho Falls

20. FILED: Oct 26, 1934 C. Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934, to Oct 25, 1934.

I last saw her alive on Oct 25 1934; death is said to have occurred on the date stated above, at 5:50 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch Myocarditis & Mitral Stenosis & Decompensation | 5 yrs ago |
| Other **contributory causes** of importance: acute arthritis & | 6 wks ago |
| Pregnancy 6 mo | 6 mo ago |

Name of operation: none Date of:

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. D. West, M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonne
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90882
State File No.

Registration District No.
Primary Registration District No. Local Registrar's No. 29
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Lenore Chesbro 90

(a) Residence. No. 280 1st Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) February 8, 1918

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 16 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** High School

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 5-1934

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Horace C Chesbro

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Ella Holm

16. BIRTHPLACE (city or town) (State or country) Stark Nisqn

17. INFORMANT (Address) Mrs. Ella C Chesbro Idaho Falls

18. BURIAL, CREMATION OR REMOVAL Removal
Place Seattle Wash. Date ....., 193.

19. UNDERTAKER C. Buck
(Address) Idaho Falls Ida.

20. FILED Oct 27, 193.4. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 193.4., to Oct. 25, 1934.

I last saw her alive on Oct. 24, 1934.; death is said to have occurred on the date stated above, at 9:05 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | 1931 (?) |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Acute Nephritis | Oct 10, 1934 |
| Embolism with partial paralysis | Oct 18, 1934 |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Wilson, M. D.
(Address) Idaho Falls, Ida.

NOV 7

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Ucon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90883

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Susan A Harmon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elmer C Harmon

6. DATE OF BIRTH (month, day, and year): May 28 1844

7. AGE — Years: 70 — Months: 4 — Days: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Peoa Utah

FATHER

13. NAME: Lewis Heffaker
14. BIRTHPLACE (city or town) (State or country): Bureau Co. Illinois

MOTHER

15. MAIDEN NAME: Martha Murray
16. BIRTHPLACE (city or town) (State or country): Roxville Del.

17. INFORMANT (Address): Wendell V. Harmon Ucon Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Ucon, Ida. Date: Oct 30 1934

19. UNDERTAKER (Address): Jack A Wood Idaho Falls, Ida

20. FILED Oct 29, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Oct 27, 1934

I last saw h[illegible] alive on Oct 7, 1934 death is said to have occurred on the date stated above, at 6 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1933 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | ? |
| | |

Name of operation ..... Date of ...

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**, .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. M. Clem ....., M. D.

(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90884
State File No.

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 212

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Ann Harris

(a) Residence. No. Rt 3 St.
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Harris

6. DATE OF BIRTH (month, day, and year) March 20 1869

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clayton, Kentucky

FATHER

13. NAME David Vest

14. BIRTHPLACE (city or town) (State or country) Lawrence Co. New York

MOTHER

15. MAIDEN NAME Ellen Millard

16. BIRTHPLACE (city or town) (State or country) Sunnyshore England

17. INFORMANT (Address) Willard R. Harris Shelley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Ida. Date Oct 31, 1934

19. UNDERTAKER (Address) Jack G. Woods Idaho Falls,

20. FILED Oct 30, 1934 E. Eyerman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Oct 27., 1934.
I last saw her alive on July..., 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterial Sclerosis | 1925 |
| Ch Myocarditis | 1928 |
| Cerebral Hemorrhage | Oct 26-34 |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. W. Hirst M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90885
State File No.....

Registration District No. 73

Primary Registration District No. 214-0 Local Registrar's No. 213

(No. .....)
(If death occured in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kristen L Pedersen

(a) Residence. No. 343 - 11th St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of: Charlotte Knight Pedersen

6. DATE OF BIRTH (month, day, and year): Jan 17 1866

7. AGE: Years 68 | Months 9 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner +
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer (Retired)
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Hover Sogn Denmark

FATHER

13. NAME: Jacob Pedersen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Mariann Christa Christensen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Anton Pedersen 343 - 11th St. Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Oct 31 1934

19. UNDERTAKER (Address): Jack A Wood Idaho Falls

20. FILED Oct 31, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Un Known | |
| or Natural death | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Long illness | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.....

(Signed) [signature] M.D.
(Address) Idaho Falls Ida

NOV 7

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2150

DO NOT WRITE IN THIS SPACE

State File No. 90886

Local Registrar's No. 194

205

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elaine Gustafson

(a) Residence. No. 112 College Ave. Idaho Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls, Ida
(State or country)

FATHER

13. NAME Clyde Gustaveson

14. BIRTHPLACE (city or town) Draper
(State or country) Utah

MOTHER

15. MAIDEN NAME Arlene Kingston

16. BIRTHPLACE (city or town) Ammon
(State or country) Idaho

17. INFORMANT C.O. Holm
(Address) Ammon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Ida Date Oct 4, 193.. 4

19. UNDERTAKER None
(Address)

20. FILED Oct. 3/34, 193.. C.O. Tunmond
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 3 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| No medical attendance | |
| (pneumonia?) | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) C.O. Tunmond, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90887

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 1210
Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Thomas Fanning.

(a) Residence. No. 104 12 St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Faye Fanning.

6. DATE OF BIRTH (month, day, and year) Feb 24 1884

7. AGE: Years 50 | Months 7 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Conductor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Santa Fe R.R. Co.
10. Date deceased last worked at this occupation (mo. and yr.) 1932 1933
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country): Shoshone Idaho

MOTHER FATHER

13. NAME Edw Fanning.
14. BIRTHPLACE (city or town) (State or country): Ireland County Carlow.
15. MAIDEN NAME Catherine agnes Cook
16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMANT (Address): Mrs Faye Fanning Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Date Oct 5 1934

19. UNDERTAKER (Address): W. F. McNaughton Idaho Falls Idaho

20. FILED Oct 4, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Oct 3rd 1934.
I last saw h[illegible] on Oct 2, 1934; death is said to have occurred on the date stated above, at 8.35 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Calcification Central artery | ? |

Other **contributory causes** of importance:

Name of operation Decompression Date of ?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90888

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 196
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)
117

2. FULL NAME Ella Kathryn Larter

(a) Residence. No. ..... St. Mackay, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 12, 1927

7. AGE: Years 7 | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salmon Ida.

FATHER

13. NAME: Fay M. Larter
14. BIRTHPLACE (city or town) (State or country): Mt. Pleasant Utah

MOTHER

15. MAIDEN NAME: Laura Johnson
16. BIRTHPLACE (city or town) (State or country): Challis Ida

17. INFORMANT (Address): Fay M. Larter Mackay, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Mackay, Ida. Date: Oct 7, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls.

20. FILED: Oct 6, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1934, to Oct 6, 1934.
I last saw h[illegible] alive on Oct 5, 1934. death is said to have occurred on the date stated above, at 7 Am.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendicitis | Oct 1 |

Other **contributory causes** of importance:

Name of operation: appendectomy Date of: Oct 4
What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90889

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 197

(No. Ida. Falls L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilford, Colleen

(a) Residence. No. Idaho Falls, R # 7 St. 113

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-29, 1933.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls. (State or country) Idaho.

FATHER

13. NAME Wilford, Frank H

14. BIRTHPLACE (city or town) Lincoln, (State or country) Nebr

MOTHER

15. MAIDEN NAME Hammer, Wanda

16. BIRTHPLACE (city or town) Idaho Falls. (State or country) Idaho

17. INFORMANT Frank Wilford (Address) Ida. Falls

18. BURIAL, CREMATION OR REMOVAL Burial

Place Ida. Falls Date Oct. 9., 1934.

19. UNDERTAKER O. F. McFarland (Address) Ida. Falls Ida.

20. FILED Oct 8, 1934. (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934, to Oct 6..., 1934

I last saw her alive on Oct 6..., 1934.: death is said to have occurred on the date stated above, at 6.55 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Acute Enteritis - Colitis | Sept 10 |
| | |
| | |

Other **contributory causes** of importance:

Name of operation... none ... Date of.....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Idaho Falls

NOV 7

**PLACE OF DEATH**

County of Bonn

City or Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90890

Registration District No. 73

Primary Registration District No. 2412 Local Registrar's No. 194

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guadalupe Luna

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state) Unk.

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Mexican

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: about ~~75~~ 70 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Sugar beets

10. Date deceased last worked at this occupation (mo. and yr.): ~~Unk~~

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (city or town) (State or country): Unknown Mexico

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Edson Porter (Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL: Burial Place Ida. Falls Date Oct. 11, 1934

19. UNDERTAKER: A. Bugby (Address) Ida. Falls

20. FILED Oct 11, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1934 to Oct 10, 1934.

I last saw h[illegible] alive on Oct 10, 1934; death is said to have occurred on the date stated above, at 4:20 p.m.

The **principal cause of death** and related causes of importance were as ~~follows~~:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct 2 or 3rd |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If A specify

(Signed) A. A. Bugby M. D.

(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90891

County of Bannock
City of Lava

Registration District No. 73
Primary Registration District No. 21 V-0
Local Registrar's No. 199

(No. 2 ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Howard Louk

(a) Residence. No. Lava, Idaho St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. Wh. | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Gretty R. Louk

6. DATE OF BIRTH (month, day, and year) Sept. 13 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 0 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Joe Louk (Address) Lava Ida.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Caldwell Ida. Date 10/15, 1934

19. UNDERTAKER O. L. Berger (Address) Idaho Falls

20. FILED Oct. 13, 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/12-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1934 to Oct 12, 1934

I last saw him alive on Oct 12, 1934; death is said to have occurred on the date stated above, at 8:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 3 days |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls, Ida.

NOV 7

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90892

Registration District No. 13

Primary Registration District No. 2140 Local Registrar's No. 2

(No. Idaho Falls, L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clifford E. Price

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

176

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Manning Price

6. DATE OF BIRTH (month, day, and year) August 18, 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Supt. of Mails

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Ida. Falls P.O.

10. Date deceased last worked at this occupation (mo. and yr.) 10/6/34

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME M.J.Price

14. BIRTHPLACE (city or town) Ogden
(State or country) Utah

MOTHER

15. MAIDEN NAME Mabel Edson

16. BIRTHPLACE (city or town) Gold Hill
(State or country) Nevada

17. INFORMANT Mrs. M. J. Price
(Address) Hollywood, California

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls Date 10/15/34

19. UNDERTAKER C. C. Buck
(Address) Idaho Falls, Idaho

20. FILED Oct 13, 193 4 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/9, 1934, to 10/12, 1934

I last saw him alive on 10/12, 1934; death is said to have occurred on the date stated above, at 8:25AM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated Gastric Ulcer | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Peritonitis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) C. M. Clune M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90893

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 201

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. L. D. S. Hospital)

2. FULL NAME John Johnson

(a) Residence No. ..... St. Shelton
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

1882

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Matilda Ann Johnson

6. DATE OF BIRTH (month, day and year): May 23, 1867

7. AGE — Years: 67 — Months: 4 — Days: 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: and School Teacher
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Brigham City Utah

FATHER
13. NAME: John Johnson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Louisa Swensen
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): John Lyon Johnson Shelton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Shelton Date: Oct 14, 1934

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls

20. FILED: Oct 13, 1934 — Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1934, to Oct. 11, 1934.
I last saw h[illegible] alive on Oct 10, 1934; death is said to have occurred on the date stated above, at 6:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puncture left lung by broken rib empyaema & Pneumonia | |
| accident | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following: accident Oct. 6
Accident, suicide, or homicide? ..... Date of injury ..., 1934
Where did injury occur? Bonneville County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. Went to Canyon for
Manner of injury Load of wood upset wagon
Nature of injury fracture ribs

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) H. Ray Hatch M. D.
(Address) Idaho Falls Idaho

NOV 7

**PLACE OF DEATH**

County of Twin

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90894
State File No.....

Registration District No. 73

Primary Registration District No. 21-1-0 Local Registrar's No. 207

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Lee Holman

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

197

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Holman

6. DATE OF BIRTH (month, day, and year) March 6, 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Watchman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Seed Pea Plant

10. Date deceased last worked at this occupation (mo. and yr.) 9-24-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Missouri

FATHER

13. NAME Isaac Holman

14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Williamson

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Virgil L. Holman
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls Date 10-18-, 1934

19. UNDERTAKER C. Boyce
(Address) Idaho Falls, Ida.

20. FILED Oct 17, 193 4 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 193 4, to 10-15, 193 4

I last saw him alive on 10-15, 193 4 death is said to have occurred on the date stated above, at 3:05 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet wound of right thigh | Sept 24, 1934 |
| Fracture of right femur | Sept 24-1934 |
| Chronic arterio sclerotic nephritis | |
| Uremia | Oct 8-1934 |
| Hypostatic pneumonia of right lung | Oct 13-34 |
| Other **contributory causes** of importance: | |
| Chronic myocarditis and adhesive pericarditis | |
| Senility | |
| Arteriosclerosis | |

Name of operation Suturing contusion on head Date of Sept 24-34

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? yes.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Sept 24 193 4

Where did injury occur? Idaho Falls, Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In Industry

Manner of injury Held up while acting as night watchman

Nature of injury Shot in both legs.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Received gunshot wounds while acting as night watchman

(Signed) W. R. Abbott, M. D.

(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90895

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 204

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Albert Blomquist,

(a) Residence. No. Rt. # 1 St.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Blomquist.

6. DATE OF BIRTH (month, day, and year) June, 3, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer and

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Day Laborer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Stockholm, Sweden,

FATHER

13. NAME Fredrick Blomquist,

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Elricka Carlson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT John E. Blomquist
(Address) Rt. 1, Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho Date Oct. 20, 1934.

19. UNDERTAKER Jack A. Woods
(Address) Idaho Falls.

20. FILED Oct 19, 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to Oct 17, 1934

I last saw h— alive on Oct 17, 1934: death is said to have occurred on the date stated above, at 2:10 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis. | |
| Cerebral Hemorrhage | |
| with right hemyplegia | Oct 1-34 |
| Other **contributory causes** of importance: | |
| Chronic myocarditis | |

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. R. Abbott M. D.
(Address) Idaho Falls Ida.

NOV 7 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90896

Registration District No. 23
Primary Registration District No. 2170 Local Registrar's No. 203
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Austin Lee Stott

(a) Residence. No. ..... St. Shelley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188c

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 28, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 21 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mining Stock

10. Date deceased last worked at this occupation (mo. and yr.) 10-16-24

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Meadow
(State or country) Utah

FATHER

13. NAME Raymond Stott

14. BIRTHPLACE (city or town) Meadow
(State or country) Utah

MOTHER

15. MAIDEN NAME Georgia Stewart

16. BIRTHPLACE (city or town) Meadow
(State or country) Utah

17. INFORMANT Raymond Stott
(Address) Meadow, Utah

18. BURIAL, CREMATION OR REMOVAL Removal
Place Meadow, Utah Date Oct. 18 1924

19. UNDERTAKER O. C. Buck
(Address) Idaho Falls, Idaho

20. FILED Oct. 18, 1924. [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 16, 24

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Uraemia Chronic | |
| Accident | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
(Accident), suicide, or homicide? Acc't. Date of injury 10-16 1924
Where did injury occur? State Highway Idaho Falls Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway
Manner of injury. Auto Accident
Nature of injury. Cranial Fracture

24. Was disease or injury in any way related to occupation of deceased? If so, specify Salesman
(Signed) Fred Smith Coroner M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 26 [illegible]

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90897

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Flory Lester Wilson Flory 160

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bonners Ferry.... (State or country) Idaho

FATHER

13. NAME Lester Flory

14. BIRTHPLACE (city or town)... (State or country) N. Dakota

MOTHER

15. MAIDEN NAME Ruth Cresswell

16. BIRTHPLACE (city or town)..... Libby..... (State or country) Mont.

17. INFORMANT ..Lester Flory..... (Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry... Date Sept., 6 193 4

19. UNDERTAKER H.R. Crouch..... (Address) Bonners Ferry, Ida.

20. FILED Sept. 5, 1934 ..... [signature] ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1. P. .m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage. | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. : If so, specify.....

(Signed) ..... [signature] ..... M/D.

(Address) Bonners Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 30 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90898

**PLACE OF DEATH**

County of Boundary

City or Town Bonners Ferry

Registration District No. 79

Primary Registration District No. 3156 Local Registrar's No. 4

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles F. Wolfe

(a) Residence. No. Eastport, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. 3 mos. 9 ds.

47 15

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Wolfe

6. DATE OF BIRTH (month, day and year): Sept. 28, 1855

7. AGE — Years: 78 — Months: 11 — Days: 9 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Sawfiler

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Sawmill

10. Date deceased last worked at this occupation (mo. and yr.): 1924

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): M. M. Dahlborg Eastport Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL — Place: Deer Lodge, Mont. Date: Sept. 11, 1934

19. UNDERTAKER (Address): J. A. Crouch Bonners Ferry, Idaho

20. FILED Sept. 10, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 9 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933., to Sept. 9, 1934.

I last saw h. in alive on Sept. 9 1934. death is said to have occurred on the date stated above, at 6 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1932. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| arteriosclerosis | 1929 |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) Bonners Ferry, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVE

PLACE O

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90899

County of Boundary

City of Naples

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

(No. 1888)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Slis

(a) Residence. No. Camp F-128, Falls Creek, St. Naples, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) May 21, 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** C.C.C. Enrollee

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** -----

10. Date deceased last worked at this occupation (mo. and yr.) 9/11/34

11. Total time (years) spent in this occupation 1/3

12. BIRTHPLACE (city or town) (State or country) Hooversville, Pa.

FATHER

13. NAME Deceased

14. BIRTHPLACE (city or town) (State or country) -----

MOTHER

15. MAIDEN NAME Mrs. Christina Miller

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Christina Miller
(Address) 501 14th St. S.E. Canton, O.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wn. Date 9/12, 1934

19. UNDERTAKER Mission Funeral Home
(Address) Spokane, Wn.

20. FILED Sept. 12 1934 E. E. Fry
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/11 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3:30P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accident - Crushing injury to | |
| Head. Compound comminuted | 9/11/34 |
| fracture of skull with | |
| maceration of brain. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~?..... Date of injury 9/11 1934
Where did injury occur?. White Mt. Lookout Tower
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. C.C.C.
Manner of injury. Falling trees
Nature of injury. Crushing injury to head

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Falling Tree

(Signed) B. L. Prefontaine, M. D.
(Address) Camp F-128, Falls Creek, Naples, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90900

County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 · Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jenn J. Foust

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 1 - 1881
7. AGE: Years 52 | Months 10 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Newport Ohio

FATHER
13. NAME: Franklin Foust
14. BIRTHPLACE (city or town) (State or country): Ohio Ohio

MOTHER
15. MAIDEN NAME: Christine Landis
16. BIRTHPLACE (city or town) (State or country): Ohio Ohio

17. INFORMANT (Address): Mrs. J. J. Foust Bonners Ferry
18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date Nov. 2, 1934
19. UNDERTAKER (Address): H. P. Couch Bonners Ferry Idaho
20. FILED Nov. 1, 1934 E. E. Eve Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1934, to Oct 31, 1934
I last saw h.. alive on Oct 30, 1934; death is said to have occurred on the date stated above, at 4:45 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Encephalitis | Oct 27-1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:
Influenza 2 months ago from which he failed to recover completely

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. M. Bowell, M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE

State File No.

Registration District No. 79

Primary Registration District No. 2156 Local Registrar

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amos G. Ladley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 28, 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 10 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bushkill Pa.

FATHER

13. NAME Abenezer Ladley

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Kate Rosenkrantz

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT George Ladley
(Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date 10-26, 193 4

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED Oct. 25, 193 4 E.E. Fry
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 24 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11:20 P. M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 1930 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteria-Sclerosis | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E.E. Fry M. D.

(Address) Bonners Ferry, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90902

Registration District No. 19

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Steve Kanuch

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: About 65 years. Months: Days: If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Date: Sept. 19, 1934

19. UNDERTAKER (Address): H. P. Georgeson, Bonners Ferry

20. FILED Sept. 18 1934 E. A. Sue
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Sept. 17, 1934.

I last saw him alive on Sept. 17, 1934. death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Chronic myocarditis | 1931 |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. A. Sue, M. D.

(Address) Bonners Ferry, Ida.

RECEIVED OCT 26 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Boundary

City of Leonia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90903

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lovins 195

(a) Residence. No. CCC Worker, from Camp 124, St. Jackson, Ky.
(Usual place of abode) Naples, Ida. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 28, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 22 | 2 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** CCC Camp

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jackson,
(State or country) Ky.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Records of CCC Camp #124.
(Address) Naples, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Jackson, Ky. Via
Place Spokane, Wash. Date July 25 193 4

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED July 25, 193 4 E.E. Fry
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental death | |
| Electrocution by | |
| Lightning | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 25 193 4
Where did injury occur? Bonners Ferry, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** National Forest
Manner of injury Lightning while lookout
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H.R. Crouch M. D.
(Address) Bonners Ferry, Idaho
(Coroner)

RECEIVED OCT 26 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90904

County of Boundary
City of Moyie Springs,

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

884

2. FULL NAME Minot Weldon Oziah

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Oziah

6. DATE OF BIRTH (month, day, and year) April 13, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME James K. Oziah

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lucretia Hollenbaugh

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. M. W. Oziah
(Address) Moyie Springs, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry. Date July 5, 1934

19. UNDERTAKER
(Address)

20. FILED July 3, 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to July 3, 1934
I last saw alive on June 10 1934 death is said to have occurred on the date stated above, at 5:20 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| Nephritis | 1932 |
| Other contributory causes of importance: | |
| Nephritis | 1933 |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) [signature] M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED OCT 26 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90905

County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME William A. Atkin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer, last 4 years.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date July 5 1934

19. UNDERTAKER H. R. Crouch (Address) Bonners Ferry, Ida.

20. FILED July 3 1934 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from January ..., 1934, to July 4 ..., 1934
I last saw h.. alive on June ..., 1934; death is said to have occurred on the date stated above, at 2:15 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Lee Bonner M.D.
(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90906
State File No.....

County of Bonneville
City of Bonners Ferry
Registration District No. 29
Primary Registration District No. 2156 Local Registrar's No.....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joel P. Douglass. 49

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary Douglass.
6. DATE OF BIRTH (month, day, and year): Feb. 27— 1870
7. AGE: Years: 47 Months: 4 Days: 8 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Cooperstown N. Y.

FATHER
13. NAME: John Douglass.
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Polly Minnicus
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Stella Douglass Bonners Ferry, Ida
18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date July 2., 1934
19. UNDERTAKER (Address): H. P. Corbett Bonners Ferry Ida
20. FILED July 2, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to July 1, 1934.
I last saw h....alive on June 30., 1934. death is said to have occurred on the date stated above, at 1:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate | May 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Physical Examination Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased..... If so, specify.....
(Signed) Wm Rutherford M. D.
(Address) Bonners Ferry Idaho

RECEIVED JUL 26 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90907

Registration District No. 29

Primary Registration District No. 2106 Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Unidentified Man

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Bonners Ferry Date July 12, 1934

19. UNDERTAKER H. P. Richards (Address) Bonners Ferry

20. FILED 7/13/, 1934 E. E. King Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) about July 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably drowning - Body left Ice four weeks badly decomposed. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.

(Address) Bonners Ferry, Ida.

RECEIVED OCT 26

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90908

Registration District No. 19

Primary Registration District No. 2154 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred S. Gudbaur

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen
6. DATE OF BIRTH (month, day, and year): Sept. 12 - 1862.
7. AGE — Years: 71 — Months: 11 — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER FATHER
13. NAME: William Gudbaur
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Leo Gudbaur, Copeland, Ida

18. BURIAL, CREMATION, OR REMOVAL
Bonners Ferry Date Aug 31, 1934

19. UNDERTAKER (Address): E. P. Crooks, Bonners Ferry Ida

20. FILED Aug. 30, 1934 E. Eaton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile Accident | |
| Basilar Skull Fracture | |

Other **contributory causes** of importance:

Name of operation: Physical Examination Date of:
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? Aug 19 1934
Where did injury occur? Highway - Boundary Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Highway
Manner of injury: Car went in ditch
Nature of injury: Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ray Bonner Coroner M.
(Address) Bonners Ferry Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90910

**PLACE OF DEATH**
County of Butte
City of Arco.
Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 18
(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Amelia Stearns Murray.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 2 yrs. mos. ds. How long in U. S. if of foreign birth 70 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Murray

6. DATE OF BIRTH (month, day and year) Sept. 2. 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 1 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Jailor - retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Toronto Canada

PARENTS

10. NAME OF FATHER Chas. Ervin Stearns
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada
12. MAIDEN NAME OF MOTHER Mary Eliza Caldwell
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Canada

14. Informant ..... (Address) J. B. Dale Ed. Reynolds, Nebr.

15. Filed Oct 31, 1934 M. G. Dietrich. Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct - (Month) 28 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28 - 1934, to Oct 28, 1934
that I last saw her alive on Oct 28 - 1934
and that death occurred, on the date stated above, at 1:15 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
accidental Burns covering entire body except left leg from groin down -
(duration) 5 hrs mos. ds.
CONTRIBUTORY (Secondary) Shock -
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) M. G. Dietrich Registrar, M. D.
Oct 31, 1934 (Address) Arco

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Arco Idaho | Nov 1 1934 |
| 20. Undertaker D. Farmer | Address Arco |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Butte

City of Howe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90911

Registration District No. 59

Primary Registration District No. 2129 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Ireland

(a) Residence. No. ..... Howe, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ann Ireland

6. DATE OF BIRTH (month, day and year) August 23 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 60 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Rancher

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Aston Idaho

MOTHER/FATHER

13. NAME Fletcher Ireland

14. BIRTHPLACE (city or town) (State or country) Bathampton Wiltshire

MOTHER

15. MAIDEN NAME Julia McMurcery

16. BIRTHPLACE (city or town) (State or country) San Buenaventura California

17. INFORMANT (Address) Ann Ireland Howe Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date Oct 4, 1934

19. UNDERTAKER (Address) E. E. Peck Blackfoot, Idaho

20. FILED Oct 5, 1934 M. L. Dietrich Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934 to Sept 27, 1934

I last saw him alive on Sept 27, 1934 death is said to have occurred on the date stated above at 10:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Renal | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Nephritis - Uremia | |
| Dilated Heart | |
| Hypertension | |

Name of operation None Date of ...

What test confirmed diagnosis? Manual Was there an autopsy?

23. If death was due to ~~exter'l~~ causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... H. C. Gowen M. D.

(Address) ..... Howe Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90912

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 113

(No. 4 miles East Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emery Rands (Sandy) 188 C

(a) Residence. No. 9 mi. no. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 31st 1918
7. AGE: Years 16 | Months 4 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fruitland Idaho

FATHER
13. NAME: Frank Rands
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: Bernice —
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Mrs. C. E. Sandy Meridian, Ida
18. BURIAL, CREMATION OR REMOVAL: Boise
Place Valley Cemetery Date 10-7-1934
19. UNDERTAKER (Address): Wm. D. Talley Nampa Ida.
20. FILED Oct 10, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Verdict Coroners Jury | |
| Mas Collision of a 1930 Model "A" Ford Coach with a G.S.L. train #538 Hit the Auto striking against B.A.E. Car #3340 2. | |
| Other **contributory causes** of importance: | |
| Car driven by | |
| Emery Rands a Sandy | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury Oct 5 1934
Where did injury occur? 1/2 Mi No Deadmans Crossing
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Mangled & Burned
Manner of injury Highway
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) Wm. D. Talley, Coroner M. D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90913

**PLACE OF DEATH**

County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 110

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Rebhanna Schaffer

(a) Residence. No. Caldwell Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20 - 1865

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER

13. NAME Saramore Black

14. BIRTHPLACE (city or town) ..... (State or country) Mo.

MOTHER

15. MAIDEN NAME Lucasa Shilips

16. BIRTHPLACE (city or town) ..... (State or country) Kentucky

17. INFORMANT (Address) A. B. Doolittle Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wilddon Date 10-25 193..

19. UNDERTAKER (Address) C. V. Speckman Caldwell Ida

20. FILED 10/24.., 1934 W. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 193 4

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 193.., to Oct 22 4, 193..
I last saw h.. alive on Oct 22 4, 193...: death is said to have occurred on the date stated above, at 9P....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Aug 8-34 |
| Several attacks since that date | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | ? |
| Nephritis | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. E. Newberry M. D.
(Address) Caldwell Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Canyon

City of Wilder

DO NOT WRITE IN THIS SPACE

State File No. 90914

Registration District No. 1

Primary Registration District No. 2002 Local Registrar's No. 111

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Edward McConnel 43

(a) Residence, No. Wilder, Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 10 - 1883

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51 | — | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Payma
(State or country) Idaho

FATHER

13. NAME B. C. McConnel

14. BIRTHPLACE (city or town) .....
(State or country) Ill.

MOTHER

15. MAIDEN NAME Hall

16. BIRTHPLACE (city or town) .....
(State or country) Ill.

17. INFORMANT (Address) Paul McConnel

18. BURIAL, CREMATION OR REMOVAL
Place. Wilder Ida Date 11-2, 1934

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 11/5, 1934 W. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-31 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Oct 31, 1934.

I last saw him alive on Oct 30 1934 death is said to have occurred on the date stated above, at 2:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Jaw & | |
| buccal cavity | 1926 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Resection Date of 1933

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Vallet M. D.

(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OV

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90915
State File No.....

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No.....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Lueblan Weymouth

(a) Residence. No. Caldwell Rt 4 St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12 — 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Robert Weymouth.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Charlotte Weymouth

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Maggie Weymouth Ca

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 10-18-1934

19. UNDERTAKER (Address) C. V. Pegram Caldwell Ida

20. FILED 10/23, 1934 Mrs Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1934, to Sept 16, 1934

I last saw h. alive on Sept 15, 1934.: death is said to have occurred on the date stated above, at 1:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | July 1934 |
| Perforating of Stomach | |
| Abscess Duodenum | Sept 14 |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Resection Stomach Date of 9/14/34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) Caldwell Ida

RECEIVED NOV 13

**PLACE OF DEATH**

County of Canyon

City of Notus

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90916

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Napoleon Smith

(a) Residence. No. Notus St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10 - 1879.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 55 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kansas
(State or country) Kansas

FATHER

13. NAME Thos E Smith

14. BIRTHPLACE (city or town) Davis Co. Iowa
(State or country) Not known

MOTHER

15. MAIDEN NAME Rebecca A Patterson

16. BIRTHPLACE (city or town) Hamilton Co. Ind
(State or country) Not known

17. INFORMANT Rosie Smith
(Address) Notus Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Cem. Date O-9-.. 1934

19. UNDERTAKER .....
(Address) Caldwell Ida

20. FILED 10/13..., 1934. W. Montgomery
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-7 1934

22. I HEREBY CERTIFY, That I attended deceased from August 18.., 1934.., to Oct. 7....., 1934..
I last saw him alive on Oct. 7.., 1934: death is said to have occurred on the date stated above, at 7:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of rectum | ..... |
| with metastasis to ..... | ..... |
| pelvis & mesenteric glands | ..... |
| Coma & Exhaustion | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| none | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Wm B Handford M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90917
State File No.....

**PLACE OF DEATH**

County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 147

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Ellen Sharp

(a) Residence. No. Caldwell, Ida. R#4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9 1856

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ogle Co. (State or country) Ill.

FATHER

13. NAME L. Lilly.

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Hannah John Frane

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT L. M. Sharp (Address) Caldwell R#4

18. BURIAL, CREMATION OR REMOVAL Place. Canyon Hill Date 10-7 1934.

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 10/13 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1932 to Oct 5, 1934

I last saw h[illegible] alive on Oct 4 1934 death is said to have occurred on the date stated above, at 2:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | May 1932 |
| Chr. Nephritis | " " |
| Cerebral Hemorrhage | Sept 26-34 |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Glycosuria | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible] M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ON 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90918

**PLACE OF DEATH**

County of Canyon

City of Huston

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Milton Gibbens

(a) Residence. No. Huston, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah McConnell

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 84 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Newport Indianna

FATHER

13. NAME Solomon Gibbens

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs. Sarah Heckathorne Huston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 10-18, 1934

19. UNDERTAKER Paul. L. Case
(Address) Caldwell, Idaho.

20. FILED 10/23, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1934, to ....., 193..
I last saw h— alive on 9-15, 1934: death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | 9-12-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Myocarditis

Name of operation ..... Date of ....

What test confirmed diagnosis? — Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. E. Hartman, M. D.
(Address) Nampa Idaho

RECEIVED NOV 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90919

**PLACE OF DEATH**

County of Canyon

City of Caldwell

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Taylor

(a) Residence. No. Canyon Co. Box Farm Rt St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT J. A. Moore
(Address) Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Cem. Date 11-7-34

19. UNDERTAKER C. J. Peckham
(Address) Caldwell, Ida

20. FILED 11/5/34 W. M. Montgomery
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934 to Oct 22, 1934
I last saw h....alive on Oct 22, 1934: death is said to have occurred on the date stated above, at 2 P....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pachymeningitis | |
| Interna Hemorrhages | 2 |
| Subdural Hemorrhage | 2 yrs |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) G. A. Newberry M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90920

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 70

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Elen Wrigley

(a) Residence. No. Mountain Rd St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia C. Wrigley

6. DATE OF BIRTH (month, day, and year) Oct. 14-1873

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 8/30/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) American Fork Utah

MOTHER FATHER

13. NAME John Wrigley

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Katherine Burgess

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Julia C. Wrigley Mountain Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Vico District Date 9/24, 1934

19. UNDERTAKER (Address) H. C. Johnson Mortuary Very McCulloch

20. FILED 9/22, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934, to Sept 20, 1934

I last saw him alive on Sept 20, 1934; death is said to have occurred on the date stated above, at 4:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh L. Dean, M. D.

(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90921

**PLACE OF DEATH**
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 118
(No. 1214 - 1st St. South)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Malcolm H. Mabee

(a) Residence. No. 1107 - 13th ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

H.P.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 1857
7. AGE: Years 75 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Puthen
(State or country) Canada

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Allen Orr
(Address) Nampa, Ida.
18. BURIAL, CREMATION OR REMOVAL Rohrerlawn
Place Nampa, Ida. Date Nov. 4, 1934
19. UNDERTAKER W. D. Talley
(Address) Nampa Ida
20. FILED Nov. 1, 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-29 1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to 9-29..., 193.4.
I last saw him alive on 9-28..., 1934, death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage brain | |
| paralysis respiration | |

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Horace V. Lehnaf M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90922

PLACE OF DEATH
County of Canyon.
City of Nampa.

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 122.
(No. Mercy Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary. A. Walker.

(a) Residence. No. 912. - 12 Ave South. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 10. 1867.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | 6 | 10. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bridgewater
(State or country) Ontario Canada.

FATHER
13. NAME Charles. B. Byrnes.
14. BIRTHPLACE (city or town) Ireland.
(State or country)

MOTHER
15. MAIDEN NAME Mary Brown.
16. BIRTHPLACE (city or town) Bridgewater
(State or country) Ontario Canada.

17. INFORMANT George. W. Walker.
(Address) La Grande, Oregon.

18. BURIAL, CREMATION OR REMOVAL
Nampa, Idaho. Octo. 23. 1934. Date 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED Nov. 1, 1934. Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4., 1934., to Oct. 20., 1934.
I last saw her alive on Oct 19., 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ~~If~~ so, specify.....
(Signed) Samuel A Swayne M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RE[illegible]

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90923

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 111

(No. 5 4 miles No. Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Wiedoff Carlson

(a) Residence. No. 5 miles no. Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

188C

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10th 1918

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 16 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School boy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Piney Wyoming

MOTHER FATHER

13. NAME Carl Wiedoff Carlson

14. BIRTHPLACE (city or town) (State or country) Fort Collins Colorado

15. MAIDEN NAME Clara Freya Scott

16. BIRTHPLACE (city or town) (State or country) Goldbye Iowa

17. INFORMANT (Address) Mr. C. W. Carlson Meridian Ida

18. BURIAL, CREMATION OR REMOVAL Boise Valley Cemetery Place Date 10-7, 1934

19. UNDERTAKER (Address) Wm. D. Talley Nampa Ida

20. FILED Oct 30, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8:45 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Verdict Coroner's Jury..... | ..... |
| Was Collision of a 1930 Model A Ford Coach with C & S Trans #528 West. The Auto Striking..... | ..... |
| against Car #33402. | ..... |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury Oct 5 1934

Where did injury occur? ½ Mile No. Caldwell
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway

Manner of injury Mangled + Burned

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm. D. Talley M. D. Coroner

(Address) .....

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11a 2

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90924

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 112

(No. 4 miles no. Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Chester Kenneth Allen

(a) Residence. No. 6 miles north Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. 11 mos 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 23 1916

7. AGE — Years: 17 | Months: 11 | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School boy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Meridian Idaho

MOTHER FATHER

13. NAME: Ralph Allen

14. BIRTHPLACE (city or town) (State or country): Kansas

15. MAIDEN NAME: Idalucile Browning

16. BIRTHPLACE (city or town) (State or country): Marshall Missouri

17. INFORMANT (Address): Mrs. Thos. Fry Meridian Ida.

18. BURIAL, CREMATION OR REMOVAL: Boise

Place: Valley Cemetery Date: 10-7, 1934

19. UNDERTAKER (Address): Wm. D. Fahley Nampa Ida.

20. FILED Oct. 30, 1934. Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Verdict Coroner's Jury, | |
| was Collision of 1930 Model | |
| A Ford Coach with O.S.L. | |
| train #528 at the auto striking | |
| against S.P.&E. car #33402. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Car driven by | |
| Emery Rands Sandy. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? —. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? —. Date of injury Oct 5 1934

Where did injury occur? ½ mi No. Dead mans Grade
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway

Manner of injury Mangled & Burned

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm D Fahley Coroner M.D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90925

## PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 114

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Poplon

(a) Residence. No. State School & Colony St. Bonners Ferry Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 25 1884

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 50 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME James W Poplon

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Grace B Merchant

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Don Poplon (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Nampa Cemetery
Place Fairhaven Cem Date Sept 28 1934

19. UNDERTAKER W. D. Talbot (Address) Nampa Idaho

20. FILED Nov. 1, 1934. Lydia Rodgers Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1921, to 9-26, 1934.
I last saw him alive on 9-26, 1934; death is said to have occurred on the date stated above, at 11:30 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-Pneumonia | 9-21-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis Epilepsy | Since Infancy |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Don Poplon, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1934

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90926

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 116

(No. 5 miles no. Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Viola Betts

(a) Residence. No. 5 mi no. Nampa St.

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of David Betts

6. DATE OF BIRTH (month, day, and year): Dec 16th 1871

7. AGE — Years: 62 | Months: 9 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Wisconsin

13. NAME Caleb J. Fogle

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Susanna Susing

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): David Betts Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kohlerlawn Cem Nampa Ida Date 10-8.., 1934

19. UNDERTAKER (Address): Mrs. Nina M. Fallee Nampa, Ida

20. FILED Nov. 1..., 1934 Lyda A. Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23., 193.4., to Oct. 5....., 193.4..
I last saw her alive on Oct. 4., 193.4.; death is said to have occurred on the date stated above, at 6:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Mitral Insufficiency | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?— Was there an autopsy?—

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Thos. E. Thompson, M. D.

(Address) Nampa, Ida

RECEIVED NOV 9

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90927

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Criswell

(a) Residence. No. State School & Colony St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 8 1844

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 90 | 2 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Don Criswell
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Kohlerlawn
Place Nampa, Ida. Date 10-25 1934

19. UNDERTAKER Wm. D. Parker
(Address) Nampa, Idaho.

20. FILED Nov. 1, 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1921, to 10-22, 1934.
I last saw him alive on 10-22, 1934: death is said to have occurred on the date stated above, at 5 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart attack—Probably Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Don Criswell M. D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90928

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 117

(No. 10 1/2 mi. no. East)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Pfost Cleek

(a) Residence. No. 10 1/2 mi. no. east Nampa

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. M. Cleek

6. DATE OF BIRTH (month, day, and year) January 25 - 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 84 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Putnam Co. West Va.

FATHER

13. NAME Adam Cleek

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Dorothy Pfost

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs. C. J. Cleek Meridian Ida.

18. BURIAL, CREMATION OR REMOVAL Place Star, Idaho Date Oct 27, 1934 Star Ida

19. UNDERTAKER (Address) W. M. Talbot Nampa Idaho

20. FILED Nov. 1, 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 22 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934, to Oct 22, 1934.

I last saw him alive on July 15, 1934: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway, M. D.

(Address)

RECEIVED NOV 9 1934

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90929

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 120

(No. State Colony & Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances M. McDermott

(a) Residence. No. State School and Colony St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | American | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 29- 1917

| 7. AGE Years | Months | Days | If LESS than 1 day, 14 hrs. or 30 min. |
|---|---|---|---|
| 17 | 6 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

MOTHER FATHER

13. NAME Peter J Mc Dermott

14. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

15. MAIDEN NAME Margaret Callahan

16. BIRTHPLACE (city or town) (State or country) Ireland Idaho

17. INFORMANT Mrs. Austin
(Address) State Colony & Home

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Ida. Date 11/2 193 4

19. UNDERTAKER F. H. Coleman
(Address) Nampa Idaho

20. FILED Nov. 1, 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion - Status Epilepticus | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Idiopathic Epilepsy | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) L. O. V. Overfield, M. D.
(Address) Nampa Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RE[illegible] [illegible]E OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90930

**PLACE OF DEATH**
County of Canyon
City of [illegible]anyon

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 124
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane McHoffie

(a) Residence. No. 207 - 12 ave. So St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/26/82

7. AGE — Years: 52 | Months: 9 | Days: 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housekeeper
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. *Total time* (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME John Simpson
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Milligan
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs. Harrison
(Address) 207 - 12 N Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kohlbaum Date 11/1, 193..

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Nov. 6, 1934. Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30 193 4

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 193 4, to Oct. 30, 193 4
I last saw her alive on Oct. 30, 193 4; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | Oct 30 - 34 |
| Mar 8, 1934 - Hemiplegia | died in few minutes |
| Other **contributory causes** of importance: Cholecystitis — | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. H. Proctor, M. D.
(Address) Nampa Idaho

P

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90931

## PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 123

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ezra N. Evans

(a) Residence. No. Nampa, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

198

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/6/72

7. AGE — Years: 62 | Months: 8 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Prop. I
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Rooming House
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER / FATHER

13. NAME: Ezra Evans
14. BIRTHPLACE (city or town) (State or country): —
15. MAIDEN NAME: Mary McKay
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT (Address): Dee Evans, Nampa, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Nampa, Ida. Date: 10/28, 1934
19. UNDERTAKER (Address): F. K. Robinson, Nampa, Ida.
20. FILED: Nov. 3, 1934. Lyda Rodgers, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1934, to Oct. 25, 1934
I last saw him alive on Oct. 25, 1934: death is said to have occurred on the date stated above, at 5:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Internal Hemorrhage | |
| from punctured lung | |
| Fract. ribs. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Shock | |

Name of operation: ..... Date of: .....
What test confirmed diagnosis: X-ray Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury, 1934 Oct 24
Where did injury occur? Cascade, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Road
Manner of injury: auto accident
Nature of injury: Fract. ribs, fract. arm, punctured lung

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify:
(Signed) Samuel Swayne M. D.
(Address) Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90932

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 121

(No. 22)

(If death occurred in a hospital or institution, give its name instead of street and number)

99C

2. FULL NAME Sarah Jane Snead

(a) Residence. No. 22 Ave F & 1st St S St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write in word) |
|---|---|---|
| Fem | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16- 1852

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill

MOTHER/FATHER

13. NAME R. H. Carson

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Nancy C. Mitchell

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) H. D. Snead Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kohlelawn Date 10/23 193 4

19. UNDERTAKER F. K. Robinson
(Address) Nampa

20. FILED Nov 1, 1934. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day and year) 10/21 193 4

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 193 4, to Oct 21, 193 4.

I last saw h[illegible] alive on Oct 20, 193 4; death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Influenzal Bronchitis | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) ..... H. H. Murray M. D.

(Address) Nampa, Ida

H Murray

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90933

Registration District No. 119

Primary Registration District No. 2198 Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rhoda Louisa Bullock Fallon

(a) Residence. No. Albion Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. W. Fallon

6. DATE OF BIRTH (month, day, and year): May 3 1857

7. AGE: Years 77 | Months 5 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Domestic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Past 18 yrs.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fort Bridger Wyo.

MOTHER FATHER

13. NAME: J. J. Bullock

14. BIRTHPLACE (city or town) (State or country): Unknown Unknown

MOTHER

15. MAIDEN NAME: Susan Rhoda Green

16. BIRTHPLACE (city or town) (State or country): Unknown Unknown

17. INFORMANT (Address): Mrs. Jessie Renner Albion

18. BURIAL, CREMATION OR REMOVAL
Place: Viccar District Date: 10 ....., 193 4

19. UNDERTAKER (Address): Very McCulloch Burley Idaho

20. FILED 10 23, 193 4 E. J. Baker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/10, 193 4, to 10/22, 193 4.

I last saw her alive on 10/21, 193 4; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Com. - | 10/10/34 |
| pleuritis influenza | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Rheumatoid | |
| Arthritis of 18 yr. | |
| | |

Name of operation: No Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. J. Baker, M. D.

(Address) Malta Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90934

Registration District No. 117

Primary Registration District No. 2198 Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No. )

2. FULL NAME Edith J. Clark

(a) Residence. No. Bridge St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of Llewellyn B Clark

6. DATE OF BIRTH (month, day, and year): April 29 - 1894

7. AGE: Years 40; Months 5; Days 19. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ky.

FATHER

13. NAME: Doc Elliot

14. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER

15. MAIDEN NAME: Emily Morgan

16. BIRTHPLACE (city or town) (State or country): Ky.

17. INFORMANT (Address): Llewenly Clark Bridge St Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Date: Oct. 21 1934

19. UNDERTAKER (Address): Burley Mortuary

20. FILED 10-30-1934 C. E. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934 to Oct 18, 1934.

I last saw her alive on Oct 11, 1934: death is said to have occurred on the date stated above, at 4.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | 10/18/34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Gall stones | 10/11/34 |
| | |
| | |

Name of operation: No Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. E. Slater M. D.

(Address) Malta Idaho

NOV 7 1934

# PLACE OF DEATH

County of Cassia

City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90935

Registration District No. 119

Primary Registration District No. 214 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Glenn Jardine

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 14 - 1934

| AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida Malta

FATHER

13. NAME Lawrence Jardine

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Mary Paskett

16. BIRTHPLACE (city or town) (State or country) Goose Creek Idaho

17. INFORMANT L. Jardine
(Address) Malta Ida

18. BURIAL, CREMATION OR REMOVAL
Place Malta Cemetery Date Sept. 7 1934

19. UNDERTAKER
(Address)

20. FILED 11/1, 1934 C. E. Sater
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1934, to Sept 4, 1934.
I last saw h.m alive on Sept. 3, 1934; death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Complaint | 8/20/34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None | |
| | |
| | |

Name of operation No Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Sater M. D.
(Address) Malta, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Cassia.

City of Burley.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90937

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Dora Mae Fowles Rich.

(a) Residence. No. Burley Idaho 4th St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elwood P. Rich.

6. DATE OF BIRTH (month, day, and year) Mar 30th. 1903.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 31 | 6 | ~~27~~ | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School Instructor.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School Room.

10. Date deceased last worked at this occupation (mo. and yr.) May 1934.

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) Hooper (State or country) Utah

FATHER

13. NAME Joseph. H. Fowles.

14. BIRTHPLACE (city or town) Hooper Utah (State or country)

MOTHER

15. MAIDEN NAME Dora Arave.

16. BIRTHPLACE (city or town) Hooper Utah (State or country)

17. INFORMANT Elwood P. Rich. (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 10-2, 1934

19. UNDERTAKER [illegible] (Address)

20. FILED Sep. 29, 1934. Laura Greer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1934, to Sept 28, 1934.

I last saw her alive on Sept 28, 1934; death is said to have occurred on the date stated above, at 8:15 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast | May 1-1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Amputation of Breast Date of May 25 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh L. Dean, M. D.

(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90939
State File No.....

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 7

(No. Palace Hotel Burley Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1(a)

2. FULL NAME Floyd B. Hardinger

(a) Residence. No. Roosevelt Utah St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 29-1913

7. AGE: Years 21 | Months | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Wk. for F.E.R.A.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Manual Laborer

10. Date deceased last worked at this occupation (mo. and yr.) 8/15/34

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Roosevelt Utah

FATHER

13. NAME George Hardinger

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Herbert

16. BIRTHPLACE (city or town) (State or country) Heber City Utah

17. INFORMANT (Address) Mrs. Lydia Thompson Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 10/8/1934

19. UNDERTAKER (Address) H. C. Johnson Burley Idaho

20. FILED 10/6/..., 1934. Laura ... Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/18/34, 193..., to 10-5-, 1934.

I last saw h... alive on 10-5-1934.: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | 9-15-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... Specify.....

(Signed) ..... M. D.

(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90940

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Poulton Smidth

(a) Residence. No. Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of Geo. Smidth

6. DATE OF BIRTH (month, day, and year): July 11 1868

7. AGE: Years 66 Months 2 Days 24 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.): 10/6/34

11. Total time (years) spent in this occupation: 49

12. BIRTHPLACE (city or town) (State or country): Grantsville Utah

MOTHER FATHER

13. NAME: Thomas Birch

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Sarah A. Boot

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Geo. Smidth Burley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place. Oakley Ida. Date 10/11, 1934

19. UNDERTAKER (Address): W. E. Johnson Burley Ida

20. FILED 10/9..., 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/6, 1934., to 10/6/, 193.34
I last saw her ~~alive~~ dead on 10/6., 193.4, death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. | |
| Myocarditis | |
| (Sudden death) | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F. M. Kelly, M. D.

(Address) Burley

NOV 13

**PLACE OF DEATH**

County of Cassia

City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90941

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 73

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Andrew Harris Parke

(a) Residence. No. Albion Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 13 1867

7. AGE: Years 66 | Months 11 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 10/13/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME John Parke

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Margaret Coleman

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Mrs. John Parke Albion Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Albion Cem Date 10/17 1934

19. UNDERTAKER (Address) H. E. Johnson Burley - Idaho

20. FILED 10/15, 1934 Laura Greco Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dilatation of Heart, acute | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....

(Signed) D. C. Johnson Co. Coroner

(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90942

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty LaRae Caddy

(a) Residence. No. 201-N. Elba St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 27 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER

13. NAME James Louis Caddy

14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Leona Waad

16. BIRTHPLACE (city or town) (State or country) Burley Idaho

17. INFORMANT (Address) James Louis Caddy 201-N. Elba

18. BURIAL, CREMATION OR REMOVAL
Place Burley Elda. Date 10/20 1934

19. UNDERTAKER D. E. Johnson
(Address) Burley Idaho.

20. FILED 10/20/ 1934 Laura Green
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-17- 193 4., to 10-19- 193 4.

I last saw h[illegible] alive on 10-19 193 4.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... (Yes or No) Specify .....

(Signed) G. E. Caddy, M. D.

(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90943

Registration District No. 1-17
Primary Registration District No. 2-9-a Local Registrar's No. 7-a
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Andrew Alexander

(a) Residence. No. Delco Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Alexander

6. DATE OF BIRTH (month, day, and year) July-12-1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hr. or ..... min. |
|---|---|---|---|---|
| | 55 | 3 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 10/24/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Q-Wasko Missouri

FATHER

13. NAME Alfred C. Alexander

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Alcy Bunch

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Mrs. Mary L. Alexander Delco-Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 10/28, 1934

19. UNDERTAKER (Address) D. E. Johnson Mortuary Very & McCullach

20. FILED 10/27..., 1934. Laura Greer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/24 1934

22. I HEREBY CERTIFY, That I attended deceased from ..10/24.., 193 4., to ..10/24/34., 1934.
I last saw him alive on ..10/24.., 1934: death is said to have occurred on the date stated above, at 9:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pectoralis Major & Pectoralis minor muscles torn from Rt. Side of Thoracic Compound fracture of Rt. Clavicle, & Rt. Scapulia & Axillary Art & Axillary vein severed. | |
| ~~Other contributory causes of importance:~~ Compound fracture of Rt. Tibia & fibula, Rt. Lung torn loose with internal Hemorrhage | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury 10/24 1934
Where did injury occur? Delco, Co. Cassia
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Farm caught in
~~Manner of injury~~ Potato Digger
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) D. E. Johnson Co. Coroner
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90944

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 86
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dan Dunwell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb-1-1860

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. A. D. Carr
(Address) Orofino Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date Oct 5, 1934

19. UNDERTAKER W. A. Sahw
(Address) Orofino

20. FILED Oct. 4, 1934 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1934, to October 3, 1934
I last saw him alive on Oct 2, 1934; death is said to have occurred on the date stated above, at 1.15 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | Oct 1, 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteral sclerosis | Indefinite |
| Angina pectoris | 1931 |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. J. Hopkins, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90945

**PLACE OF DEATH**
County of Clearwater
City of Weippe

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 87

(No. Weippe Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Celo Jean Space

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Femal | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sep 22 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None Baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weippe Idah
(State or country)

MOTHER/FATHER

13. NAME Dwain Space

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Adlie Ratliff

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Dwain Space
(Address) Weippe

18. BURIAL, CREMATION OR REMOVAL
Place Weippe Idaho Date Oct 11, 1934

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED Oct 11 1934 W.A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 10 1934 193

22. I HEREBY CERTIFY, That I attended deceased from 9/22, 1934, to 10-3, 1934
I last saw her alive on 10-3, 1934; death is said to have occurred on the date stated above, at 1 p. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) J.R. Johnston, M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90946

Registration District No. 90

Primary Registration District No. 2007 Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Emerson

(a) Residence. No. ..... St. .....
(Usual place of abode) Orofino Ida
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Emerson

6. DATE OF BIRTH (month, day, and year) Oct 2 - 1895

7. AGE: Years 39 | Months 0 | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housework

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Oklahoma

FATHER

13. NAME John R. Sims

14. BIRTHPLACE (city or town) ..... (State or country) Missouri

MOTHER

15. MAIDEN NAME Lulu Kane

16. BIRTHPLACE (city or town) ..... (State or country) Missouri

17. INFORMANT Frank Emerson
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Ahsahka Date 10-11, 1934

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 10-11, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-10 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to Oct 10, 1934

I last saw her alive on 10-9, 1934; death is said to have occurred on the date stated above, at 12 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) A.B. Pappenhagen M. D.
(Address) Orofino Idaho

NOV 5

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90947

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Welford James Kachelmier

(a) Residence. No. ..... Orofino ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 4 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... Home baby
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Orofino Ida
(State or country)

FATHER
13. NAME William Kachelmier
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER
15. MAIDEN NAME Marie Senter
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT William Kachelmier
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Nez Perce Ida Date 10-12, 1934

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 10-11, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-11 193 4

22. I HEREBY CERTIFY, That I attended deceased from Only at death, 193..., to ....., 193....
I last saw h[illegible] alive on Oct 1, 1934: death is said to have occurred on the date stated above, at ...[illegible]...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) .... J. F. Robinson M. D.
(Address) .... Orofino Idaho

NOV 5 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90948
State File No.

Registration District No. 90

Primary Registration District No. 21617 Local Registrar's No. 90

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Richard Woolfolk

(a) Residence. No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Woolfolk

6. DATE OF BIRTH (month, day, and year) Oct 16 - 1900

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 33 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Common Labor

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME George L. Woolfolk

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Nannie E. Seiner

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. Wheeler (Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida R.E.D. Date 11/15, 1934.

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 11/16, 1934 W. A. S. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 193.4., to Oct. 13, 193.4.

I last saw h[illegible] alive on Oct 13 193.4.: death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis involving kidneys, lungs, peritoneum, & Anemia secondary | Feb. 1934 Aug. 1934 |
| Other **contributory causes** of importance: | |

Name of operation None Date of

What test confirmed diagnosis? Clinical + X-ray. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) R. L. Hoplamazian, M. D.
(Address) Orofino Ida

NOV 5

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

90

Registration District No.

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 90949

Local Registrar's No. 91

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Reeve

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Femal | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Reeve

6. DATE OF BIRTH (month, day, and year) March 25 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Dak
(State or country)

FATHER

13. NAME Emal Hibbeln

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Mary Hibbelen

16. BIRTHPLACE (city or town) Neb
(State or country)

17. INFORMANT F.L. Reeve
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Oct 18 1934

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 10-17-, 1934. W.A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 193 4, to Oct 16, 193 4

I last saw her alive on 10/16, 193 4; death is said to have occurred on the date stated above, at 4.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Influenza Infection (Bronchial) | 10/2/34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| New baby 10/1/34 | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ~ Was there an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~ Date of injury .., 193.
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) W.K. Robinson, M. D.
(Address) Orofino Idaho

**N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90950

Registration District No. 10
Primary Registration District No. 2157 Local Registrar's No. 92
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Sanford Morris
(a) Residence No. Orofino Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Morris
6. DATE OF BIRTH (month, day, and year): Oct 18, 1884
7. AGE: Years 49 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Foreman at
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lime plant
10. Date deceased last worked at this occupation (mo. and yr.): Oct 13, 1934
11. Total time (years) spent in this occupation: 4 years

12. BIRTHPLACE (city or town) (State or country): ~

MOTHER FATHER
13. NAME: Mason Morris
14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER
15. MAIDEN NAME: Margaret Bramlett
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. John S. Morris Orofino Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Lewiston Ida. Date: Oct 17, 1934
19. UNDERTAKER (Address): Orofino Mortuary Orofino Idaho
20. FILED: 10/17/, 1934 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 193.4 to Oct. 15, 193.4.
I last saw ~~was~~ alive on Oct 15, 1934: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Compound fracture right fore arm with gas gangrene infection | Oct. 12 |
| | Oct. 13 |

Other **contributory causes** of importance:

Name of operation amputation right forearm Date of 10/13/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify fell from a
(Signed) R. F. Hopkins Coroner
(Address) Orofino Idaho

NOV 5 1934

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90951

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 93

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orvid Olson

168

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | ~ |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ~
(State or country)

MOTHER FATHER

13. NAME ~

14. BIRTHPLACE (city or town) ~
(State or country)

MOTHER

15. MAIDEN NAME ~

16. BIRTHPLACE (city or town) ~
(State or country)

17. INFORMANT Jas. Walker
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Greenacres, Date 11-19-, 1934

19. UNDERTAKER W. A. Shaw
(Address) Orofino Ida

20. FILED 11-15-, 1934. W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at about 9:2 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by Hanging | |
| Self Inflicted | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, ~~or homicide~~? Suicide Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. A. Shaw Local Reg. #90 2187 ~~M. D.~~

(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NW 5

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
90952
State File No.....

Registration District No.....

Primary Registration District No. 2187

Local Registrar's No. 94

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Williams

(a) Residence. No..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 15 1891

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 43 | 0 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Truck Driver

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** & machine

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) South Da
(State or country)

FATHER

13. NAME Geo Williams

14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER

15. MAIDEN NAME Emma Jones

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Fred. Williams
(Address) Post Townsend Wash

18. BURIAL, CREMATION OR REMOVAL
Place Owsley Cem Date 10-23, 1934

19. UNDERTAKER W. A. Shade
(Address)

20. FILED 10-22, 1934. W. A. Shade Orofino
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934, to Oct. 20, 1934

I last saw him alive on Oct. 20, 1934; death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal perforation | |
| + peritonitis, acute | Oct 14, 1934 |

Other **contributory causes** of importance:

Name of operation Laparotomy Date of 10/16/34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. J. Hofheins, M. D.

(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 '34

## PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
90953
State File No.

Registration District No.

Primary Registration District No. 2187 Local Registrar's No. 95

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pat Patty

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | white | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sep 24 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 85 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Ind

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME John Patty

14. BIRTHPLACE (city or town) Ind (State or country)

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) Ind (State or country)

17. INFORMANT Mrs Ryant (Address) Ahsahka Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 11-27-1934

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 11/27/1934 W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Oct 25, 1934.
I last saw him alive on Oct 25, 1934; death is said to have occurred on the date stated above, at 4:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prostatic hypertrophy | 1930 |
| Arterial sclerosis | ? |
| Other **contributory causes** of importance: | |
| Uraemia | Oct 20 1934 |

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. J. Hopkins, M. D.
(Address) Orofino, Idaho

NOV 5

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90954

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 96

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joyce Victoria Carruthers 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ Arthur Carruthers

6. DATE OF BIRTH (month, day, and year) Oct 10 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 11 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Minnesota

MOTHER / FATHER

13. NAME Orman Henson

14. BIRTHPLACE (city or town) — (State or country)

MOTHER

15. MAIDEN NAME Malida Muzzy

16. BIRTHPLACE (city or town) Detroit (State or country) Michigan

17. INFORMANT Arthur Carruthers (Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida. Date Oct 29, 1934

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 10/29, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 10-26, 193.4.

I last saw h.. alive on 10-26, 193.4.: death is said to have occurred on the date stated above, at 9 P. ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart lesion | unknown |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Anemia and | |
| Some intestinal | |
| infection - | |

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Carlson M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90955

Registration District No. 90
Primary Registration District No. 2167 Local Registrar's No. 27
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. C. Brooks
(a) Residence. No. 604 - 9th St. St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Loans & insurance

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparta Wisconsin

MOTHER FATHER

13. NAME O. J. Brooks

14. BIRTHPLACE (city or town) (State or country) Massachusetts

15. MAIDEN NAME Jane Merriman

16. BIRTHPLACE (city or town) (State or country) Massachusetts

17. INFORMANT (Address) Records, State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida Date ....., 193..

19. UNDERTAKER (Address) Brower & Wayne Lewiston Ida

20. FILED 10-30..., 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1934, to October 27, 1934.
I last saw him alive on October 27 1934; death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General arteriosclerosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Psychosis with cerebral arteriosclerosis | 6 years |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John Thorne McKelvie M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90956

**PLACE OF DEATH**
County of Elmore
City of Glenns Ferry

Registration District No. 36
Primary Registration District No. 2021
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samantha Ea. Rose

(a) Residence. No. ..... Glenns Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sylvanus W. Rose

6. DATE OF BIRTH (month, day, and year) 1-19-1846

7. AGE: Years 88 | Months 8 | Days 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: — —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: Isaac B. Davis
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Mrs E. Van Orden Glenns Ferry Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Payette Ida Date 10-19, 193 4

19. UNDERTAKER (Address): J C Zachyer Mortuary Ida

20. FILED 10-18, 1934 Mrs Mary Sullivan Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-17- 1934

22. I HEREBY CERTIFY, That I attended deceased from November 1933, to 10-17-, 1934
I last saw her alive on Oct 17, 1934; death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1924 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Uraemia | |
| | |

Name of operation? ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John W Davis M. D.
(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 13 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90957

**PLACE OF DEATH**
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph H. Dayley

(a) Residence. No. Whitney District St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theresa Dayley

6. DATE OF BIRTH (month, day, and year) Sept 6 1869

7. AGE: Years 65 | Months 1 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct

11. Total time (years) spent in this occupation 14 yr.

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME James Dayley

14. BIRTHPLACE (city or town) (State or country) dont know

MOTHER

15. MAIDEN NAME Caroline Hardy

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) Mrs C L Egbert. Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date , 193

19. UNDERTAKER (Address) H. McBratney Boise

20. FILED Oct 23 1934 Mrs. Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22 1934

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1934, to Oct 22, 1934

I last saw him alive on Oct 21, 1934; death is said to have occurred on the date stated above, at about 2 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 1930 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Dawes, M. D.

(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 1934

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE
State File No. 90959

Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucinda Olive MacDonald.

(a) Residence. No. Mt. Home Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. R. McDonald.

6. DATE OF BIRTH (month, day, and year): Jan 28-1876

7. AGE: Years 57 | Months 5 | Days 9 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER
13. NAME: Patrick Cooper.
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Polly Basne
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMENT (Address): A. R. McDonald Mt. Home Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address): G. S. Zacher. Mt. Home Idaho

20. FILED Oct 27, 1934 H. Andrews Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 7-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1934, to 7-7-, 1934

I last saw her alive on 7-6-34, 1934: death is said to have occurred on the date stated above, at 2.50 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | 6-28-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation —. Date of .....
What test confirmed diagnosis? Physical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. E. Evans, M. D.
(Address) Mtn. Home Ida

NOV 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 90960

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**

County of Elmore
City of Mt. Home Idaho. Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 16
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Joseph W. Hutchings

(a) Residence. No. Boise Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | white | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Hutchings

6. DATE OF BIRTH (month, day and year) 6-22-1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 80 | 3 | 24 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Retired 10 Years ago.

9. BIRTHPLACE (city or town) (State or country) England.

PARENTS

10. NAME OF FATHER Samuel Hutchings
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER ? Donell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England.

14. Informant Mrs. Jessie Landon (Address) Boise Idaho.

15. Filed Oct 18, 1934 A. A. Andrus Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH 10 (Month) 16 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-13, 1934, to 10-16, 1934 that I last saw him alive on 10-15, 1934 and that death occurred, on the date stated above, at 9.05A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
and Arterio-sclerosis

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J. E. Evans, M. D.
10-18, 1934 (Address) Mt. Home Ida

| 19. Place of Burial, ~~Cremation, or Removal~~ | Date of Burial |
|---|---|
| Boise, Idaho | 10-18 1934 |

20. Undertaker G. S. Zacher Address Mt. Home Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90962

**PLACE OF DEATH**
County of Franklin
City of Mink Creek

Registration District No. 27
Primary Registration District No. 219
Local Registrar's No. 17

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Marie Iverson

(a) Residence. No. Mink creek, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hans Christian Hansen

6. DATE OF BIRTH (month, day, and year) Aug. 7, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 76 | 76 | 2 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arritsleff
(State or country) Denmark.

FATHER
13. NAME Hans Knudsen
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Elsie Marie Christensen
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMENT Mary A Keller
(Address) Bremonton Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Mink Creek Date 10-16, 1934

19. UNDERTAKER Johnson Mortuary, Preston
(Address) John M. Eglund Logan, Utah

20. FILED Nov 8, 1934 C. W. Slater
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934 to Oct 12, 1934
I last saw her alive on Oct 12, 1934: death is said to have occurred on the date stated above, at 9.45 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cervix | 1931 |
| Bronchio pneumonia | Oct 8 1934 |

Other contributory causes of importance:

Name of operation Radium to Cervix Date of Sept. 1931
What test confirmed diagnosis? Clinical Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orson L. Dance, M. D.
(Address) Preston Ida.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90963

**PLACE OF DEATH**

County of Franklin
City of Mink Creek Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beatrice Bell

(a) Residence. No. Mink Creek, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 8, 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mink Creek, Idaho

FATHER

13. NAME Theo J. Bell

14. BIRTHPLACE (city or town) (State or country) Mink Creek Idaho

MOTHER

15. MAIDEN NAME Edith Larsen

16. BIRTHPLACE (city or town) (State or country) Mink Creek, Idaho

17. INFORMENT (Address) Theo Bell

18. BURIAL, CREMATION, OR REMOVAL Place Mink Creek Date Oct. 10, 1934

19. UNDERTAKER Johnson Mortuary
(Address) John M. Kupcake Logan

20. FILED Nov 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10 - 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10/4, 1934, to 10 - 8, 1934
I last saw h[illegible] alive on Oct 10-8, 1934: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 10-6-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute Tonsilitis | 10-3-34 |

Name of operation ..... Date of .....
What test confirmed diagnosis? P. T. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) O. R. Curtis M. D.
(Address) Preston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Franklin

City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 90964

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Perkins

(a) Residence. No. Dayton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lorenzo M. Perkins

6. DATE OF BIRTH (month, day, and year): Oct 5 1868

7. AGE — Years: 67 | Months: | Days: 24 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Brigham City Utah

FATHER

13. NAME: Stephen Callan

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Mary Boden

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): Mary Taylor Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place: Dayton Idaho Date: Nov 1, 19..

19. UNDERTAKER: M. W. Kendricks (Address): Preston Idaho

20. FILED Nov 6, 1934 G. W. Stoker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suddon Heart attact | |
| while at a meeting | |
| died very quickly | |
| Other conditions of importance: | |
| while talking to | |
| friends | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Banida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90965

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Norman Alexander Swann

(a) Residence. No. ..... Banida ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Central Idaho

FATHER

13. NAME Ephriam A. Swann

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Anna E. Christensen

16. BIRTHPLACE (city or town) (State or country) Central Idaho

17. INFORMENT (Address) Ephriam A. Swann Banida

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Oct 28 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Nov 8, 1934 G. W. Stalker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1934, to 10-25, 1934.

I last saw him alive on 10-25, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tobar Pneumonia | 10-21-34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) P. M. Beutler, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 90966

Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gale Wm Bair

(a) Residence. No. ..... Oxford Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

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## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 7 1922

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 12 | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oxford Idaho

FATHER

13. NAME Andrew Bair

14. BIRTHPLACE (city or town) (State or country) Richmond Utah

MOTHER

15. MAIDEN NAME Pearle Anderson

16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMENT (Address) Andrew Bair Oxford Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Utah Date Oct 27, 1934

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Nov 8, 1934 L. W. Staley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1934, to 10-28, 1934

I last saw him alive on 10-23, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendicitis | 10-17-34 |
| Peritonitis | 10-18-34 |

Other contributory causes of importance:

Name of operation Appendectomy Date of 10-18-34

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. R. Cutler, M. D.

(Address) Preston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90967

**PLACE OF DEATH**
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 3119
Local Registrar's No. 20
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James George Smith

(a) Residence. No. ..... Preston Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mary Louise

6. DATE OF BIRTH (month, day, and year) Nov 3 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | II | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... None of late

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brigham City Utah

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Janett Maria Smith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mable Smith Salt Lake City Utah

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Oct 26, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Nov 8, 1934 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1934, to 10-23, 1934

I last saw h[illegible] alive on 10-23, 1934: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1928 |
| with decompensation | 10-18-34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. P. Cutler, M. D.

(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90968

**PLACE OF DEATH**

County of FRANKLIN
City of Preston

Registration District No.....
Primary Registration District No..... Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronney Albert Wilde

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) June 16 1929

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mink Creek Ida.
(State or country)

FATHER

13. NAME Oscar L. Wilde

14. BIRTHPLACE (city or town) Mink Creek Ida.
(State or country)

MOTHER

15. MAIDEN NAME Martha C. Peterson

16. BIRTHPLACE (city or town) Mink Creek Ida.
(State or country)

17. INFORMANT Oscar L. Wilde
(Address) Mink Creek Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mink Creek Ida. Date 10.19 193 4

19. UNDERTAKER Johnson's Mortuary
(Address) Preston Idaho

20. FILED Nov. 8, 193 4 G. W. Stelar
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 193 4

22. I HEREBY CERTIFY, That I attended deceased from 10-13....., 193 4.., to 10-17....., 193 4.

I last saw h.. alive on 10-17...., 193 4.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | 10-10-34 |
| | |
| Influenza Meningitis | 10-14-34 |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so specify.....

(Signed) A. H. Wilde, M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 90969

**PLACE OF DEATH**

County of Franklin
City of Monkcreek

Registration District No. 27
Primary Registration District No. 3119
Local Registrar's No. 18
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Anna America Nester

(a) Residence. No. Minkcreek St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lawrence Nester

6. DATE OF BIRTH (month, day and year) Nov 2 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 19 | 11 | 12 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minkcreek Idaho

PARENTS

10. NAME OF FATHER Richard Oliverson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Franklin Idaho

12. MAIDEN NAME OF MOTHER Ada Keller

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Minkcreek

14. Informant Richard Oliverson
(Address) Minkcreek

15. Filed Nov 8, 1934 G. W. States Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH 10 (Month) 14 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-10, 1934, to 10-14, 1934, that I last saw h. alive on 10-13-, 1934, and that death occurred, on the date stated above, at 12 30 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza -
Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) O. R. Miller, M. D.
, 19 (Address)

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Minkcreek Idaho | Oct 17 1934 |

20. Undertaker M. W. Hendricks Address Preston Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90970

**PLACE OF DEATH**

County of Franklin

City of Weston

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 16

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Rosa Lora Loftis

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 17 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | | 12 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work CHILD
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Weston Idaho

PARENTS

10. NAME OF FATHER James S. Loftis

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Preston Idaho

12. MAIDEN NAME OF MOTHER Pearl Erickson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) McCammon Idaho

14. Informant James S. Loftis
(Address) Weston Idaho

15. Filed Nov 8, 1934 G. W. Slater Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 29 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~Sept 17, 1934~~, 1934, to Sept 29, 1934, that I last saw her alive on Sept 29, 1934 and that death occurred, on the date stated above, at 9/30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intra-cranial Hemorrhage

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted — if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Myron D. Lemmon M. D.

Sept 30, 1934 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal: Preston Idaho — Date of Burial: Oct 1 1934

20. Undertaker: M. W. Hendricks — Address: Preston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 90971
Local Registrar's No. 55

1. **PLACE OF DEATH**
County of Fremont
City of St. Anthony
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 99
Primary Registration District No. 2177
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** Cora B. Butler.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Female | White | Widow |

6. **DATE OF BIRTH** July 12th (Month) (Day) 1857 (Year)

7. **AGE** 77 Yrs. 3 Mos. ds. 18
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. **OCCUPATION**
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. **BIRTHPLACE** (State or Country) Audrain Co. Mo

10. **NAME OF Father** Wm Clemens

11. **BIRTHPLACE OF FATHER** (State or Country) Ky

12. **MAIDEN NAME OF MOTHER** Sarah E. Kemsley

13. **BIRTHPLACE OF MOTHER** (State or Country) Mo.

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) Laurel H. Butler
(Address) St. Anthony Idaho

15. Filed Nov - 2 1934 Sarah B Mund Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH** Nov. (Month) 1 (Day) 1934 (Year)

17. **I HEREBY CERTIFY**, That I attended deceased from Oct 15 1934. to Nov 1 1934
that I last saw h-r alive on Nov 1 1934
and that death occurred on the date stated above, at 5:30 P.M.
The CAUSE OF DEATH* was as follows:
Acute Hemorrhagic Nephritis
.....
.....
(Duration) Probably 1 yrs. mos. ds.
Contributory (Secondary) Hypostatic Pneumonia
(Duration) yrs. mos. 2 ds.
(Signed) J A Ellison M. D.
11/2 1934 (Address) St. Anthony Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 18 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? At patients home
Former or usual residence St. anthony Ida

19. **PLACE OF BURIAL OR REMOVAL** Craig Mo. **DATE OF BURIAL** 11/ 14 1934

20. **UNDERTAKER** W. M. Hansen **ADDRESS** St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 14 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90972

County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles P. Whitman 92

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Olive Whitman

6. DATE OF BIRTH (month, day, and year) Nov 16 - 1865

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Financier

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ohio

MOTHER FATHER

13. NAME George Whitman

14. BIRTHPLACE (city or town) ..... (State or country) Not Known

15. MAIDEN NAME Mary Holcomb

16. BIRTHPLACE (city or town) ..... (State or country) Illinois

17. INFORMANT Mrs. Olive E. Whitman (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 11/9, 1934

19. UNDERTAKER C. D. Buckendorf (Address) Emmett Idaho

20. FILED 11/9, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-4-, 1934, to 11-7-, 1934.

I last saw him alive on 11-7-, 1934: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. R. Cummings M. D.

(Address) Emmett

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90973

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME John M. Starr

(a) Residence. No. Emmett Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 13 - 1852

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 82 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) ..... (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) ..... (State or country) "

17. INFORMANT Mrs. Ethel Dalton (Address)

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 9/2, 1934

19. UNDERTAKER O. Buckminster (Address) Emmett Idaho

20. FILED 9/1, 1934 J. F. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| This was a Chronic | |
| Epileptic with a Chronic | |
| Myocarditis. He had had | |
| Medical Care for months | |
| was found dead in bed | |

Other **contributory causes** of importance:

Name of operation ..... None ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... J. F. Reynolds, M. D.

(Address) ..... Emmett Ida

RECEIVED NOV 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90974

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Selina Morehouse

57

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin David Morehouse

6. DATE OF BIRTH (month, day, and year) November 2, 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 82 | 11 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER FATHER

13. NAME William Robinson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Katherine Wiley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Clarence W. Morehouse

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date ....., 193..

19. UNDERTAKER (Address) C. D. Buchanan Emmett

20. FILED ....., 193... J. H. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1934, to Oct. 6, 1934. I last saw h[illegible] alive on Oct. ..., 193.4; death is said to have occurred on the date stated above, at 1.9 ...m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| r | |
| Diabetic Coma | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. H. Reynolds, M. D.

(Address) Emmett Ida

RECEIVED NOV 5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Penn

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90975

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Barr

(a) Residence. No. ..... St. Emmett
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Barr

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 85 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ... Penn ...
(State or country)

MOTHER FATHER

13. NAME William Barr

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Ira E. Baldwin
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place ... Emmett ... Date Oct 4, 1934

19. UNDERTAKER C. D. Buckmun
(Address) Emmett

20. FILED Oct 4, 193... J. R. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| This was a case of Myocarditis (Chronic). He died while in his sleep. Had no medical attention for several months prior to death | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ... None ... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ... J. R. Reynolds ..., M. D.

(Address) ..... Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90976

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 289

(If death occurred in hospital or institution, give its name instead of street and number) (No.)

2. FULL NAME Ellis Mills-Wolfenden

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, and year)
February 7, 1873

| 7. AGE Years | Months | Days | If LESS than 1 day... hrs. or 8 min. |
|---|---|---|---|
| 61 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lees near Oldham
(State or country) Lancashire, England

MOTHER FATHER

13. NAME John Wolfenden

14. BIRTHPLACE (city or town)
(State or country) England

15. MAIDEN NAME Harriet Mills

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Lucy Wolfenden
(Address) Gooding Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Elmwood Date 10-19, 1934

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 10-31, 1934 J. H. Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1934, to 10-16, 1934

I last saw him alive on 10-16, 1934: death is said to have occurred on the date stated above, at 12:?? P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 10-14-34 |
| Arterio Sclerosis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. H. Cromwell, M. D.

(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90977

**PLACE OF DEATH**
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. — Local Registrar's No. 290
(No.) Gooding Hospital — Gooding Ida
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Jean Lewis

(a) Residence. No. Shoshone Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Wh | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 10 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoshone Ida

FATHER

13. NAME Fred E Lewis

14. BIRTHPLACE (city or town) (State or country) Gooding

MOTHER

15. MAIDEN NAME Daisie Blystone

16. BIRTHPLACE (city or town) (State or country) Filer Ida

17. INFORMENT (Address) Fred E Lewis Shoshone Ida

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Sunset Date 10-5, 1934

19. UNDERTAKER A E Thompson
(Address)

20. FILED 10-31, 1934 J H Cammell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934, to Oct 1, 1934

I last saw her alive on Oct 1, 1934; death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Bronchio-Pneumonia | Sept 30 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Dr. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F E Barrett, M. D.
(Address) Shoshone Ida

RECEIVED NOV 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90978

**PLACE OF DEATH**

County of Gooding
City of Gooding
Registration District No. 34
Primary Registration District No. ..... Local Registrar's No. 291
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert Gardner
(a) Residence. No. Rural - Dale St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

164

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Angeline Gardner
6. DATE OF BIRTH (month, day, and year): April 1839
7. AGE: Years 95 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Knoxville Tenn.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)
18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..
19. UNDERTAKER (Address)
20. FILED 10-31..., 1934 J. A. Cammack Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 3 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old Age | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....
(Signed) J. E. V. Manwaring M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90979

**PLACE OF DEATH**
County of Gooding
City of 1

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 24
(No. 292)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Boswell Wade 90
(a) Residence. No. Gooding Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 17 1857.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 77 | 8 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Ogden Utah

FATHER
13. NAME Edward Wagstaff
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Mary Ellen Page
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Mrs. Lila Terry.

18. BURIAL, CREMATION OR REMOVAL
Place Ogden Utah Date Oct ..., 193[illegible]

19. UNDERTAKER (Address) C. H. Thompson

20. FILED 10-31..., 1934 J. H. Underwood Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| Adhesive Pericarditis | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) A. E. Manuel Gooding M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 2 0

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90981

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 293

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Thomas Lee Bailey

(a) Residence. No. Gooding (Usual place of abode) Ida St. —
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emma Bailey

6. DATE OF BIRTH (month, day, and year) 4-21-66

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 6 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 6 yrs

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Eugene Ore

FATHER

13. NAME J. Bailey

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Nancy Wright

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs F. L. Bailey Gooding Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cemetery Date 11-2, 193 4

19. UNDERTAKER (Address) A. E. Thompson Gooding Ida

20. FILED 10-31-, 193 4 J. A. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-31- 193 4

22. I HEREBY CERTIFY, That I attended deceased from , 193 3, to 10-31- , 193 4

I last saw him alive on 10-28 , 193 4: death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Bright's Disease | 2 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Cromwell, M. D.

(Address) Gooding Ida

RECEIVED NOV 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90982

**PLACE OF DEATH**
County of Gooding
City of "

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 288

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Henry Lee Parker

(a) Residence. No. Gooding Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-22-1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 7 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Barker

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Glenn Barker Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Elmwood Date , 193

19. UNDERTAKER A. E. Thompson (Address) Gooding Ida

20. FILED 10-21, 1934 J. H. Crowder Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1934, to 10-5, 1934

I last saw him alive on 10-5, 1934: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Crowder, M. D.

(Address) Gooding Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 90983
Registered No. 20

1. PLACE OF DEATH
County of Idaho
City of Green Creek
(No. ....., ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Barnadine Schmidt
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.):

6. DATE OF BIRTH: Oct (Month) 24 (Day) 1934 (Year)

7. AGE: Yrs. 0 Mos. [illegible] Just Life
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Green Creek, Ida.

10. NAME OF FATHER: John Schmidt

11. BIRTHPLACE OF FATHER (State or Country): Green Creek, Idaho

12. MAIDEN NAME OF MOTHER: Anastasia Reiner

13. BIRTHPLACE OF MOTHER (State or Country): Herndon, Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Schmidt
(Address) Green Creek, Ida.

15. Filed Oct. 24 1934 H. F. Orr M.D. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 24 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw h.e.r. alive on Oct 24 1934
and that death occurred on the date stated above, at 9 A. M.
The CAUSE OF DEATH* was as follows:
Immaturity
..... (Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. F. Orr M. D.
10/24 1934 (Address) Filer Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Green Creek Idaho
DATE OF BURIAL: 10-24 1934

20. UNDERTAKER: John Schmidt
ADDRESS: Green Creek Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY; PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

RECEIVED NOV 9

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90984

## PLACE OF DEATH

County of Idaho
City of Ferdinand, I.

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 19

(No.) At Home three miles west of Ferdinand
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva. Margaret Wagner

(a) Residence. No. Ferdinand, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 21. 1858

7. AGE — Years: 76 | Months: 7 | Days: 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Gottlib Winters
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Kraut
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): O. W. Morgan, Ferdinand, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. Westlake Date 10/23, 1934.

19. UNDERTAKER: Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED 10-20, 1934. W. F. Ayers
per J. B. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct-20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934, 193..., to Oct. 20, 1934.
I last saw he alive on Oct. 15., 1934.; death is said to have occurred on the date stated above, at 11:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma of Liver | |
| Bladder | June 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Hasley F. Ayers, M. D.
(Address) Cottonwood, Ida.

RECEIVED NOV

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90985

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Elizabeth Haunty

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. W. Haunty

6. DATE OF BIRTH (month, day, and year) 12/22/1877

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wayford (State or country) Mich.

FATHER

13. NAME John Daly

14. BIRTHPLACE (city or town) Brantford (State or country) Canada

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) Warwich (State or country) Canada

17. INFORMANT (Address) Mrs. Amy A. Wilson Meadows Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Oct 31, 1934

19. UNDERTAKER (Address) C. A. Hancock Grangeville Idaho

20. FILED Nov 1, 1934 L. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/29/1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1934, to Oct. 29, 1934.

I last saw her alive on Oct. 29, 1934: death is said to have occurred on the date stated above, at 7.55 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 10-27-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Chapman M. D.

(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Clearwater

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90986

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 108

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enat Spears 101a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19 1905

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 24 | 2 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lonsdale (State or country) Ark.

MOTHER FATHER

13. NAME J W Spears

14. BIRTHPLACE (city or town) (State or country) Ark.

MOTHER

15. MAIDEN NAME Virginia Thurman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ruby Yarbrough (Address) Galatia Route

18. BURIAL, CREMATION OR REMOVAL
Place Clearwater Date Oct 2, 1934

19. UNDERTAKER
(Address)

20. FILED Oct 1, 1934 B Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1934, to Sept 29, 1934
I last saw h/m alive on Sept 29, 1934 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | 9-28-34. |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) B Chapman, M. D.
(Address) Greenville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
90987
State File No.

Registration District No. 10 6

Primary Registration District No. 2184 Local Registrar's No. 374

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry W Bollmaer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas

6. DATE OF BIRTH (month, day, and year): Dec 11 - 1931

7. AGE: Years 2 | Months 9 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kooskia - Idaho

FATHER

13. NAME: Earl E. Bollmaer

14. BIRTHPLACE (city or town) (State or country): Ft Wayne Indiana

MOTHER

15. MAIDEN NAME: Ruth Brown

16. BIRTHPLACE (city or town) (State or country): Loveland Colorado

17. INFORMANT (Address): Earl E. Bollmaer Kooskia - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Kooskia Cemetery Date: Sept 27 1934

19. UNDERTAKER (Address): Funeral Kooskia Idaho

20. FILED: Nov 1, 1934 J M Leuberkuehn
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934, to Sept 26, 1934.
I last saw him alive on Sept 26 1934. death is said to have occurred on the date stated above, at 4 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diphtheria | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J M Leuberkuehn, M. D.

(Address) Kooskia - Idaho

RECEIVED NOV 16

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90988

PLACE OF DEATH
County of Idaho
City of Stites

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 375

(No. ) 160
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Philip Dale Hartman

(a) Residence. No. St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) Sept 30 -1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 14 — | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stites Idaho

FATHER
13. NAME Ernest Philip Hartman
14. BIRTHPLACE (city or town) (State or country) Kulm No Dakota

MOTHER
15. MAIDEN NAME Mary Magnolia Farr
16. BIRTHPLACE (city or town) (State or country) Wilsonville Alabama

17. INFORMENT (Address) Philip Hartman Stites

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rootskia Date Oct 15 1934

19. UNDERTAKER (Address) Geo Tenney Rootskia

20. FILED Nov 1, 1934 J M Lubeckers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934, to Oct 14, 1934
I last saw him alive on Oct 14, 1934: death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Frailty | |
| Other contributory causes of importance: Twins - one stillborn. Mother had Senile albu. minuria | |

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H W Wentworth, M. D.
(Address) Stites Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Clark Ward

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90991

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 54

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carol Finn

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
October 24, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Clark Ward
(State or country) Jefferson Co., Idaho

FATHER

13. NAME Wilferd Harris Finn

14. BIRTHPLACE (city or town) Fairfield, Utah
(State or country)

MOTHER

15. MAIDEN NAME Sarah Jeffs

16. BIRTHPLACE (city or town) Evanston, Wy.
(State or country)

17. INFORMANT Wilford Harris Finn
(Address) Rigby, R 2

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date Oct. 27 1934

19. UNDERTAKER
(Address) None

20. FILED 10/27 1934 A. E. Eckersell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1934 to Oct 26, 1934
last saw h[illegible] alive on Oct 24, 1934; death is said to have occurred on the date stated above, at 3P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| Hyaline | |
| Membranes | |
| Atelectasis | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) H. L. Anderson, M. D.
(Address) Rigby, Ida.

RECEIVED NOV 18 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Jefferson

City of Clark

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 30992

State File No.....

Registration District No. 98

Primary Registration District No. 2176 Local Registrar's No. 56

(No. 1010 )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Bell McNeil

(a) Residence. No..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. M. | White | Widowed. |

5a. If married, widowed, or divorced
~~HUSBAND of~~ X
(or) WIFE of Robert Corbett McNeil

6. DATE OF BIRTH (month, day, and year) Nov. 7 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 11 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Attica (State or country) Indiana

FATHER

13. NAME Joseph Lister.

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Almira Hobson.

16. BIRTHPLACE (city or town) Ind. (State or country)

17. INFORMANT Robert McNeil (Address) Lorenzo, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL Place Shelton, Ida. Date 11/7 193..4

19. UNDERTAKER A.B. Beckwith (Address) Rigby, Ida.

20. FILED....., 193... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, ....., 193..., to Nov. 3, ....., 193 4.

I last saw her alive on Nov. 2, ....., 193 4. death is said to have occurred on the date stated above, at 1:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bron- | |
| Pneumonia Rt. | Nov |
| | Oct 1934 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility. | |
| None | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. R. Watt, M. D.

(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Menan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90993

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Elizabeth Beach.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. M. | White | Widowed. |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Aaron Williams Beach.

6. DATE OF BIRTH (month, day, and year) Jan. 30th 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 8 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salt Lake City, Utah.
(State or country)

FATHER

13. NAME Chas. Thomas.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Carter.

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Mrs W S Garrett
(Address) Menan, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iona, Ida. Date 10/31 1934

19. UNDERTAKER A B Eckersell
(Address) Rigby, Ida.

20. FILED 10/30 1934 A B Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/26, 1934, to ....., 193....

I last saw h[illegible] alive on 10/26, 1934; death is said to have occurred on the date stated above, at 5:30A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | D.K. |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Sanility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) East Oakes, M. D.
(Address) Roberts, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Sheridan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 7176 Local Registrar's No. 57

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 90994

2. FULL NAME Gus Hans Gundersen

(a) Residence. No. .... St. Freeman, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 2, 1867

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER FATHER

13. NAME Hans Gundersen

14. BIRTHPLACE (city or town) (State or country): Norway

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Frank Jones Sheridan, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeman, Wash. Date Oct. 19, 1934

19. UNDERTAKER (Address): Jack R. Wood Idaho Falls, Idaho

20. FILED Oct. 17, 1934. C. E. Eckerdall Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Oct. 17th, 1934

I last saw him alive on 10/10, 1934; death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endo-Carditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Toxitis | |
| | |

Name of operation.... Date of....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury....

Nature of injury....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify....

(Signed) A. P. Longenecker M. D.

(Address) Idaho Falls, Idaho

REGISTERED NOV 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90995

**PLACE OF DEATH**
County of Jefferson
City of Menan

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Hawker.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. M. | White | Child. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1922

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 12 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

FATHER

13. NAME Robert Leon Hawker.

14. BIRTHPLACE (city or town) (State or country) Menan, Idaho

MOTHER

15. MAIDEN NAME Ema Madora Gardner.

16. BIRTHPLACE (city or town) (State or country) Mt. Vernon, Wash.

17. INFORMENT (Address) Robt Leon Hawker Menan, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Annis, Ida. Date 10-18, 1934

19. UNDERTAKER (Address) Rigby, Ida. A B Eckersell

20. FILED 10-14, 1934 A B Eckersell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/14, 1934, to 10/15, 1934

I last saw her alive on 10/15, 1934; death is said to have occurred on the date stated above, at 12 N m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably Cerebral Embolism | DK |
| Dyspnoea when seen 10/15/34 | |
| Other contributory causes of importance: | |
| Endocarditis | |

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Davies, M. D.

(Address) Roberts, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 1934

PLACE OF DEATH

County of Jerome

City of Hazelton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 90996

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. Hazelton, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Newell

49

(a) Residence. No. Hazelton, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia B. Newell

6. DATE OF BIRTH (month, day, and year) Dec., 24, 1862 (1862)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Amity, Oregon

MOTHER FATHER

13. NAME Nathenial Newell

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Buford,

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lydia B. Newell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hazelton, Idaho Date 10-8-, 1934

19. UNDERTAKER White Mortuary, Inc.,...
(Address) Twin Falls, Idaho.

20. FILED 11-7-1., 1934 S. Hopper
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-3 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2...., 1934., to Oct.,3,....., 1934.
I last saw him alive on Oct.,3 1934: death is said to have occurred on the date stated above, at 11:10P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Cancer of larynx | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation... None..... Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1934.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) x W. O. Pace, M. D.
(Address) .....

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 [illegible] OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90997

**PLACE OF DEATH**
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Elizabeth Wintersholler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. 4 mos. 23 ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Alex Wintersholler

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 23 | 4 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Carl Meinhart
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Alex W. Wintersholler Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER D. A. L. Ferguson
(Address) Jerome, Idaho

20. FILED 11/13, 1934 Chas. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1934, to Aug 10, 1934
I last saw her alive on Aug 10, 1934; death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Peritonitis | Aug 8/34 |
| Child birth. | Aug 4/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None. Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dr Ellwood T Reed M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90998

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. 1) (If death occurred in a hospital or institution, give its name instead of street and number.)

113

2. FULL NAME Theresa Lavena Hill

(a) Residence. No. Jerome, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Herman Rubin Hill

14. BIRTHPLACE (city or town) Bellview (State or country) Idaho

MOTHER

15. MAIDEN NAME Michael

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Herman Hill Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wendell Ida. Date Oct 22, 1934

19. UNDERTAKER A B Thornhill (Address) Jerome Ida

20. FILED Oct. 20, 1934 C. J. Zellers Registrar. B.C.B.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1934, to Oct 19, 1934

I last saw her alive on Oct 19, 1934; death is said to have occurred on the date stated above, at 3 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Diarrhea & Enterocolitis | Oct 18/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr Ellwood T Rees, M. D.

(Address) Jerome Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90999

PLACE OF DEATH
County of Jerome
City of Wendell
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. St Valentines Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

145

2. FULL NAME Edna Florene Thomas

(a) Residence. No. ____ St. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Dale Arthur Thomas

6. DATE OF BIRTH (month, day, and year): Dec 23 - 1911

7. AGE: Years 22 | Months 6 | Days 5 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ____
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Montana

FATHER
13. NAME: Alvah J Miller
14. BIRTHPLACE (city or town) (State or country): Tingley Iowa

MOTHER
15. MAIDEN NAME: Grace Landreth
16. BIRTHPLACE (city or town) (State or country): Tingley Iowa

17. INFORMENT (Address): Dale Arthur Thomas Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Jerome Cemetery Date: 7-1-, 1934

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho.

20. FILED 7/1, 1934 C. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to June 28, 1934
I last saw her alive on June 28, 1934. death is said to have occurred on the date stated above, at 9:00 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart failure due to shock & exposure | |
| from Placenta Previa | |
| Other contributory causes of importance: | |

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) C. F. Zeller, M. D.
(Address) Jerome Idaho

6 & 2 Summaries Nov 14-34

RECEIVED NOV 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91001
State File No.....

**PLACE OF DEATH**

County of Jerome

City of Jerome

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elisha Erastus Bingham

(a) Residence. No. 8½ mi NW. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Emma Bingham

6. DATE OF BIRTH (month, day, and year): March 25. 1861

7. AGE — Years: 73 — Months: 6 — Days: 1 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer, (Retired)
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Utah

MOTHER FATHER

13. NAME: Sanford Bingham
14. BIRTHPLACE (city or town) (State or country): New Hampshire
15. MAIDEN NAME: Martha Lewis
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Harry Bingham Jerome Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place: Ogden Date: Oct 28, 1934

19. UNDERTAKER (Address): J. R. Wiley Jerome Idaho

20. FILED: 11/5, 1934 Chas. F. Zellers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934, to Sept 26, 1934

I last saw h. alive on Sept 26, 1934; death is said to have occurred on the date stated above, at 10:30 am Pm.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | Sept 25 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Intestinal infection with Diarrhea | Sept 16, 1934 |
| | |

Name of operation: None Date of.....

What test confirmed diagnosis: Clinical History Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Reuben C. Mytagu M. D.
(Address) Jerome Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91002

**PLACE OF DEATH**

County of Jerome
City of Jerome

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. ..... 113

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Una Maxine Rookstool

(a) Residence. No. Jerome Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~
6. DATE OF BIRTH (month, day, and year): July 28. 1934
7. AGE — Years: — Months: 1 — Days: 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jerome Idaho

MOTHER / FATHER
13. NAME: D M. Rookstool
14. BIRTHPLACE (city or town) (State or country): Neb
15. MAIDEN NAME: Maxine Nix
16. BIRTHPLACE (city or town) (State or country): Arkansas

17. INFORMANT (Address): D. M. Rookstool Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Jerome Cem. Date: Nov 26 1934

19. UNDERTAKER (Address): J. R. Wiley Jerome Idaho

20. FILED: 9/25/1934. Chas. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1934, to Sept 24, 1934.
I last saw her alive on Sept 24, 1934; death is said to have occurred on the date stated above, at 11:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malnutrition | |
| Enterocolitis with diarrhea | 9-1-34 |
| Other **contributory causes** of importance: | |
| Malnutrition | aug 10, 1934 |

Name of operation: No Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Reuben C. Malcyn M. D.
(Address) Jerome Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91003

**PLACE OF DEATH**

County of Jerome

City of Jerome

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME John Quincy Flathers

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jane Flathers

6. DATE OF BIRTH (month, day, and year): Nov 30 1851

7. AGE: Years 82 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer (Retired)
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: Edward Flathers
14. BIRTHPLACE (city or town) (State or country): Not Known
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Elmer E. Flathers Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Jerome Cem. Date: Sept 27, 1934

19. UNDERTAKER (Address): J. R. Wiley Jerome Idaho

20. FILED 9/26, 1934. Chas. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from April ....., 1934, to Sept. 25, 1934.
I last saw h[e] alive on Sept 20, 1934. death is said to have occurred on the date stated above, at 8:10 a.m. p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstetial Nefritis | ..... |
| Nefritis accompanying | ..... |
| Infection of Kidneys | ..... |
| Fibro Cirrhosis | ..... |
| Hyperthrophic Prostates | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91004

**PLACE OF DEATH**

County of Jerome

City of Jerome

Registration District No.....

Primary Registration District No..... Local Registrar's No. 0

(No. 100 .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Ira Coon

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, and year) June 14. 1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jerome Idaho

FATHER

13. NAME: Jacob Clemence Coon

14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Ida Hayden

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Jacob Coon Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL

Place..... Date....., 193..

19. UNDERTAKER (Address): J R Wiley Jerome Idaho

20. FILED Oct 17, 193[illegible] C. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1934, to Oct 16, 1934.

I last saw h[illegible] alive on Oct 16, 1934 death is said to have occurred on the date stated above, at 8:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia (aspiration) | Oct 16, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Infant diarrhea | Oct 11, 1934 |
| | |
| | |

Name of operation: no Date of: clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Reuben C. Matson M. D.

(Address) Jerome Idaho

RECEIVED NOV 10 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91005

**PLACE OF DEATH**

County of Jerome

City of Jerome

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

14

2. FULL NAME Mary Voorhees Quigley

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Widow of John T. Quigley

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 0 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis Mo.

FATHER

13. NAME George Voorhees

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Mary Byles

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMENT (Address) Howard Quigley Council Bluffs, Iowa

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date Oct 21, 1934

19. UNDERTAKER (Address) D. A. L'Heureux Jerome, Idaho

20. FILED Oct. 20, 1934 C. J. Zeller B.S. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934, to Oct 18, 1934

I last saw h[illegible] alive on Oct. 13, 1934; death is said to have occurred on the date stated above, at 9:P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism | Oct 18, 1934 |
| Other contributory causes of importance: Stroke & Paralysis R Side | July 1930 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reuben C. Matson M.D.

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91006

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(If death occurred in hospital or institution, give its name instead of street and number)

(No. St. Valentines Hospital)

2. FULL NAME Fred Fisher Kennedy

(a) Residence. No..... (Usual place of abode) Jerome Idaho St.....

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Myrta Kennedy

6. DATE OF BIRTH (month, day and year): June 1 1866

7. AGE: Years 68 | Months 4 | Days 24 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer (Retired)

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Morrison Ill

FATHER

13. NAME: John Dewit Kennedy

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Adel Fisher

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs. Fred Kennedy Jerome - Cem -

18. BURIAL, CREMATION OR REMOVAL

Place Jerome Cem. Date Oct 28. 1934

19. UNDERTAKER (Address): J.R. Wiley Jerome Idaho

20. FILED 1926, 1934 C.E. Keller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer Gastric | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Chas. F. Zeller M. D.

(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 1934

**PLACE OF DEATH**

County of Kootenai

City of Near Cataldo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91008

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Frances Persons

74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Oscar Persons

6. DATE OF BIRTH (month, day, and year): May 30, 1860

7. AGE — Years: 74 — Months: — Days: — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: House wife

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER FATHER

13. NAME: Mr. Hicks

14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER

15. MAIDEN NAME: Miss Hickman

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT ... (Address): E. A. Silman Cataldo Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg, Ida Date: Oct 13, 1934

19. UNDERTAKER (Address): W. C. Thornhill Kellogg Ida

20. FILED: Nov. 9, 1934. Most Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10., 1934., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 10-10-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Essential Hypertension | |

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harold T. Anderson M. D.

(Address) Kellogg, Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 91009

Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry J. Stephens

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mollie Stephens

6. DATE OF BIRTH (month, day, and year) Sept, 20; 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Oct, 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Stephens

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emily Patrick

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mollie Stephens Garfield Wash,

18. BURIAL, CREMATION, OR REMOVAL Place Fineya Wash. Date Nov, 7, 1934

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash,

20. FILED Nov 4th, 1934 H. Jr. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24th, 193..., to Nov 3rd, 193...

I last saw him alive on Oct 31st, 1934; death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach. | 1932 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. Gibson, M. D.

(Address) Potlatch Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
State File No. 91010

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Itha Sawyer

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of G.H.Sawyer

6. DATE OF BIRTH (month, day, and year) Oct. 14. 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Bellview Oregon

FATHER

13. NAME Ruben Gant

14. BIRTHPLACE (city or town) (State or country) Franklin 66, Indiana

MOTHER

15. MAIDEN NAME Nancy Goodrich

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Charles Sawyer Palouse Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Freeze Ida, Date Sept. 27 1934

19. UNDERTAKER D.D.Kimball (Address) Palouse Wash,

20. FILED Sept 28th, 1934 J. Jr. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1934, to 9-24, 1934
I last saw h[illegible] alive on 9-24, 1934: death is said to have occurred on the date stated above, at 230P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of right breast with extension to surrounding areas. | 2 years ago |

Other contributory causes of importance:

None.

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Telford La Moyne, M. D.
(Address) Palouse, Wash.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91011

**PLACE OF DEATH**
County of Latah
City of Potlatch

Registration District No. 6 5
Primary Registration District No. 2145
Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

960

2. FULL NAME Hans H. Sneve

(a) Residence. No. St. Kendrick, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Sneve

6. DATE OF BIRTH (month, day, and year) June 8, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 4.3. | 23 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Hans Sneve

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Herman Sneve
(Address) Kendrick Ida.

18. BURIAL, CREMATION, REMOVAL
Place Bear Ridge Date 10/23, 1934.

19. UNDERTAKER H. P. Short
(Address) Moscow, Ida.

20. FILED Oct 20th 1934 J. Jr. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1934., to 10/19, 1934.
I last saw him alive on 10/19/, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostasis | Oct 15th 1934. |
| Other **contributory causes** of importance: | |
| Senility | |

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
91012
State File No.

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME Lillian Tibbitss

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard G. Tibbitts

6. DATE OF BIRTH (month, day, and year) Oct, 23, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 3 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year) Aug, 1934

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Elkton, Va,

FATHER

13. NAME Isaac Coffman

14. BIRTHPLACE (city or town) (State or country) Mt. Crawford Va,

MOTHER

15. MAIDEN NAME C. Gibson

16. BIRTHPLACE (city or town) (State or country) Charleston W. Va,

17. INFORMENT (Address) Minnie Hengen Harvard Ida,

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Ida, Date Oct, 23, 1934

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash,

20. FILED Oct 22, 1934 D. Jr. Thompson - Registrar.

Oct 22

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct, 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1934, to Oct 21, 1934

I last saw her alive on Oct 21, 1934: death is said to have occurred on the date stated above, at 335a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Obstruction of bowels | Sept 21 |

Other contributory causes of importance:

| | |
|---|---|
| Multiple adhesions. | |

Name of operation Laparotomy Date of Sept 23

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

RECEIVED JUL 13 34

**PLACE OF DEATH**

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91013
State File No.....

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.....

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1015

2. FULL NAME Mike J. Grant

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No information

6. DATE OF BIRTH (month, day, and year) available

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town).....
(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town).....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town).....
(State or country)

17. INFORMANT .....
(Address)

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Moscow Date 9/27, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 9/30, 1934 J. W. Thompson
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) 9127 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/22, 1934, to 9/27, 1934.
I last saw him alive on 9/27, 1934.: death is said to have occurred on the date stated above, at 1 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | 9/18/34 |
| Pneumonia. | |
| | |
| Other **contributory causes** of importance: | |
| Pneumonia. | |
| | |

Name of operation ✓ Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No If so, specify.....
(Signed) J. W. Thompson, M. D.
(Address) Potlatch 2496.

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Kendrick R.F.D. #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE

State File No. 91014

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David J. Ingle

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie Ingle

6. DATE OF BIRTH (month, day, and year) March 3 1848

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 86 | 7 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Jonesborough Tenn.

FATHER

13. NAME Capt. John Ingle

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Caroline Mccloud

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT H. L. Ingle
(Address) Kendrick, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Wild Rose Date 10/30, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED Oct 30 1934 H.R. Nesbit
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933., to Oct. 28...., 1934.
I last saw him alive on Oct. 28, 1934: death is said to have occurred on the date stated above, at 7... P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | ? |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic bronchitis | 50 yrs. ago |
| Emphysema | ? |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. A. Armstrong, M. D.
(Address) Kendrick

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91016

**PLACE OF DEATH**
County of Latah
City of Moscow

Registration District No. 6 1
Primary Registration District No. 1 0 1 1 Local Registrar's No. 7 1
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha M. Hadsall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Truman B. Hadsall

6. DATE OF BIRTH (month, day, and year) May 23, 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | 4 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jackson Co. (State or country) Mich.

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Nancy Williams
16. BIRTHPLACE (city or town) Jackson Co. (State or country) Mich.

17. INFORMANT Mrs. H.L.Halverson
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 10/6, 1934

19. UNDERTAKER H.R.Short
(Address) Moscow, Idaho

20. FILED 10/4, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934, to Oct 2nd, 1934
I last saw her alive on Oct. 2, 1934: death is said to have occurred on the date stated above, at 11 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Interval between onset and death |
|---|---|
| Traumatic Tract Spine | Sept 34 |
| c Decubitus | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Post Hemiplegia | 20 yrs ago |
| Edema of Lungs | Sept 30 |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. J. Magee M. D.
(Address) Moscow

NOV 9

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91017
State File No.....

Registration District No. 61

Primary Registration District No. 111 Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl L. Von Ende

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice Von Ende

6. DATE OF BIRTH (month, day, and year) July 2, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 3 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** U. of I. Instructor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** in Chemistery.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 35yr.

12. BIRTHPLACE (city or town) (State or country) Burlington, Iowa

MOTHER FATHER

13. NAME Carl Conrad Von Ende

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Thusaelda Leopold

16. BIRTHPLACE (city or town) (State or country) Liberty, Mo.

17. INFORMANT (Address) Mrs. Alice Von Ende Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Smith & Co. Spokane, Wash. Date 10/10, 1934

19. UNDERTAKER (Address) H. R. Short Moscow, Idaho

20. FILED 10/9, 1934 Mary Cushman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1934 to Oct. 9, 1934

I last saw h[illegible] alive on Oct. 9, 1934; death is said to have occurred on the date stated above, at 12:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | |
| Nurse played (left) | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Bleeding duodenal ulcer | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) C. Armstrong, M. D.

(Address) Moscow Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 101 Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 91018

153

2. FULL NAME Fredrick Lee Burkart

(a) Residence. No. 131 S. Jackson St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carol Burkart

6. DATE OF BIRTH (month, day, and year) Dec. 1, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 53 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Field sup't

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** agronomy dep't U. of I.

10. Date deceased last worked at this occupation (mo. and yr.) 6/34

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) Perue (State or country) Ill.

FATHER

13. NAME Leopold Burkart

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Marr

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Carol Burkart (Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 10/18, 1934

19. UNDERTAKER H.R. Short (Address) Moscow, Ida.

20. FILED 10/17, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1934, to 10-16, 1934.

I last saw him alive on 10-16-1934; death is said to have occurred on the date stated above, at 7.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lympho-Sarcoma | |
| of rectovesical | |
| space (Probable) | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| abscess in left | |
| iliac region extend | |
| to Rectovesical | |
| space | |

Name of operation none Date of.....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Joseph E. Wilson M. D.
(Address) Moscow, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91019

Registration District No. 6 1

Primary Registration District No. 1 11 Local Registrar's No. 74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

887

2. FULL NAME George H. Cushing

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta Cushing

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm Implements.

10. Date deceased last worked at this occupation (mo. and yr.) 1925

11. Total time (years) spent in this occupation 35 yr.

12. BIRTHPLACE (city or town) (State or country) Ottawa, Canada.

FATHER

13. NAME Lemuel Cushing

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Alexandria Atkins

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Harry Ritchie
(Address) Milwaukee, Wis.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 10/16, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 10/15, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/14 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1934, to Oct. 14, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro myocarditis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Carcinoma | |
| Cirr | |

Name of operation None Date of.....

What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature], M. D.
(Address) Moscow Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Viola (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91020

Registration District No. 6-1

Primary Registration District No. 1-2-11 Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Calvin Northrup

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Flora, Northrup

6. DATE OF BIRTH (month, day, and year) Dec. 23, 1855

7. AGE: Years 78 | Months 9 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Real Estate Dealer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 27 yr.

12. BIRTHPLACE (city or town) (State or country) Grand Rapids, Mich.

FATHER

13. NAME John Calvin Northrup

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Phoebe Pine

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT E.R.Northrup
(Address) Viola, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Palouse, Wash. Date 10/16, 1934

19. UNDERTAKER H.R.Short
(Address) Moscow, Idaho

20. FILED 10/15, 1934 Harry Emhorst
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1933, to Oct. 14th, 1934.
I last saw him alive on Oct. 14th, 1934; death is said to have occurred on the date stated above, at 12:40 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Nov. 5 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senile decay | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. Landis Frenchley, M. D.

(Address) Palouse, Washington

NOV 7 19[illegible]

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91021

Registration District No. 6-1

Primary Registration District No. 1011 Local Registrar's No. 7 [illegible]

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph E. Bosserman

131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia M. Bosserman

6. DATE OF BIRTH (month, day, and year) July 22 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 2 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) New Stark
(State or country) Ohio

MOTHER FATHER

13. NAME Daniel Bosserman

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Baer

16. BIRTHPLACE (city or town) .....
(State or country) Ohio

17. INFORMANT Geo. D. Bosserman
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 10/18, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 10/18, 1934 Harry Einhorn
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Renal disease | 1920 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cystic Goitre | 4 years |
| Edema of lungs | 1 wk |

Name of operation ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....
(Signed) C.D. Nagel, M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 7 193[illegible]

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91022

**PLACE OF DEATH**

County of Latah
City of Moscow
Registration District No. 41
Primary Registration District No. 101 Local Registrar's No. 72
(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mother Mary Rose Galvin

(a) Residence. No. Ursuline Convent St. 178
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) AUGOST 2 ~~1863~~ 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ursuline Nun

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town). Toledo (State or country) Ohio

FATHER

13. NAME Michael C. Galvin

14. BIRTHPLACE (city or town). Ireland (State or country)

MOTHER

15. MAIDEN NAME Ellen Ryan

16. BIRTHPLACE (city or town). Ireland (State or country)

17. INFORMANT Mother Paula Slevin (Address) Moscow Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 11/3, 1934

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED 11/5, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | Years ago. |
| | |
| | |
| | |
| Other **contributory causes** of importance: Anaemia & Malnutrition | Years |
| Uremic Convulsions | 12 hrs |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [signature], M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lemhi

City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 2143

Local Registrar's No.

Chris Larson

DO NOT WRITE IN THIS SPACE

91023

State File No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Evelina Fowler

(a) Residence. No. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 16 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Joseph S. Meyers

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Ruth Ann Fuller

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) H. A. Lawyer Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 8/29, 1934

19. UNDERTAKER (Address) Brown-Wayne Co Lewiston Idaho

20. FILED 10-12, 1934 B. F. Nesbit Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to July 19, 1934

I last saw her alive on July 17, 1934: death is said to have occurred on the date stated above, at 10:00 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma? with obstruction of common duct and gallbladder is a head of glaucoma?

Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. A. Christensen, M. D.

(Address) Kendrick, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91024
State File No.

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 47
Primary Registration District No. 2116
Local Registrar's No.

(No. 740 )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Ross Mankers

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of Sept 29"
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 7-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME James Frank Mankers
14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER
15. MAIDEN NAME Leah Nicholson
16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMANT (Address) James Frank Mankers Salmon.

18. BURIAL, CREMATION, OR REMOVAL Place Date 10/7" 1934

19. UNDERTAKER Mc Dachlan (Address) Salmon Idaho

20. FILED Nov 10, 1934 Clio E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1934, to Oct 7, 1934
I last saw h... alive on Oct 7, 1934: death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

| | Duration of each |
|---|---|
| Cerebral hemorrhage | Oct 8 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) W. Stratton, M. D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9102[illegible]

**PLACE OF DEATH**
County of Lemhi
City of Salmon

Registration District No. 47
Primary Registration District No. 2116 Local Registrar's No. 164
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ed DeWolf

(a) Residence. No. Salmon Hot Springs St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1837
7. AGE: Years: 97; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): United States

MOTHER / FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Not known
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): Fred Brough Salmon Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Date: Nov 2, 1934
19. UNDERTAKER (Address): Mrs C. Noebe Salmon Ida
20. FILED Nov. 10, 1934. Chas. C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-1st 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7:45 AM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Old age | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..No. If so, specify.....
(Signed) ..... F. S. Wright M. D.
(Address) ..... Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lemhi

City of Salmon

Rose Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91026

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

114

2. FULL NAME Mamie Long Morphey

(a) Residence. No. Lemhi Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed.
6a. If married, widowed, or divorced (or) WIFE of: Richard W. Morphey
6. DATE OF BIRTH (month, day, and year): Nov. 11, 1870
7. AGE: Years 63 | Months 11 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: school teacher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Oct. 1934
11. Total time (years) spent in this occupation: 32 yrs.

12. BIRTHPLACE (city or town) (State or country): LaRg. Ill.

FATHER
13. NAME: James W. Long.
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Gertrude Frye.
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): L. A. Morphey 325 E. Gilham Ave. Portland Ore.

18. BURIAL, CREMATION OR REMOVAL
Place: Leadore Idaho. Date: Oct. 23 1934

19. UNDERTAKER (Address): W. C. Doyle Salmon Idaho

20. FILED: Nov. 1 1934 Elva C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1934, to Oct. 20 1934, 193...
I last saw her alive on ..., 193...: death is said to have occurred on the date stated above, at 2-15 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Acute dysentery | Oct 15th |
| Other contributory causes of importance: Complications possibly bronchial pneumonia | Oct-19th Obscure |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Doyle M. D.
(Address) Salmon, Ida.

FORM V. S. No. 5 RECEIVED NOV 14 [illegible] CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 91027

Registered No. .....

Registration District No. 41

Primary Registration District No. 2116

1. PLACE OF DEATH.

County of Lincoln

City of Wendell

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gotlock Bleimont

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH. April 15 1851
(Month) (Day) (Year)

7. AGE: 83 Yrs. 7 Mos. 23 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R E Wells

(Address) .....

15. Filed Nov 10 1934 [illegible] Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. 8th 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1934, to Oct. 8 1934, that I last saw him alive on Dec. 23 1933, and that death occured on the date stated above, at 11.00 P.M.

The CAUSE OF DEATH* was as follows: Myocarditis

(Duration) 1 Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. C. Statton M. D.

Nov 8 1934 (Address) Jerome Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Ida — DATE OF BURIAL: Oct 10 1934

20. UNDERTAKER: J. A. E. Wells — ADDRESS: Wendell, Ida

SYMS - YORK CO., PTRS. & SORS. 24854

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C
TION is very important. See instruction on back of certificate.

City of Salmon — Registration District No. 41

Primary Registration District No. 2116 — Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Lewis Moore

(a) Residence. No. Baker St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:

6. DATE OF BIRTH (month, day, and year): Nov 13 1928

7. AGE — Years: 6 — Months: — Days: — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salmon City Lemhi Co Idaho

FATHER

13. NAME: Rufus M. Moore

14. BIRTHPLACE (city or town) (State or country): Baker Ida Lemhi Co

MOTHER

15. MAIDEN NAME: Edna M. Marsh

16. BIRTHPLACE (city or town) (State or country): Charles City Floyd Co Iowa

17. INFORMANT (Address): R M Moore Baker Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place: Salmon Ida Date: 9/23, 1934

19. UNDERTAKER (Address): Mac C. Taebel Salmon, Ida

20. FILED Nov. 10, 1934 Chas C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 16 Sept, 1934, to Sept 21, 1934.

I last saw him alive on Sept 21, 1934; death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstruction to bowel | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) F. S. Hupp, M. D.

(Address) Salmon

RECEIVED NOV 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91029

**PLACE OF DEATH**

County of Lemhi

City of Leadore, Ida. Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Grooms 75

(a) Residence. No. Leadore St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Hattie West

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 17 yrs ago

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) Sydenham
(State or country) Ontario

FATHER

13. NAME Michael Grooms

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kelly

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT Mrs Hattie Grooms
(Address)

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~
Place Leadore Date 9/12, 1934

19. UNDERTAKER Van G. Hackett
(Address) Salmon Ida

20. FILED Nov 10, 1934 Clio C. Bellamy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1933, to ....., 193..

I last saw him alive on Sept., 1933; death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Had Cerebral hemorrhage | |
| 5 years ago | |
| Paralysis | |

Other contributory causes of importance:

| | |
|---|---|
| Age | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) T. D. Wright, M. D.

(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91030

**PLACE OF DEATH**
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 4119
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Stone

(a) Residence. No. Salmon Hot Springs St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April — 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 76 | 5 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1929

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Stone

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Marjorie Long

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Rose
(Address) Salmon, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date 9/7, 1934

19. UNDERTAKER Mrs C Deckler
(Address) Salmon Ida

20. FILED 9-7-10, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Sept, 1934
I last saw him alive on Aug 6, 1934; death is said to have occurred on the date stated above, at 5-10 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Result of Cerebral hemorrhage | |
| 10 years ago | |
| Other **contributory causes** of importance: | |
| Age | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. S. Wright M. D.
(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 91031

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

740

2. FULL NAME James A Turnbull

(a) Residence. No. St. Salmon, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Leone Turnbull

6. DATE OF BIRTH (month, day, and year) 5/25/1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 3 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Bank

10. Date deceased last worked at this occupation (month and year) 1/22/1920

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Lyndon, N.Y.

FATHER

13. NAME Adam L Turnbull

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Janett Davidson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Roy L. Frazier, Salmon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon, Ida. Date 9/2, 1924

19. UNDERTAKER W.C. Doebler
(Address) Salmon, Idaho

20. FILED Nov. 10, 1924 Chas C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 1 1924

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1924, to Sept 1, 1924

I last saw him alive on Sept 1, 1924; death is said to have occurred on the date stated above, at 3 10 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Result of Cerebral Hemorrhage 17 years ago | |
| Other contributory causes of importance: Age | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. S. Wright, M. D.
(Address) Salmon Idaho

RECEIVED JAN 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lewis

City of Culdesac or near Culdesac Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
91032
State File No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nils Abraham Rich

1012

(a) Residence. No. Culdesac Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | Mexican 3/4 | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Abraham Rich

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Asotin Washington

FATHER

13. NAME Frank Brandeau

14. BIRTHPLACE (city or town) (State or country) Jerico

MOTHER

15. MAIDEN NAME Mary Anne Henry

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Pauline Price Culdesac Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sherman Date 10-6-, 1934

19. UNDERTAKER (Address) Vassar Undertaking Co Lewiston, Idaho.

20. FILED J-11-, 1934 George Gaymard MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-3- 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-25-34, 193..., to 10-3-34, 193...
I last saw her alive on 10-3-34, 193...: death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 9-25-34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George Gaymard, M. D.
(Address) Culdesac Idaho.

FORM V. S. No. 5-25 M. 1-16-13

# CERTIFICATE OF DEATH.

NOV 3 1934

Registration District No. 47

Primary Registration District No. ....

(No. ...., .... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 91033

Registered No. 19 [illegible]

1. PLACE OF DEATH.

County of Lewis

City of Kamiah

If death occurs away from usual residence, give facts called for under special information.

If death occurred in hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Ellen Barbee

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH.

Sept (Month) 12 (Day) 1858 (Year)

7. AGE

75 Yrs. 10 Mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: ....

(b) General nature of industry, business, or establishment in which employed (or employer): ....

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF FATHER Armstrong Beattie

11. BIRTHPLACE OF FATHER (State or Country) West Virginia

12. MAIDEN NAME OF MOTHER Paulette

13. BIRTHPLACE OF MOTHER (State or Country) Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant: Alice Young

(Address) Kamiah. Idaho

15.

Filed Nov 20 1934

Albert Huff
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 19, 1934

.... (Month) .... (Day) 191.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10th 1934, to ..... 191....,

that I last saw her alive on 7/19 1934,

and that death occured on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

.... (Duration) 9 Yrs. .... mos. .... ds.

Contributory (Secondary) ....

.... (Duration .... yrs. .... mos. .... ds.

(Signed) A. P. Bryan M. D.

7/20 1934 (Address) Kamiah Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?....

Former or usual residence ....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Idaho — DATE OF BURIAL: July 19 1934

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

BYRNE - YORK CO., PTRS. & BDRS. 24854

Please write plainly with pen or typewriter. Use only standard terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

# CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. NOV 3 19[illegible]

Registration District No. 47

Primary Registration District No.

File No. 91034

Registered No. 196

County of Lewis

City of Myrtle Creek (No. Rear 2 St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elizabeth Ann Gray Maher

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 13 (Day) 1855 (Year)

7. AGE: 78 Yrs. 9 Mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Joseph Gray

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Emily Shawley

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Martin Maher

(Address) Lewiston Idaho.

15. Filed Apr 20 1934

Albert Huff
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

74a

16. DATE OF DEATH: July (Month) 18 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 18- 1934, to July 18- 1934, that I last saw h..... alive on July 18- 1934, and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) ..... Yrs. ..... mos. one ds.

Contributory (Secondary) Hypertension

(Duration 2 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Sept 20 1934 (Address) G. H. Cooper

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Myrtle Idaho — DATE OF BURIAL: July 20 1934

20. UNDERTAKER: Albert Huff — ADDRESS: Myrtle Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BORS. 24654

NOV 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91035

PLACE OF DEATH
County of Lewis
City of Nezperce Idaho Village

Registration District No. 47
Primary Registration District No. ....
Local Registrar's No. 19
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ← Barbara Joan Billow

(a) Residence. No. ← Nezperce St. Idaho
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| female | white | Baby |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ← | | 11 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) ← Nezperce
(State or country) ← Idaho.

PARENTS

10. NAME OF FATHER ← Lyle H. Billow

11. BIRTHPLACE OF FATHER (city or town) Nezperce
(State or Country) ← Idaho.

12. MAIDEN NAME OF MOTHER ← Faye Johnson

13. BIRTHPLACE OF MOTHER (city or town) Nezperce
(State or County) ← Idaho.

14. Informant ← Nezperce Idaho
(Address) ← Lyle H. Billow

15. Filed Oct 20, 1934 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH ← August (Month) 29 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1934, to Aug 29, 1934
that I last saw her alive on Aug 29, 1934
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Heart deformed -
undeveloped intestinal
tract

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? No -
What test confirmed diagnosis? ....
(Signed) C. H. Cooper, M. D.
Sept 26, 1934 (Address) Nezperce Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Nezperce Idaho | Oct 30 1934 |
| 20. Undertaker | Address |
| Albert Huff | Nezperce Idaho |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91036

PLACE OF DEATH
County of Lewis
City of Nyssa Idaho Row 2
Registration District No. 47
Primary Registration District No. .....
Local Registrar's No. 195
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~ Mrs. Altany Powers Lundeby

(a) Residence. No. ~ Nezperce, Idaho St. /
(Usual place of abode.)
Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ~ | 51 | 5 | 24 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) ~ Creighton
(State or country) ~ Nebraska

PARENTS

10. NAME OF FATHER ~ Albert Powers
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ~ Don't Know
12. MAIDEN NAME OF MOTHER ~ Don't Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ~ Don't Know

14. Informant (Address) ~ Mable Lundeby ~ Nezperce Idaho

15. Filed Aug 26, 1934 Albert Kauffman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH ~ August 24, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1934, to Aug 24, 1934
that I last saw her alive on Aug 23, 1934
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Embolus
(duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Cardiac-renal
disease (duration) 6 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical findings

(Signed) P. E. Dunkle M. D.
8/13, 1934 (Address) Nezperce Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Nyssa Idaho | Aug 26 1934 |
| 20. Undertaker | Address |
| Albert Kauffman | Nyssa Idaho |

NOV 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91037

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**

County of Lewis
City of West Lake
Salmon River

Registration District No. 47
Primary Registration District No. .....
(No. .....)
Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W Frank Steiner

(a) Residence. No. ..... Clarkston Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 6, 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 3 | 9 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Cedar Co Missouri
(State or country)

PARENTS

10. NAME OF FATHER L. S. Steiner

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER Mary Bretzman

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Pennsylvania

14. Informant Mrs L. S. Steiner
(Address) Clarkston, Washington

15. Filed Aug 15, 1934 Albert Huff
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 15 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Got water from working in
Salmon River followed by
a bad sore throat on case
causing ..... (duration) ..... yrs. ..... mos. Chole ds.
to death

CONTRIBUTORY (Secondary) .....
to bad sickness this ..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Spring
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What tests confirmed diagnosis? .....
(Signed) Albert Huff
..... 19..... (Address) Nyssa Idaho

19. Place of Burial, Cremation, or Removal Clarkston Wash. Date of Burial Aug 16 1934

20. Undertaker Albert Huff Address Nyssa Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

Rutherlands

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91038

County of Madison

City of Sugar City

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Howells

(a) Residence. No. ..... Sugar City St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 20 1934

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sugar City Idaho

FATHER

13. NAME Roves Howell

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Vera McCulloch

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Roves Howells Sugar City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date Sept 23 1934

19. UNDERTAKER (Address) none

20. FILED Nov 8, 1934 J Rysenny Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Sept 20, 1934.
I last saw him alive on Sept 20 1934; death is said to have occurred on the date stated above, at 5:10 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. Rutherlands M. D.
(Address) Rexburg Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg #3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91039

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lottie C. Jones. 90

(a) Residence. No. Rexburg #3 St. .....
(Usual place of abode)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state) Rexburg South #3

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charles Jones (Deceased)
7. DATE OF BIRTH (month, day, and year): June 27- 1873.
8. AGE: Years 61 Months 4 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: (at Home)
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Logan Utah

FATHER
13. NAME: Carl Keppner
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Catherine Nelson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. Alice Hibbard Rexburg #3

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date Nov. 5, 1934

19. UNDERTAKER (Address): Bush & Hales Rexburg Idaho

20. FILED Nov 8, 1934 J. R. Keppner Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933 to Nov 2, 1934
I last saw her alive on September 1934: death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-vascular | |
| renal disease | 1930 |
| | |
| | |
| Other **contributory causes** of importance: Cerebral hemorrhage | June 1933 |
| | |
| | |

Name of operation: none Date of
What test confirmed diagnosis? symptoms & laboratory tests Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

11/5/34 (Signed) Lorenzo T. Rich M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 19 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91040

## PLACE OF DEATH

County of Madison.
City of Lyman.

Registration District No. 700
Primary Registration District No. 2128
Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

144

2. FULL NAME Sybil Thersa Nielson.

(a) Residence. No. Lyman St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F.M. | W | married. |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Calvin N. Nielson.

6. DATE OF BIRTH (month, day, and year) April-27-1913

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lyman, Ida.

MOTHER FATHER

13. NAME Samuel Richard Butler

14. BIRTHPLACE (city or town) (State or country) Utah.

15. MAIDEN NAME Lydia McIntier

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT (Address) Calvin N. Nielson Thornton, Ida. R#1.

18. BURIAL, CREMATION OR REMOVAL
Place Archer, Ida. Date 11/9/1934

19. UNDERTAKER (Address) A.P. Eckwald Rigby Ida.

20. FILED Nov 9, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1934, to Nov. 5, 1934.
I last saw h.. alive on Nov. 5, 1934. death is said to have occurred on the date stated above, at 1.07 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Confinement | |
| (1) Coronary Embolism (Suddden death 3½ hrs. after delivery) | |
| (2) Mitral Insufficiency | |
| Other **contributory causes** of importance: | |
| (3) Retained Placenta | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) [signature] M. D.
(Address) [signature]

RECEIVED NOV 1 2 '34

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91041

**PLACE OF DEATH**

County of Madison
City of Rexburg #1.

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth J. Willyard 74 0

(a) Residence. No. Rexburg #1. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of G. H. Willyard

6. DATE OF BIRTH (month, day, and year) January 16th 1862

7. AGE: Years 72 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) 3 Months
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Youngs Creek
(State or country) Indiana

MOTHER/FATHER
13. NAME Daniel R Lambdin
14. BIRTHPLACE (city or town) .....
(State or country) Not Known
15. MAIDEN NAME Martha Cook
16. BIRTHPLACE (city or town) .....
(State or country) Not Known

17. INFORMANT Charles E. Willyard
(Address) Rexburg Route 1.

18. BURIAL, CREMATION OR REMOVAL
Place Parks Indiana Date Nov. 1, 1934

19. UNDERTAKER Alvin Teeler
(Address) Rexburg

20. FILED 11/2, 1934 M. Lyons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1934, to Oct 25, 1934.
I last saw ~~her~~ alive on Oct 24, 1934. death is said to have occurred on the date stated above, at 9 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Oct 25-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:
Spasmodic Bronchial Asthma years

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Parley Nelson M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91042

**PLACE OF DEATH**

County of Madison
City of Sugar Ida.

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME Hannah Eliza Funk Woodruff

(a) Residence. No. Sugar Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of N H Woodruff.

6. DATE OF BIRTH (month, day, and year) June 4- 1857.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 47 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Utah

MOTHER FATHER

13. NAME Christopher Funk.

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Annie Roefoed.

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) N H Woodruff Sugar Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Smithfield Utah Oct 26 1934

19. UNDERTAKER (Address) Owen Shelley Rexburg Idaho

20. FILED Nov 8, 1934 J Bywater Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1934, to Oct 23, 1934.

I last saw h[illegible] alive on Oct 23 1934: death is said to have occurred on the date stated above, at 1:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abscess of brain | |
| Violent Convulsions | 10-23-34. |
| Other **contributory causes** of importance: Brain tumor | 1933 |

Spine operated twice in Salt Lake Utah

Name of operation In Salt Lake Utah Date of operation

What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

10/24/34 (Signed) Lorin A Rich M. D.
(Address) Rexburg Idaho

(over)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 NOV 18

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91043

## PLACE OF DEATH

County of Madison

City of ~~Rathburn~~ Sugar Ida.

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 55

(No. ) 185

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sidney Darrow Jacobi

(a) Residence. No. Sugar City Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, and year): March 4 - 1920

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 14 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: High School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sugar City Ida.

FATHER

13. NAME: Leo Jacobi

14. BIRTHPLACE (city or town) (State or country): Leki, Utah

MOTHER

15. MAIDEN NAME: Florena Gilchrist

16. BIRTHPLACE (city or town) (State or country): Leki Utah

17. INFORMANT (Address): Mrs. Leo Jacobi Sugar City, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Sugar City Ida. Date Oct 15, 1934

19. UNDERTAKER (Address): Mrs. Rollo Rollo Teeburg Idaho.

20. FILED Nov. 8, 1934 J. Bybourn Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 11 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1934, to Oct. 11, 1934

I last saw him alive on Oct 11 1934 death is said to have occurred on the date stated above, at 2 P. M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Accidental Injury Pelvis, Falling from beet truck | |
| (2) Phlebitis Left leg + foot | |
| (3) Embolic Lobar Pneumonia Right lung | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, ~~suicide, or homicide~~? Yes Date of injury, Oct 3 1934

Where did injury occur? Sugar City

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Road

Manner of injury Fell from beet truck

Nature of injury Fractured Pelvis

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) H. B. Ellsworth, M. D.

(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1934

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91044

Registration District No. 108

Primary Registration District No. 2178 Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Hanson

(a) Residence. No. ..... St. Clawson, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert C. Hanson

6. DATE OF BIRTH (month, day, and year) August 4, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Providence (State or country) Utah

MOTHER FATHER

13. NAME Paul Harsen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Maria Larsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Leora Hanson (Address) Tetonia, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Logan, Utah Date 10/1, 1934

19. UNDERTAKER Russel R. Folsom (Address) Rexburg Idaho.

20. FILED Nov 6, 1934 J. L. Lyman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-26-, 1934., to 9-27, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro-enteritis | 9-24-34 |
| Was operated on 16 days before her death for relief | |
| **Other contributory causes** of importance: Gall stones - Gall-bladder removed - | |

Name of operation Cholecystectomy Date of 9/11/34

What test confirmed diagnosis? ~~No~~ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Cutler M. D.

(Address) Rexburg - Idaho.

RECEIVED NOV 1 8 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Sugar City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91045

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd D. Hadlock

(a) Residence. No. Sugar City St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

65 M

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, and year) February 9. 1924

7. AGE: Years 10 Months 8 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley Idaho

FATHER

13. NAME E. D. Hadlock

14. BIRTHPLACE (city or town) (State or country) Vernal Utah

MOTHER

15. MAIDEN NAME Ella Norton

16. BIRTHPLACE (city or town) (State or country) Kaysville Utah

17. INFORMANT (Address) E. D. Hadlock Sugar City Box 520

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Ida Date Oct. 23, 1934

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida.

20. FILED Nov. 8 1934 J. Bywater Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933 to Oct 21, 1934
I last saw him alive on August, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lu Remia | 1932 |
| (Spleno-medullary) | |
| Other **contributory causes** of importance: | |
| Broncho-pneumonia | 1 week |

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory tests & symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

10/22/34 (Signed) Lloyd D. Hadlock M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91046

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 56
(No. Rupert General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wayne Clay Nelson

(a) Residence. No. Lynn St. Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14-1931

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 3 | | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lynn Utah
(State or country)

MOTHER FATHER
13. NAME Curtis Clay Nelson
14. BIRTHPLACE (city or town) Edgemont
(State or country) Utah
15. MAIDEN NAME Luella Simper
16. BIRTHPLACE (city or town) Murray
(State or country) Utah

17. INFORMANT Curtis Clay
(Address) Lynn Utah

18. BURIAL, CREMATION OR REMOVAL
Place Lynn Utah Date ....., 193..

19. UNDERTAKER Johnson Mortuary
(Address) Glenn McCulloch

20. FILED 8-27..., 1934 E. H. Edmunds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24., 1934., to Aug. 27., 1934.
I last saw him alive on Aug 27., 1934.; death is said to have occurred on the date stated above, at 6:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Embarocolitis | Aug 17 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wayne E. Dean M. D.
(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91048

County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
State File No.
Local Registrar's No. 60

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Murray

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 7 1864
7. AGE — Years: 70 — Months: — Days: 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Indiana
13. NAME: James Murray
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Ellen Dowd
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Eugene D. Murray Leavenworth Kas
18. BURIAL, CREMATION OR REMOVAL. Place: [illegible] Date: 8/26, 193.4
19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho
20. FILED 8/28, 193.4 E. H. Elsmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/25 1934
22. I HEREBY CERTIFY, That I attended deceased from April 1, 193.4, to Aug. 25, 193.4.
I last saw him alive on Aug 25 1934: death is said to have occurred on the date stated above, at 9.40 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | Aug. 16 '34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Ca. of Bladder | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

Signed) L. M. Rigby M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

12.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91049

## PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Williams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 19 1883

7. AGE — Years: 51 Months: 1 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Williams W Williams

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Josephine Andersen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Ada Williams (Address) Rockland Idaho

18. BURIAL, CREMATION OR REMOVAL Place Rockland Date Oct 21, 1934

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED 10/31..., 1934. ... Ebt Elmore ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Oct (day) and (year) 1934 493

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| apoplexy | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. A. Goodman Coroner, M. D.

(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 3

Jan

# PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91050

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bessie Davidson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 7 1881

7. AGE — Years: 53 — Months: 9 — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

13. NAME: William Carter

14. BIRTHPLACE (city or town) (State or country): Indiana

15. MAIDEN NAME: Angie Benton

FATHER

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT: Walter Carter
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place: Guthrie Okla. Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED Oct 8, 1934 E. H. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1934 to October 8, 1934.

I last saw her alive on October 7, 1934; death is said to have occurred on the date stated above, at 12:10 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1930 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. C. Isaacson, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91052

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 117
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Evelyn Smith
(a) Residence. No. St. Joseph Hospital St. Leland, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): April 7 1922
7. AGE: Years 12 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School Girl
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Leland Ida

FATHER
13. NAME: Harry Smith
14. BIRTHPLACE (city or town) (State or country): Ontario Canada

MOTHER
15. MAIDEN NAME: Nyda M. E. Coy
16. BIRTHPLACE (city or town) (State or country): Southwestern Iowa

17. INFORMANT (Address): Harry Smith Leland Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Leland Date: Oct 5, 1934

19. UNDERTAKER (Address): Alex J. Pinkerton Troy Idaho

20. FILED Oct. 4, 1934 J. M. Engle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1934, to Oct. 3, 1934.
I last saw her alive on Oct. 3, 1934: death is said to have occurred on the date stated above, at 4:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured appendix | Sept 26, 1934 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation incision of abscess Date of Oct 2
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) D. A. Armstrong M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Register #

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91053

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1612

2. FULL NAME Infant Daughter Mr. & Mrs. Frank Reynolds

(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | |

6a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-24-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, 10 hrs. or 45 min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Frank Reynolds

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Corry

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Frank Reynolds Grangeville Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Date 10/26, 1934

19. UNDERTAKER Vassar Shaw Lumber Co
(Address) Lewiston Idaho

20. FILED Oct 27, 1934 J. M. Lysle Registrar.
by G

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-24-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1934, to Oct 24, 1934

I last saw her alive on Oct 24, 1934; death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uterine inertia | 1934 |
| 6 mos gestation | |
| Infant suffering from toxemia of pregnancy | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Albumin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Elgin Swanson, M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91054

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Saint Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

11 a

2. FULL NAME Ruth Ealine Funkhouser

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 14, 1917

7. AGE: Years 16 | Months 11 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Burley
(State or country) Idaho

FATHER

13. NAME: Arron Funkhouser

14. BIRTHPLACE (city or town): Unknown
(State or country)

MOTHER

15. MAIDEN NAME: Lillie Wilson

16. BIRTHPLACE (city or town): Southwick
(State or country) Idaho

17. INFORMANT: Mrs Lillie Funkhouser
(Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn Date 10/11, 1934

19. UNDERTAKER H.R. Merchant
(Address) Clarkston Washington

20. FILED 10/12, 1934 J. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1934, to Oct. 10, 1934.

I last saw h~~er~~ alive on Oct. 9, 1934; death is said to have occurred on the date stated above, at 6 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza-Pneumonia | |

Other ~~contributory~~ causes of importance:

| | |
|---|---|
| Middle ear infection | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. V. Stone M. D.
(Address) Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 91055

Local Registrar's No.

(No. St. Joseph's)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1(a)

2. FULL NAME Archie J. Copeland

(a) Residence. No. 508-6th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Morma Copeland

6. DATE OF BIRTH (month, day, and year) March 10, 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 7 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc C. C. C.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden City, Kansas

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Civilian Conversation Corps Lewiston Headquarters

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Kennewick, Wash. Date Oct. 13, 1934

19. UNDERTAKER (Address) Vassar-Shaughnessy Mortuary Lewiston, Idaho

20. FILED Oct. 12, 1934 J. M. Lyle Registrar.
by G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23rd., 1934, to Oct. 10th., 1934.

I last saw h... alive on October 10, 1934: death is said to have occurred on the date stated above, at 11:30 m. P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | |

Other contributory causes of importance:

Perforations of Cecum

Name of operation repair of perforations Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. A. Mueller, M. D.

(Address) Public Health Service Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91056

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Herman William Bishop

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate Bremberton

6. DATE OF BIRTH (month, day, and year)
March 21, 1866

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Storekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 6

11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) Bishop
(State or country) Ill

MOTHER FATHER

13. NAME J H Bishop

14. BIRTHPLACE (city or town) Hanover
(State or country) Germany

15. MAIDEN NAME Catherine Wessling

16. BIRTHPLACE (city or town) Hanover
(State or country) Germany

17. INFORMANT Bert Bishop
(Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 10/14, 1934

19. UNDERTAKER H R Merchant
(Address) Clarkston Washington

20. FILED Oct. 12, 1934 .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/11 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1934, to Oct. 11, 1934.

I last saw him alive on Oct. 11, 1934; death is said to have occurred on the date stated above, at 10:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic interstitial nephritis - 1 year | |
| Other **contributory causes** of importance: uremia | Oct 9 |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hazel D. Simpson M.D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1229
Primary Registration District No. 96

McMahan

DO NOT WRITE IN THIS SPACE
State File No. 91057

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

91 J

2. FULL NAME Charles August Antone Boehl

(a) Residence. No. 1421 "G" St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Carrye A. Boehl

6. DATE OF BIRTH (month, day, and year) Nov 6 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grand Island Nebr.

FATHER

13. NAME Carl Boehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Mahn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. C. A. Boehl

18. BURIAL, CREMATION, OR REMOVAL Place Lenpton Date 10/14, 1934 Burial

19. UNDERTAKER Brower-Mauer Co (Address) Lewiston Idaho

20. FILED Nov 3, 1934 L. M. Lyle Registrar. By

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12th., 1934, to same, 1934

I last saw him alive on same, 1934: death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Criteria Selerosis | |
| Myocardial insufficiency | ? |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) W. F. McMahan, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Carson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91058

**PLACE OF DEATH**

County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 304 - 15th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary J. Miller

(a) Residence. No. 304 - 15th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-28-1845

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 88 | 9 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Thomas Willoughby

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Lindsay

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs. Robt. Somerville Lewiston

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 10-16-, 1934

19. UNDERTAKER Vasa & Naughmeyer Co. (Address) Lewiston Idaho

20. FILED Nov. 1, 1934 J. M. Lyle Registrar.
Cty C.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1934, to 10/14/34, 193..
I last saw h[illegible] alive on Oct 14, 1934; death is said to have occurred on the date stated above, at 7:10 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arteriosclerosis | 4 years |

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify.....

(Signed) O. G. Carson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Graduate

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91059
State File No.

Registration District No. 1009

Primary Registration District No. 94 Local Registrar's No.

(No. 328 - 4th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Mrs Amy Bowers

(a) Residence. No. 328 4th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jesse Bowers

6. DATE OF BIRTH (month, day, and year): 1889

7. AGE: Years: 45; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: J. F. Cross

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Jesse Bowers Lewiston

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston Date: 10-18, 1934

19. UNDERTAKER (Address): Wasson-Shaughnessy Co Lewiston Idaho

20. FILED Oct. 25, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10-18-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934, to Oct 18, 1934.

I last saw h[illegible] alive on Oct 18, 1934; death is said to have occurred on the date stated above, at 6:35 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tumor of spinal cord (No metastasis) | 1930 |
| | |
| | |
| | |
| Other contributory causes of importance: acute cardiac Dilatation | 1934 |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. G. Brownell, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Carrsow

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91060

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. ) 48-5
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Carl Kruse

(a) Residence. No. 1111 Trent Lane St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Febr 13-1903

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 8 | 7 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chinook
(State or country) Mont.

FATHER
13. NAME Carl Kruse
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Bessie Karr
16. BIRTHPLACE (city or town) Valentine
(State or country) Nebr.

17. INFORMENT Mrs Bessie Kruse
(Address) city

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date 10-22, 1934

19. UNDERTAKER Brown Mortuary Co.
(Address) Lewiston Idaho

20. FILED Oct 20, 1934 J. M. Lyle
Registrar.
By [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30th, 1934, to Oct 20th, 1934
I last saw him alive on Oct 20th, 1934; death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | Aug 30/34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Dom Cancer

Name of operation None Date of —
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. E. Carrsow, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Caraston

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## BUREAU OF VITAL STATISTICS
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91061

Registration District No. 1.C.9

Primary Registration District No. 46 Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Bodine

(a) Residence. No. 320 4th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 56 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orange (State or country) N.J.

FATHER

13. NAME Joseph Bodine

14. BIRTHPLACE (city or town) Trenton (State or country) N.J.

MOTHER

15. MAIDEN NAME Helen Bodmer

16. BIRTHPLACE (city or town) Switzerland (State or country)

17. INFORMENT (Address) Mrs D Bodine

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date Oct 24 1934

19. UNDERTAKER Brown-Nash Co (Address) Lewiston Ida

20. FILED Oct 26, 1934 J. M. Leslie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26th, 1934, to Oct 21st, 1934

I last saw him alive on Oct 21st, 1934; death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins Disease | 2 yrs |

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical pathological Was there an autopsy? Specimen

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. G. Leamon, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Nez Perce

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91062

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. 7th Street & 5th Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Leon Martin

(a) Residence. No. Nez Perce Co. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 11th 1870.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 2 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Geo. W. Martin

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Corene De Nio

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. E. L. Martin (Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Oct. 31st, 1934

19. UNDERTAKER Brown-Wasmund Co. (Address) Lewiston Idaho

20. FILED Nov. 8., 1934. J. McKyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1934., to Oct. 28, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocarditis | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Typical Sign Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. P. Lain M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91063

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No.) White's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Thomas
(a) Residence. No. 0205 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bebe Thomas

6. DATE OF BIRTH (month, day, and year) June 13th 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 36 | 4 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Bebe Thomas (Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Slater, Mo. Date 11/3, 1934

19. UNDERTAKER Borrow-Mann Co. (Address) Lewiston, Idaho

20. FILED Nov. 8, 1934 J. M. Eagles Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1934 to 10/29/34, 193...
I last saw h. alive on 10/29/34 193...: death is said to have occurred on the date stated above, at 12-50 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Knife wound thru the left Chest Wall between the 5th & 6th rib 1 inch anterior to the mid axillary line and cutting the ant. Pulmonary plexus anterior to the heart and anterior to the Spinal Column causing Collapse of left lung and loss of a great amount of blood | 10-25-34 |
| Other **contributory causes** of importance: (Aspiration of Infiltration) Pneumonia | 10-29-34 |

Name of operation Exploratory Probing Date of 10-28-34
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? yes Date of injury 10-25 1934
Where did injury occur? Lewiston Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. a card room
Manner of injury Stabbed by a knife
Nature of injury Went thru Chest wall

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E. L. Ritchie, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91064

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Sonnenberg Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jackson McGee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 17th 1856

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 78 | 1. | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farm hand

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Geo. Thrasher
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Nov. 1, 193 4

19. UNDERTAKER Brown-Wayne Co.
(Address) Lewiston Idaho

20. FILED Nov. 1, 193 4 J. M. Engle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 29th 193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept., 193 4, to Oct., 193 4

I last saw him alive on Oct 26 193 4; death is said to have occurred on the date stated above, at 10:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Hypostatic pneumonia | 2 |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Were there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. V. Dale M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91065
State File No.....

Registration District No. 1 a e 9

Primary Registration District No. 9 a Local Registrar's No.....

(No. Somerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Martha Jane Smith

(a) Residence. No..... Lewiston St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Febr 11—1848

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 86 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER FATHER

13. NAME: Hornbeck

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Mary Eliz. Hornbeck

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): H. I. Smith Lewiston Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Centerville S. Dak. Date 11/2 1934

19. UNDERTAKER (Address): Brown-Wann Co., Lewiston Idaho

20. FILED Nov. 1, 1934. J. M. Lyle Registrar.
by [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Oct. 28, 1934.
I last saw her alive on Oct. 28 1934 death is said to have occurred on the date stated above, at 4:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Debility | |

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis? Sup Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible] M. D.
(Address) Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91066

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 1

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

143 10

2. FULL NAME Rosa Myrtle Baldwin

(a) Residence. No. 140-9th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William O. Baldwin

6. DATE OF BIRTH (month, day, and year) August 20, 1906

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | 2 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sheridan County Kansas

FATHER

13. NAME Elmer Rogers

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Armina Sloan

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) William O. Baldwin Lewiston, Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Colby, Kansas Date ....., 193..

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Nov 1, 1934 J. M. Lagle Registrar.
By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-31 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1934, to 10-31, 1934

I last saw her alive on 10-31, 1934; death is said to have occurred on the date stated above, at 6⁴⁵ P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia following | |
| Self induced abortion | 10-25-34 |
| Other contributory causes of importance: | |
| Pre-existing anemia | ? |

Name of operation None Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. J. McRae, M. D.

(Address) Lewiston Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Bonddorf

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91067

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 2

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100

2. FULL NAME William Nelson Swift

(a) Residence. No. St. Winona, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 3rd 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 54 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash.

FATHER

13. NAME James Swift

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Julia Maloney

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Grace Goldsby Dayton Wash

18. BURIAL, CREMATION, OR REMOVAL Place Pullman, Wash Date Oct 3rd, 1934

19. UNDERTAKER (Address) Brown & Daniels Lewiston Idaho

20. FILED Oct 4, 1934 J. M. Lyle Registrar. By E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to Oct 1, 1934

I last saw him alive on Sept 30, 1934; death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | Sept 12-34 |
| from inhalation of Smoke on Forest Reserve fire | |
| Other contributory causes of importance: | |
| Emphysema | Sept 28-34 |

Name of operation Incision & Drainage Date of Sept 24-34

What test confirmed diagnosis? Post Mortem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Sept 1934

Where did injury occur? Idaho Co, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Forest Reserves

Manner of injury Inhalation of Smoke

Nature of injury Burned Lungs

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Deceased was fighting Fire

(Signed) E. G. Brandstrom, M. D.

(Address) Lewiston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Oneida

City of Malad

DO NOT WRITE IN THIS SPACE

State File No. 91068

Registration District No. 2069

Primary Registration District No. 2069 — Local Registrar's No. 32

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jenkins Jones

(a) Residence. No. ..... St. Malad Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Jones.

6. DATE OF BIRTH (month, day, and year) June 30. 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 88 | 4 | 6 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife - Keeping

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Sept 1902

11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (city or town) (State or country) Penrhaeafer Wales.

**FATHER**

13. NAME Griffith Jenkins

14. BIRTHPLACE (city or town) (State or country) Wales.

**MOTHER**

15. MAIDEN NAME Catherine Llewellyn

16. BIRTHPLACE (city or town) (State or country) Wales -

17. INFORMANT (Address) Margaret Jones Malad Idaho -

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Malad Idaho Date Oct 29 1934

19. UNDERTAKER (Address) J. Jay Ranson Malad Idaho

20. FILED Oct 31, 1934 J. M. Kerns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 26 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934, to Oct 26, 1934.

I last saw her alive on Oct 26, 1934: death is said to have occurred on the date stated above, at 10:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | 6 years |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Acute Bronchitis | |
| Senility | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion J. Kerns M. D.

(Address) Malad Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91069

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 28

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gleed

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 9 1934

7. AGE — Years | Months | Days | If LESS than 1 day 3 hrs. or 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad Idaho
(State or country)

FATHER

13. NAME Hubert Samuel Gleed

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Mary R Morgan

16. BIRTHPLACE (city or town) Samaria
(State or country) Idaho

17. INFORMANT Hubert Samuel Gleed
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Oct 10 93. A

19. UNDERTAKER J. Seg. Dana
(Address) Malad Idaho

20. FILED Oct. 31, 1934 J. M. Kramer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1934 to ....., 193....
I last saw him alive on Oct. 9, 1934: death is said to have occurred on the date stated above, at 4:10 P. m.
The **principal cause of death** and related causes of importance were as follows:

**Date of onset**

Inflamation of Lungs
at birth Premature
8 mos. Lived 3 hrs. 40 min.

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) V. P. Grant, M. D.
(Address) Malad, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91074

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 30
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Griffiths Thomas

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 26 1898

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 36 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1934

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME George S Thomas

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Sarah Ann Griffiths

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMANT Mrs Sarah A Thomas
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date ....., 193..

19. UNDERTAKER D. Berg Kansas
(Address) Malad Idaho

20. FILED Oct. 31, 1934 J. W. Fetrow
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 14 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Jap Thomas at door of theater shooted pres- ent at using picture gun at exciting part of picture. Death resulted to | |
| Other contributory causes of importance: have also pneumonia. Probably heart. | |

Name of operation ..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91071

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

9

2. FULL NAME John Robert Gleed

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER FATHER

13. NAME John H Gleed

14. BIRTHPLACE (city or town) Samaria
(State or country) Idaho

MOTHER

15. MAIDEN NAME Marjorie Zimmer

16. BIRTHPLACE (city or town) .....
(State or country) California

17. INFORMANT John H. Gleed
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Oct 26 1934

19. UNDERTAKER J. Ray Kerns
(Address) Malad Idaho

20. FILED Oct 31, 1934 J. M. Kerns
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month Oct a 23 year) 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1934, to Oct 23, 1934.

I last saw him alive on Oct 23, 1934: death is said to have occurred on the date stated above, at 10:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | |
| following Pertussis | 8 weeks |

Other **contributory causes** of importance:

| | |
|---|---|
| Anemia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) J. Marion J. Kerns, M. D.

(Address) Malad, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91072

Registration District No. 26
Primary Registration District No. 2669
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Mary Ann Davis Moon

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 7 1853

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1923

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) ..... (State or country) Wales

FATHER

13. NAME Evan Davis

14. BIRTHPLACE (city or town) ..... (State or country) Wales

MOTHER

15. MAIDEN NAME Ann Williams

16. BIRTHPLACE (city or town) ..... (State or country) Wales

17. INFORMANT Mary E. Hopkins (Address) Portage Ut.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Cherrycreek Ida Date Oct. 19 1934

19. UNDERTAKER J. Leroy Benson (Address) Malad Idaho.

20. FILED 10/19, 1934 J. M. Howe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to Oct 15 1934
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 11 a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile decay | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) J. M. Howe M. D.
(Address) Malad Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9107?

County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Parry Evans

(a) Residence. No. ..... Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

184

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Chivers

6. DATE OF BIRTH (month, day, and year) January 7 1886

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 9 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Jeweler

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Oct 1934

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME David Richards Evans

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Charlotte Parry

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. Evan T. Jones (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Oct. 13 1934

19. UNDERTAKER J. Guy Benson (Address) Malad Idaho

20. FILED Oct 81, 1934 J. M. Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 10, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2.15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | |
| Myocardial degeneration | |
| Had been in bed two days | |
| Was dead on my arrival | |

Other **contributory causes** of importance

| | |
|---|---|
| Bladder paralysis from | |
| Fracture by under | |
| Water 12 yrs | |

Name of operation ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury Oct 10 1934
Where did injury occur At road camp 7 mi. north of Malad
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. industry
Manner of injury Was using spade bit
Nature of injury Cerebral hemorrhage

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. P. Gardner, M. D.
(Address) Malad Ida

NOV 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Owyhee

City of Homedale

DO NOT WRITE IN THIS SPACE

State File No. 91074

Registration District No. 107

Primary Registration District No. 2185 Local Registrar's No. 16

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Mary Meaze

(a) Residence. No. Homedale Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

760

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 19 - 1865

7. AGE: Years 69 | Months 6 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mt. Magnont Penn

FATHER

13. NAME: Barnabus Hartman

14. BIRTHPLACE (city or town) (State or country): ... Penn

MOTHER

15. MAIDEN NAME: Mary Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country): ... Penn

17. INFORMANT (Address): Geo. W. Graff Homedale Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Canyon Co. Ida. Date: 10-31-1934

19. UNDERTAKER (Address): C. A. Cookhanour Caldwell Idaho

20. FILED: Nov. 1 1934 H. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1934., to Oct. 28, 1934.

I last saw her alive on Oct. 28, 1934: death is said to have occurred on the date stated above, at 11 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Apoplexy | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. A. Marsh M. D.

(Address) Homedale, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91077

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 45

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Frances Carothers

(a) Residence. No. 1004 - 2 Ave South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Carothers

6. DATE OF BIRTH (month, day and year) April 3 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 67 | 5 | 12. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME James Conaway

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Flora G. Coulter (Address) Payette - Ida.

18. BURIAL, CREMATION OR REMOVAL Place Portland Ore. Date Sept 17, 1934

19. UNDERTAKER Snodgrass & Zimmerman (Address) Lafayette Oregon

20. FILED 9/16/34 193... J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jul. 1, 193.. to Sept. 15, 193.4

I last saw h.. alive on Sept. 15, 193.4; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of cervix | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Merrell R. Ott, M. D.

(Address) Payette Ida

NOV 5 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91078

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 46

135

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James M. Hale

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Hale

6. DATE OF BIRTH (month, day, and year): Nov. 21- 1857.

7. AGE — Years: 76 | Months: 9 | Days: 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Iroquois Co. Ill.

FATHER

13. NAME: Thomas A. Hale.
14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER

15. MAIDEN NAME: Caroline Bixler
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Floyd F. Hale Payette Idaho R. 1.

18. BURIAL, CREMATION OR REMOVAL
Place: New Plymouth Ida. Date: 9-16-1934

19. UNDERTAKER (Address): Glenn E. Sanders Payette Idaho.

20. FILED Sept. 18, 1934. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8-, 1934, to 9-14- 1934

I last saw him alive on 9-14, 1934: death is said to have occurred on the date stated above, at 7.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enlarged Prostate | ? |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Uraemic Coma | 9-14-34 |

Name of operation: None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... C. C. Paxton, M. D.

(Address) ..... Payette Ida

NOV 5 19[illegible]

**PLACE OF DEATH**
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91079

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 48

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Idella Elliott

(a) Residence. No. ..... Weiser St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | Wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 23-1919

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 15 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME John Elliott

14. BIRTHPLACE (city or town) (State or country) Kansas

15. MAIDEN NAME May McBride

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT John Elliott
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 9-10-1934

19. UNDERTAKER S. C. Northam
(Address) Weiser Idaho

20. FILED Sept 29 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 8-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934, to Sept 8, 1934.
I last saw her alive on Sept 7, 1934; death is said to have occurred on the date stated above, at 5:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | Sept 6, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| unknown | |
| | |
| | |

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) W. Kirkpatrick M.D.
(Address) Weiser Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91080

City of Payette

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Alma Opal Donoho

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. E. Donoho

6. DATE OF BIRTH (month, day, and year) December 9 1891

7. AGE: Years 43 | Months 8 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Home maker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ill
(State or country)

FATHER

13. NAME Geo A. Miller.

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Emma Gordon

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT C. E. Donoho
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth, Idaho Date 10/5 193 4

19. UNDERTAKER Gibson & Landon
(Address) Payette Idaho

20. FILED Oct 4, 193 4 J. E. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934, to Oct 2, 1934.
I last saw h[illegible] alive on Oct 2, 1934; death is said to have occurred on the date stated above, at 10.45 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dilation of right auricle | Not known |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) L. E. Paxton M. D.
(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Fayette

City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 31081

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. William Watson Jones

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Grace Jones

6. DATE OF BIRTH (month, day, and year) December 28 - 1875.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 9 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Caldwell Co. Missouri.

FATHER

13. NAME Albert G. Jones

14. BIRTHPLACE (city or town) (State or country) Caldwell Co. Missouri.

MOTHER

15. MAIDEN NAME Margrd Polley

16. BIRTHPLACE (city or town) (State or country) Andrew Co. Missouri.

17. INFORMANT Lizzie Grace Jones
(Address) Fayette Idaho.

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Emmett Idaho. Date Oct. 7, 1934

19. UNDERTAKER Glenn C. Landon
(Address) Fayette Idaho.

20. FILED 10/6/34 193.. J. C. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Oct. 4, 193.4.

I last saw him alive on Oct. 4, 193.4. death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 10-4-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Merrill K. Orr M. D.
(Address) Fayette Ida

NOV 5 1934

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91082

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Baxter Moriarty

(a) Residence. No. 640 N. 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie E. Moriarty

6. DATE OF BIRTH (month, day, and year) Aug 30 - 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 88 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** retired R.R.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Station Agent

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lake Geneva Wis.

MOTHER FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT (Address) W. E. Moriarty Payette Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Payette Idaho Date Oct 15 1934

19. UNDERTAKER Pierce & Sanders
(Address) Payette Idaho

20. FILED Oct 16 .., 1934 J. C. Woodward
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934., to Oct 13 ..., 1934.

I last saw h[illegible] alive on Oct 11 ., 1934.: death is said to have occurred on the date stated above, at 1:45 a/m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Do not know |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. C. Parton, M. D.

(Address) Payette, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Fayette
City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91083

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlene Joy Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 3 - 1932
7. AGE — Years: 1 Months: 11 Days: 15 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fayette (State or country) Idaho

FATHER
13. NAME Vernon C Smith
14. BIRTHPLACE (city or town) Denver (State or country) Colorado

MOTHER
15. MAIDEN NAME Edith Pearl McConnell
16. BIRTHPLACE (city or town) Hazelland (State or country) Idaho

17. INFORMANT (Address) Vernon C. Smith

18. BURIAL, CREMATION OR REMOVAL
Place Riverside Cemetery Date 10/19, 1934

19. UNDERTAKER (Address) Peterson Mortuary Co.

20. FILED Oct 20, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, 193..., to Oct 17, 193...
I last saw her alive on Oct 17, 193.4. death is said to have occurred on the date stated above, at 9:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar | Oct 14, 1934 |
| Meningitis, Pneumococcic | Oct 16, 1934 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... Merrill R. Dye, M. D.
(Address) ..... Fayette Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gayette

City of Gayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91084

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 55

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Jefferson Windle

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth R. Windle

6. DATE OF BIRTH (month, day, and year) Mar 19 1862.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 6 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clay City Ohio

MOTHER FATHER

13. NAME Jacob Windle

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Euphemia Wilcox

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Burrel S. Windle (Address) Gayette Idaho

18. BURIAL, CREMATION OR REMOVAL Place Gayette Idaho Date Oct 21 1934

19. UNDERTAKER Glenn G. Laughlin (Address) Gayette Idaho

20. FILED Oct 20, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ...Oct 18., 1934., to Oct 18..., 1934.

I last saw h[illegible] alive on Oct ..., 193.: death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicaemia from infection and fever | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible], M. D.

(Address) [illegible]

NOV 5

**PLACE OF DEATH**

County of Fayette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91085

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number) (No.)

2. FULL NAME Hubert Everett Pace

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara B Pace

6. DATE OF BIRTH (month, day, and year): May 17 1873

7. AGE: Years 61 | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pace Miss Michigan

FATHER

13. NAME: Walter Pace

14. BIRTHPLACE (city or town) (State or country): New York State

MOTHER

15. MAIDEN NAME: Jane Bruen

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Clara B. Pace

18. BURIAL, CREMATION OR REMOVAL
Place: New Plymouth Date: 10/30/34, 193

19. UNDERTAKER (Address): Peterson Mortuary Co Payette Ida

20. FILED 10/30, 1934 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1933, to Oct. 27, 1934.
I last saw him alive on Oct. 27, 1934.: death is said to have occurred on the date stated above, at 3:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1922 |
| Cerebral hemorrhage | Oct 26, 1934 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cerebral hemorrhage | Aug. 1933 |

Name of operation: None Date of: —

What test confirmed diagnosis?: — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Alfred W. Pittman M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91086

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME M. C. Hughes

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Dec 28 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 60 | — | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rock Island Ill.

FATHER

13. NAME John Hugh

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland

MOTHER

15. MAIDEN NAME Margret McCarty

16. BIRTHPLACE (city or town) (State or country) Bloomingfield Ill

17. INFORMANT C. C. Hughes M.D. (Address) New Plymouth Ida.

18. BURIAL, CREMATION OR REMOVAL Place New Plymouth Ida. Date 10/26/34 193..

19. UNDERTAKER Glenn C. Saunders (Address) Payette Idaho

20. FILED 10/31/34 193.. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25-1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to Oct 23, 1934.

I last saw him alive on Oct 23, 1934; death is said to have occurred on the date stated above, at 8 30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic Carcinoma of Liver | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation Left Thoracotomy Date of May 6-34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. C. Parker M D

(Address) Payette Idaho

OCCUPATION is very important. See instruction on back of certificate.

NOV

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lafayette

City of Lafayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91087

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 59

39

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marvin Chester Graves

(a) Residence. No. 227 S 13th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cleo Graves

6. DATE OF BIRTH (month, day and year) Aug 22 - 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 45 | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Le Claed Missouri

MOTHER FATHER

13. NAME James Graves

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME Salina Mae

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT (Address) Mrs. Beulah Smiley Sayette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Sayette Idaho Date 11-2-1934

19. UNDERTAKER (Address) Glenn C. Sanders Sayette Idaho

20. FILED 10/31/34 193... J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1926 to Oct 30, 193.4

I last saw him alive on Oct 29, 193.4 death is said to have occurred on the date stated above, at 8-4 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro Spinal Lues | |
| | |
| | |
| | |
| Contracted Lues about 1908 | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) Sayette Ida.

NOV 5 1934

PLACE OF DEATH

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 31088

Local Registrar's No. 47

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harlan P. Stewart

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adelia Stewart

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Archelus Hunter Stewart

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Wallace

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Milo W. Stewart, New Plymouth, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Riverside Cem. Date 9/26, 1934

19. UNDERTAKER Fuhrman Furniture Co. (Address) Emmett Payette

20. FILED Sept 27, 1934 J. O. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934, to Sept 24, 1934

I last saw him alive on Sept 24, 1934 death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardosis | unknown |

Other contributory causes of importance: Shock following fall from a horse Sept 19, 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Merrill K. Otte, M. D.

(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 19

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 91089

Local Registrar's No. 52

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Laura Kay

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. W. Kay

6. DATE OF BIRTH (month, day, and year) Oct 14-1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 11 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wathena Kansas

FATHER

13. NAME Geo H Jamieson

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Lydia M Dyer

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) E. Pearl Lester

18. BURIAL, CREMATION, OR REMOVAL Place Payette County Date 10-10, 1934

19. UNDERTAKER Peterson Funeral Co.
(Address) Payette Idaho

20. FILED 10/10/34, 193 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1934 to Oct 8, 1934
I last saw her alive on Oct 8, 1934 Death is said to have occurred on the date stated above, at 4P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, lobar | 10-2-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marguerite Day, M. D.
(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91090

**PLACE OF DEATH**

County of Power

City of American Falls, Idaho

Registration District No. 21-

Primary Registration District No. 2072 Local Registrar's No. 39

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hetta A. Kranzler

(a) Residence. No. R.F.D.Am Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Dec 28 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 16 | 9 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Power Co
(State or country)

FATHER

13. NAME Henry Kranzler

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Marry Miller

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Henry Kranzler
(Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Plesent Valley Date 10/23/34 193..

19. UNDERTAKER a. w. Evans
(Address) American Falls, Idaho

20. FILED Oct 22 193 4 Genevieve Nott
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 193 4, to Oct. 21, 193 4.

I last saw h[illegible] alive on Oct 21, 193 4: death is said to have occurred on the date stated above, at 1 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningo Coccic | |
| Cerebo Spinal | |
| Meningitis | |
| (Sporadic) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) W. F. Farrell M. D.
(Address) Am. Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

NOV 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91092

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 12-3
Primary Registration District No. 1201
Local Registrar's No. 56

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie Watkins Cotton

(a) Residence. No. 7 Mission St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (~~write the word~~): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Annie Pearl Cotton

6. DATE OF BIRTH (month, day, and year): Nov 9-1877

7. AGE: Years 56 | Months 10 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Waco, Texas

FATHER
13. NAME: Weaver Cotton
14. BIRTHPLACE (city or town) (State or country): Augusta Ga.

MOTHER
15. MAIDEN NAME: Mary A. Wherry
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMENT (Address): Mrs. Archie W Cotton

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place: Kellogg Date: Nov. 10, 1934

19. UNDERTAKER: R. L. Stout
(Address): Kellogg, Ida.

20. FILED Nov. 9, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1934, to Oct. 7, 1934
I last saw him alive on Oct. 7, 1934: death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Oct. 3 34 |
| Cardiac failure | Oct 7, 34 |

Other contributory causes of importance:

| | |
|---|---|
| Post operative Gall-bladder | Oct-2 34 |

Name of operation: Gall bladder Date of: Oct 2 '34
What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn McCaffery M. D.
(Address) Kellogg, Ida.

NOV 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91093

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 57

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Hasselin

(a) Residence. No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Hasselin

6. DATE OF BIRTH (month, day, and year): Oct. 23-1884

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 11 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Housewife -
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Belgium

FATHER
13. NAME: August Gobert.
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: Teresa ——
16. BIRTHPLACE (city or town) (State or country): Belgium

17. INFORMENT (Address): August Hasselin Kellogg Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg Ida Date: Oct. 25 1934
19. UNDERTAKER (Address): R. L. Hunt Kellogg Ida.
20. FILED: Nov. 9, 1934 Mrs. Helen M. Bird Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 22 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1934, to Oct. 22, 1934
I last saw h~~er~~ alive on Oct. 22, 1934; death is said to have occurred on the date stated above, at 4:30 ~~P.~~ M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralytic ileus post-operative | 10-20-34 |
| Other contributory causes of importance: | |
| Chronic myocarditis | ? |

Name of operation: Ileorectostomy Date of: 10-18-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn McHaffey M. D.
(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Avery

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91094

Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 29

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Samuel Hoover

(a) Residence. No. St. Avery - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Elizabeth D. Hoover

6. DATE OF BIRTH (month, day, and year) Sept. 25 - 1872

7. AGE: Years 60 | Months — | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Telegraph Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Railway
10. Date deceased last worked at this occupation (month and year) Aug. 28 - 1934
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Grayville, Illinois

FATHER
13. NAME: John Hoover
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Harriet Hassel
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs. H. S. Hoover

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Maries, Idaho Date Oct. 10, 1934

19. UNDERTAKER: Mitchell Undertaking Co.
(Address) St. Maries, Idaho

20. FILED Oct. 7, 1934 C Bruns
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from August 29th, 1934, to September 6, 1934
I last saw him alive on Sept. 6, 1934: death is said to have occurred on the date stated above, at 3.45 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Aug 28/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify —

(Signed) C Bruns, M. D.
(Address) Avery - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City or Kingston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91095
State File No.

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 57

(No. 6 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Ester Beaty

(a) Residence. No. Kingston St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced, (or) WIFE of J. C. Beaty

6. DATE OF BIRTH (month, day, and year) June 27 1890

7. AGE | Years 40 | Months 3 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Ezra Fiser
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Anna Lydewick
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT C. Ludwick
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg, Ida. Date Oct. 11, 1934

19. UNDERTAKER M. L. Thornhill
(Address) Kellogg Ida

20. FILED Nov. 9, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw her alive on ....., 193.. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Arteriosclerosis | |
| Hypertension | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocardial Disease | |
| Pulmonary Edema | |
| Bronchopneumonia | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury, 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. T. Howard Cornell
(Address) Wallace, Ida.

NOV 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91096

Registration District No. 125
Primary Registration District No. 2201 Local Registrar's No. 67

**PLACE OF DEATH**
City of Shoshone
or Kellogg

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Henry Woodward

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Lottie Woodward

6. DATE OF BIRTH (month, day, and year) June 11, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 52 | 4 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Carpenter
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oswego
(State or country) Oregon

FATHER
13. NAME Fred Edward Woodward
14. BIRTHPLACE (city or town) .....
(State or country) Vermont

MOTHER
15. MAIDEN NAME Martha A Pomeroy
16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Fred Woodward Jr.
(Address) Kellogg Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Kellogg Ida. Date Nov 3 1934

19. UNDERTAKER M. C. Thompkins
(Address) Kellogg Idaho

20. FILED Nov 9, 1934. Mrs. Helen M. Reid
Registrar.

## MEDICAL CERTIFICATE OF DEATH anderson

21. DATE OF DEATH (month, day and year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 193?, to Oct. 30, 1934.
I last saw him alive on Oct. 30, 1934.: death is said to have occurred on the date stated above, at 7:30A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Decompensation | 10-29-34 |
| Myocardial Degeneration | |
| | |
| Other **contributory causes** of importance: | |
| Bronchial Asthma | |
| Probable Pulmonary Tuberculosis | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold T Anderson M. D.
(Address) Kellogg .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91097

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

37

2. FULL NAME Roy Amory Pate

(a) Residence. No. Mission Street St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) April 23. 1889

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | 7 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mining

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Washington Pullman

MOTHER FATHER

13. NAME Bird Pate

14. BIRTHPLACE (city or town) (State or country) Ironing

15. MAIDEN NAME Clara Barta

16. BIRTHPLACE (city or town) (State or country) Ironing

17. INFORMANT Mrs Chet Young (Sister)
(Address) Walla Walla Wash

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Oct 28., 1934

19. UNDERTAKER M. C. Thornbrue
(Address) Kellogg Idaho

20. FILED Nov. 9., 1934 Mrs. Helen McBride
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-4-, 1934., to 10-25-1934.

I last saw him alive on 10-25-, 1934.; death is said to have occurred on the date stated above, at 10.25 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Meningitis | 10-4-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pulmonary Tbc | |
| Silicosis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify... Mining

(Signed) Glenn McArthur M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 91098

Local Registrar's No. 27

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virgil LeRoy Larson. 160

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 17-34

| 7. AGE | Years | Months | Days | If LESS than 1 day 3 hrs. or min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida.

FATHER

13. NAME Stanley Larson

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Elma Eaton

16. BIRTHPLACE (city or town) (State or country) Dayton Wash.

17. INFORMENT (Address) Stanley Larson Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Oct 20, 1934

19. UNDERTAKER (Address) J. A. Bever Wallace Ida.

20. FILED Oct 18, 1934 John Bever Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934, to Oct 17, 1934

I last saw him alive on Oct 17, 1934: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital pulmonary atelectasis | Oct 17 34 |

Other contributory causes of importance: Prematurity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Fuller M. D.

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91099

Registration District No. 10

Primary Registration District No. 1011 Local Registrar's No. 29

(No. County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Lozan 98

(a) Residence. No. Mullan Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | divorced |

5a. If ~~married, widowed, or~~ divorced
HUSBAND of
~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Date Nov 5, 193 4

19. UNDERTAKER Wm Marshall (Address) Wallace Ida

20. FILED Nov 4, 193 4 John Bever Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 26 193 4

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 193 4, to Oct 26, 193 4

I last saw h~~e~~alive on Oct 25th, 193 4; death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular heart disease. | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Lindsay, M. D.

(Address) Kellogg Idaho

RECEIVED NOV 13

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91100

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 28
(No. Providence Hospital 117)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry M Walker
(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 24 - 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 7 | 3. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead Mining.
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1934
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Mrs Mullan Wallace Idaho
18. BURIAL, CREMATION OR REMOVAL Place Wallace Idaho Date Oct 31, 1934
19. UNDERTAKER (Address) J A Burns (Ward and Co) Wallace Ida.
20. FILED Oct 31, 1934 John Burns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1934, to Oct 27, 1934
I last saw him alive on Oct 27, 1934 death is said to have occurred on the date stated above, at 7.25 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 7 days |
| Diabetes | |
| Cystitis | |
| Pyelonephritis | |

Other **contributory causes** of importance
Appendicitis 2 yrs ago
Name of operation Laparotomy Date of Oct 24 1934
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) M Lasnewell
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91101

**PLACE OF DEATH**

County of Shoshone
City of Wallace
Registration District No.
Primary Registration District No.
Local Registrar's No. 26
(No. C. I. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alex Scheretta 31

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed.
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widowed.
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: 72. Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ✓
12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER
13. NAME: "
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): C.D. Hospital Records Wallace Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida. Date: Oct. 17, 1934
19. UNDERTAKER (Address): J. A. Brown (Ward Undtk) Wallace Ida.
20. FILED: Oct. 16, 1934 John Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 12 1934
22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to Oct 12, 1934
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis ✓ — Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91102

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 25

(No. Home about 2 miles west of Wallace
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Nelson

(a) Residence. No. West Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20-1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 41 | 11 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Oct 11-1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace
(State or country) Idaho

FATHER

13. NAME Peter B. Nelson

14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Carrie Christenson

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMENT Arthur Nelson
(Address) Wallace, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Date Oct 17, 1934

19. UNDERTAKER R. S. Worstell
(Address) Wallace Ida

20. FILED Oct 17, 1934 John Bovey
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1934, to Oct 16, 1934
I last saw him alive on Oct 16, 1934, death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 3 days |
| Other contributory causes of importance | |
| Influenza | 3 days |

Name of operation ——— Date of ———
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ....., 193
Where did injury occur? ———
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? ———
If so, specify ———

(Signed) Dr. M. Wood Ward M.D.
(Address) Wallace Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91103

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 24

(No. ) 915
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans Soles

(a) Residence. No. Wallace, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stavanger
(State or country) Norway

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT L. E. Westell
(Address) Wallace, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Date 10/13, 1934

19. UNDERTAKER C. Worstell
(Address) Wallace Ida.

20. FILED Oct 8, 1934 Chas Bower
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932, to Oct 8, 1934
Last saw him alive on Oct 7, 1934: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Pneumonia | |
| Valvular heart disease | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91104

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 22

(No.) Wallace Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel N. Turnbull

(a) Residence. No. Mace Ida St. Mace Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Alexina Turnbull
6. DATE OF BIRTH (month, day, and year): June 6-1878
7. AGE: Years 56 | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Lead Mng.
10. Date deceased last worked at this occupation (month and year): 2 or 4 32
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): California.

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Mrs Alexina Turnbull Mace Ida.
18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place: Wallace Ida. Date: Oct 9, 1934
19. UNDERTAKER (Address): J A Bever (word illegible) Wallace Ida
20. FILED: Oct 8., 1934 John Bever Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 7 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1934 to Oct 7, 1934
I last saw him alive on Oct 7, 1934; death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | about Aug 1-34 |

Other contributory causes of importance: Glomerular Nephritis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) Max T. Smith, M.D.
(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FILED IN 1347

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91105

County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1811
Local Registrar's No. 21

(No. 418 Bank St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred J. Dunn

(a) Residence. No. 418 Bank St. Wallace Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Myrtle Dunn

6. DATE OF BIRTH (month, day, and year): Jan. 31 1862

7. AGE: Years 72 | Months 9 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: newspaper editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 10 1934
11. Total time (years) spent in this occupation: about 50 years

12. BIRTHPLACE (city or town) (State or country): Warsaw Ills

FATHER

13. NAME: John Dunn
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Elizabeth Lay
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Robert Dunn Wallace
18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Date: Oct 9, 1934
19. UNDERTAKER (Address): D. Norcell Wallace Ida
20. FILED: Oct. 9, 1934 John Bunn Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 6 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1934, to Oct 6, 1934
I last saw him alive on Oct 6, 1934: death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis acute | Oct. 6. 1934 |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) D. H. Cornell, M. D.
(Address) Wallace, Idaho

RECEIVED IN I.S.

**PLACE OF DEATH**

County of Teton

City of Tetonia R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91106

Registration District No. 77

Primary Registration District No. 9176 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME O. W. Shaw

(a) Residence. No. 2 miles South of Tetonia, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Melissa Atwood Shaw

6. DATE OF BIRTH (month, day, and year) May 18, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City Utah Salt Lake Utah

FATHER

13. NAME Osmond Brent Shaw

14. BIRTHPLACE (city or town) (State or country) Gloscow England

MOTHER

15. MAIDEN NAME Eliza Wilding

16. BIRTHPLACE (city or town) (State or country) Gloscow England

17. INFORMANT (Address) Mrs. Bert Shaw Tetonia Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Tetonia, Ida. Date 10/22, 1934

19. UNDERTAKER Russell Funeral Home (Address) Rexburg, Idaho

20. FILED 10-25-1934. Alice M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1933, to 10/19, 1934.
I last saw him alive on 10/13, 1934: death is said to have occurred on the date stated above, at 9:50 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Arterio-sclerosis | 1924 |
| Other **contributory causes** of importance: Coronary Thrombosis | 4/25/33 |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) L. T. C. Rees, M. D.
(Address) Driggs, Idaho

OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Teton

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91107

Registration District No.

Primary Registration District No. Local Registrar's No. 9

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Elbert Marshall~~ L. C. Marshall

(a) Residence. No. Teton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Ida Date 10-13-1934

19. UNDERTAKER Russel T. Lamm
(Address) Rexburg Idaho

20. FILED Oct. 11, 1934 Abie M. Breese Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) John Lawson Conner, M. D.
(Address) 10-11-1934 Teton County Driggs Idaho Oct 11, 1934

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 5 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91108

## PLACE OF DEATH

County of Lincoln

City of Burke

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Harvey David Blackman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Oct. 30 - 1934
7. AGE: Years 2 Months 2 Days 2 If LESS than ~~1 day~~, ~~7~~ hrs. ~~..~~ 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burke Ida

MOTHER FATHER
13. NAME W. S. Blackman
14. BIRTHPLACE (city or town) (State or country) Atwood Colo.
15. MAIDEN NAME Catherine L. Hawerton
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) H. N. Blackman Burke

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Burke Date Oct. 31, 1934

19. UNDERTAKER (Address) Evans & Johnson Burke E. D. Johnson

20. FILED Nov. 1, 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1934 ~~1:40~~ a.m. 193..., to Oct. 30 1934 9 a.m. 193....

I last saw him alive on Oct. ..., 1934.: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Atrophy due to non-development of rectum. Ventral hernia, hare-lip - cleft palate. Hands, feet, eyes, all deformed | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) F. W. McMannus, M. D.
(Address) Burke, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91109

**PLACE OF DEATH**

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 7085
Local Registrar's No. 221

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

101 N

2. FULL NAME Fred Parsley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 25 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER / FATHER

13. NAME Leo Parsley

14. BIRTHPLACE (city or town) Kansas
(State or country)

15. MAIDEN NAME Mrs. Thompson

16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Eldon Parsley
(Address) Berryville, Ark

18. BURIAL, CREMATION, OR REMOVAL
Place Berryville, Ark Date Oct 29 1934

19. UNDERTAKER J. E. Drake
(Address) J. E. Drake

20. FILED Oct. 27 1934 Geo. Halley, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934, to Oct 25, 1934
I last saw him alive on Oct 25, 1934; death is said to have occurred on the date stated above, at 10:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | Oct 21 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation none Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Russell St. Lawrence M. D.
(Address) Twin Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91110

**PLACE OF DEATH**

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 222

(No. Power) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Anna Sophia Burman

(a) Residence. No. Rimberly St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 1855

7. AGE: Years 79 | Months 8 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME Peter Burstedt
14. BIRTHPLACE (city or town) (State or country) Sweden
15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Robert Burman
(Address) Rimberly

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Oct 29 1934

19. UNDERTAKER E. Prosser
(Address) Twin Falls

20. FILED Oct 31 1934 Geo. C. Talley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1934, to Oct. 26, 1934.
I last saw h[illegible] alive on Oct. 26 1934.; death is said to have occurred on the date stated above, at 1:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, Chronic | 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bronchitis, Chronic | 1930 |

Name of operation ..... Date of .....
What test confirmed diagnosis? A. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. F. Prosser, M. D.
(Address) Twin Falls, Ida.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of date of birth is necessary, and in certain cases the EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91111

Registration District No. 37
Primary Registration District No. 7085
Local Registrar's No. 223

(No. 740)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah J. Eden

(a) Residence. No. County Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Melvin Eden

6. DATE OF BIRTH (month, day, and year) May 18, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 72 | 5 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housework
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamlin
(State or country) West Virginia

FATHER
13. NAME Payton Hall
14. BIRTHPLACE (city or town) Hamlin
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Spencer L. Brown
(Address) Rogerson

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date ... 193..

19. UNDERTAKER Cadwell & Johnson
(Address) Twin Falls

20. FILED Nov. 1, 1934 Geo. C. Halley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934 to Oct. 29, 1934
I last saw h[illegible] alive on Oct. 25 1934: death is said to have occurred on the date stated above, at 4 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorhage | 10-23 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cardiac renal insufficiency | 10 yrs |
| Disease | |
| | |

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) C. D. Weaver M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91112

Registration District No. 37
Primary Registration District No. 3085
Local Registrar's No. 224
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number) Dr Park

2. FULL NAME J. B. Sutherland 90
(a) Residence. No. .... Filer St. Ada
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 10 1872
7. AGE: Years 62 | Months 5 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: ....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: A D Sutherland
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Susan Bunkell
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): A D Sutherland Filer

18. BURIAL, CREMATION OR REMOVAL
Place Filer I.O.O.F. Date Dec 3 1934

19. UNDERTAKER (Address): F. C. Draper Twin Falls

20. FILED Nov. 6 1934 Geo. L. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 28 1934
22. I HEREBY CERTIFY, That I attended deceased from 10-27-..., 1934., to 10-28..., 1934.
I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senile Pneumonia | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) H. H. Parkinson M. D.
(Address) Filer Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91113

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 206

(No. Twin Falls, Ida Route # 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John E. Roper

(a) Residence. No. Twin Falls, Ida. Route #1 St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12Th. 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Lucas Stanford

14. BIRTHPLACE (city or town) (State or country) Virg.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) James P. Roper, Twin Falls, Ida. R # 1

18. BURIAL, CREMATION, OR REMOVAL Place Grand Junction Colo 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED Oct. 6, 1934 Geo. Hallen, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 6Th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1933, to Oct. 6, 1934

I last saw him alive on Oct 1, 1934: death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile dementia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls, Ida

RECEIVED NOV 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91114

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 207

(No. Route #3 - Twin Falls. Idaho, Tenderfoot
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Flowerdew

(a) Residence. No. Route #3 - Twin Falls. Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Wilson 940

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 23 - 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yarmouth England

FATHER

13. NAME William Flowerdew

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Branton

16. BIRTHPLACE (city or town) (State or country) Yarmouth England

17. INFORMANT (Address) Mrs. Mary B. Baker

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Twin Falls Date 10-8., 1934

19. UNDERTAKER (Address) White Mortuary Twin Falls. Idaho

20. FILED Oct. 6., 1934. Geo. E. Walley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-5- 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 0..., 1934., to Oct. 5....., 1934.

I last saw ~~him~~ alive on Oct. 3., 1934.; death is said to have occurred on the date stated above, at 8.10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) ..... M. D.

(Address) Twin Falls. Idaho

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91115

**PLACE OF DEATH**

County of Twin Falls.
City of Hansen.

Registration District No. 31
Primary Registration District No. 7085 Local Registrar's No. 208
(No. Hansen, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Ray McFarland.

(a) Residence. No. Hansen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Drake 1000

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth McFarland

6. DATE OF BIRTH (month, day and year) May 1st, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Weaver (State or country) Utah

FATHER

13. NAME Archibald McFarland

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isabelle Mitchell

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs. Elizabeth McFarland Hansen, Idaho

18. [redacted] OR REMOVAL
Place Ogden, Utah Date 10-9- 1934

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED Oct. 6. 1934 Geo. C. Wallace, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1934, to Oct. 6, 1934.
I last saw him alive on Oct. 6, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | |
| Nephritis & Anuria | |
| & Terminal Anemia | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis? Physical findings & Lab. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. A. Drake M. D.
(Address) Twin Falls, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91116
State File No.

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 209

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Homer Merl Cantrell

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 1 1934
7. AGE: Years X | Months 2 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): dobg

FATHER
13. NAME: Homer Cantrell
14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER
15. MAIDEN NAME: Ivas Mettle
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT (Address): Homer Cantrell Filer

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Sept 10 1934

19. UNDERTAKER (Address): F E Drake Twin Falls

20. FILED Oct 9 1934 Geo. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. Sept 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Death, 1934
I last saw him alive on Oct 8, 1934: death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Syphilis - congenital | Aug 1 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Respiratory infection | 3 wks |
| Rhinitis | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Positive Wasserman in mother Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Russell Weaver M. D.
(Address) Twin Falls Ida

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91117

**PLACE OF DEATH**

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 210

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME James H Burmeister

(a) Residence. No. 528 Blue Lakes Blvd. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Cora Burmeister

6. DATE OF BIRTH (month, day, and year) June 19, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 3 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Groceryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME no information

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME no information

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMENT (Address) Mrs. Cora Burmeister Twin Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Ida. Date Oct. Septl0 1934

19. UNDERTAKER (Address) S. C. Phillips Twin Falls Idaho

20. FILED Oct. 10, 1934 Lee E. Valley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 4 Th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Unattended, 193..., to ....., 193...

I last saw him alive on Oct. 4, 1934; death is said to have occurred on the date stated above, at 5 PM m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Circulatory failure. Heart had Stopped when first Seen dropped over dead Suddenly in local Clothing Store | |
| Other contributory causes of importance: History of Diabetes One year | |
| # | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John C Morgan, M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ON [illegible]

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91118

Registration District No. 37

Primary Registration District No. 2015 Local Registrar's No. 211

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME Mrs. Edith Marie Marston,

(a) Residence. No. 129-Shoshone St. N. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest Marston

6. DATE OF BIRTH (month, day, and year)
Feb., 11, 1891

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 43 | 8 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Proprietress

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** rooming house

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City.
(State or country) Utah

FATHER

13. NAME James Harris

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Edith Mary Marston

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. Wilda Morgan,
(Address) Portland, Oregon

18. BURIAL, ~~XXXXXXXXXXXXXXXXX~~
Place Kaysville, Utah Date. 10-15 1934.

19. UNDERTAKER White Mortuary, Inc.,...
(Address) Twin Falls, Idaho.

20. FILED Oct. 13., 1934. Nicol Malley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-31-....., 1934., to Oct., 11....., 1934.

I last saw her alive on Oct., 11, 1934: death is said to have occurred on the date stated above, at 12:05 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung. Abscess. Right with bronchiectasis | 10 days |
| Pneumania. Post operative | 3 wks. |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cholecystitis - Chronic + acute | 2 months |
| | |

Name of operation Cholecystectomy. Date of 9-12-34

What test confirmed diagnosis? Lab. X-Ray - oper. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? - Date of injury.., 1934.

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Charles B. Beymer, M. D.

(Address) Twin Falls, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91119

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 7085 Local Registrar's No. 212

(No.) Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

101a

2. FULL NAME Albert N. Sonder.

(a) Residence. No. Yoder, Wyo. St. Yoder, Wyo.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug., 1st, 1909

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 25 | 2 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Assistant at

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Service Station.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Preshio
(State or country) S. Dakota

FATHER

13. NAME Peter P. Sonder

14. BIRTHPLACE (city or town) .....
(State or country) Denmark

MOTHER

15. MAIDEN NAME Christina Roerbuck,

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Peter P. Sonder
(Address) Yoder, Wyo.

18. ~~XXXXXXXXXXXXXXXXXX~~ REMOVAL
Place Yoder, Wyo. Date 10-16- 1934

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED Oct. 15 1934 Geo. C. Kelly M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1934, to Oct., 13, 1934.
I last saw him alive on Oct. 13, 1934: death is said to have occurred on the date stated above, at 11:15 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | |
| Bilateral Type 2 | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ralph A. Drake M. D.

(Address) Twin Falls, Idaho.

RECEIVED NOV 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91120

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 213

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Elizabeth Sinema

(a) Residence. No. 1405 E. Hayburn St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 21, 1911

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 22 | 9 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stenographer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho.

FATHER

13. NAME Levi Sinema

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Dirkie VanKlompenberg

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT John H. Sinema
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION, Place Twin Falls Date 10-16 1934

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED Oct. 16 1934 Geo. C. Kelly, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1934., to Oct. 14, 1934.
I last saw her alive on Oct. 14 1934. death is said to have occurred on the date stated above, at 10:48 m. A.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pelvic Peritonitis | Oct 1st 34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Tubal origin; | Aug 1st 1934 |
| G.C. Infection | |
| | |

Name of operation Salpingectomy Date of 10-11-34

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John H. Sinema M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91121

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 214

(No. 260 - 6th Ave. N.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean Schlaht

(a) Residence. No. 260 - 6th Ave. N. City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19-1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

MOTHER FATHER

13. NAME Ruben Schlaht

14. BIRTHPLACE (city or town) (State or country) S. Dakota

15. MAIDEN NAME Louise Harr.

16. BIRTHPLACE (city or town) (State or country) N. Dak.

17. INFORMANT Ruben Schlaht
(Address) 260 - 6th Ave.N.

18. BURIAL, ~~CREMATION, REMOVAL~~
Place Filer, Idaho Date 10-17 193 4

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED Oct. 16 193 4 Geo. C. Kelley, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 193 4

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 193 4, to 10/16, 193 4

I last saw her alive on Oct. 15 193 4; death is said to have occurred on the date stated above, at 2.00 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enter. - Colitis | 10/7/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Bronchopneumonia | ? |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. C. Kelley M. D.
(Address) Twin Falls, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 91122

Local Registrar's No. 215

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack Cammren Abbott

(a) Residence. No. Eden, Idaho RFD. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7 Th 1925

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 9 | 4 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murtaugh Ida.

FATHER

13. NAME J.N. Abott

14. BIRTHPLACE (city or town) (State or country) American Falls, Idaho.

MOTHER

15. MAIDEN NAME Bernece Cammren

16. BIRTHPLACE (city or town) (State or country) Can.

17. INFORMENT (Address) J.N. Abbott Eden, Idaho. RFD.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Oct. 15, 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED Oct. 17, 1934 Geo C. Talley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 13 Th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934, to Oct 13, 1934

I last saw him alive on Oct 13, 1934, death is said to have occurred on the date stated above, at 11.20 AM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia, right, type I, pneumococcus | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation none Clinical + X Ray Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N.O. If so, specify

(Signed) Geo C Talley M. D.

(Address) Twin Falls, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 91123
Local Registrar's No. 216

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adam Smith Sagers

(a) Residence. No. Oakley Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 11 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 0 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lake View Utah

FATHER

13. NAME Henry H. Sagers

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Marian Smith

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs. G. L. Sagers Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Basin Cemetery Date 10/12 1934

19. UNDERTAKER (Address) Dr. E. Johnson Dr. Geo. Cullock

20. FILED 10/19., 1934 Geo. L. Talley M. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-2....., 1934.., to 10-8....., 1934..
I last saw h.. alive on 10-8....., 1934..: death is said to have occurred on the date stated above, at 11:40 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | Oct 7-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Prostate - Chr. Hypertrophy - | 10 yrs |
| Nephritis - Chr. Interstitial | 1 yr. |
| Myocarditis - Chr. | 6 months |

Name of operation Trans-Urethral Prostatectomy Date of 10-6-34
What test confirmed diagnosis? Clinical history Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Charles B. Seymer M. D.
(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91124

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085

Local Registrar's No. 217

(No. 312 --6Th Ave., North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirley Ann Johnson

(a) Residence. No. 312--6Th. Ave, North. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1St1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | 5 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Ida.

FATHER
13. NAME Wm. I. Johnson
14. BIRTHPLACE (city or town)
(State or country) Colo.

MOTHER
15. MAIDEN NAME Ann Mable Mathews
16. BIRTHPLACE (city or town)
(State or country) Wyoming.

17. INFORMENT (Address) Wm.I Johnson Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Oct.19, 193 34

19. UNDERTAKER S.C.Phillips
(Address) Twin Falls, Ida.

20. FILED Oct. 20, 193 4 Geo C. Halley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct.18Th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 193 4, to Oct. 18, 193 4
I last saw h alive on Oct. 17, 193 4: death is said to have occurred on the date stated above, at 2.30 AM.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mis-b sitis (Leo Colitis) | Oct 3, 1934 |
| N Sphritis, Acute | Oct 16, 1934 |

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? Microscopical and Laboratory. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. M. T. Pogue, M. D.
(Address) Twin Falls, Ida.

RECEIVED NOV 10 [illegible] OF IDAHO

Dept 30-1934

PLACE OF DEATH — DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91125

Registration District No. 37

Primary Registration District No. 7 2085

Local Registrar's No. 218

(No. Twin Falls Co. Twin Hasp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Smith

(a) Residence. No. [illegible] St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna F. Smith

6. DATE OF BIRTH (month, day, and year) March 30 - 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Nebraska

FATHER

13. NAME Lewis Smith

14. BIRTHPLACE (city or town) Alsace Lorraine (State or country) France

MOTHER

15. MAIDEN NAME Nat Knauer

16. BIRTHPLACE (city or town) Nat Knauer (State or country)

17. INFORMANT Mrs. T. Leroy Smith (Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date ....., 193..

19. UNDERTAKER Evans & Johnson (Address) Burley

20. FILED Oct. 20 193 4 Geo. C. Kelly, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1934 to Oct 18th, 1934

I last saw him alive on Oct 17, 1934; death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Cancer of Sigmoid | Sept 1933 |
| Obstruction of bowel | 9-26-34 |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |

Operation Colostomy followed in two weeks by Resection of Sigmoid

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Franklin M. D.

(Address) Twin Falls Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(No. County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 91126

Local Registrar's No. 219

2. FULL NAME E E Brackett

(a) Residence. No. Rogerson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2-15 a m 189

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | arried |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 19./1886

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cattle

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** raising

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Z Creek Idaho

FATHER

13. NAME Ira Brackett

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Mauldin

16. BIRTHPLACE (city or town) (State or country) Colo.

17. INFORMANT (Address) Mrs Brackett Rogerson

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Oct 20., 1934

19. UNDERTAKER (Address) F E Drake Twin Falls

20. FILED Oct. 22 1934. Geo. C. Talley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-14., 1934., to 10-18., 1934.

I last saw him alive on 10-18., 1934.; death is said to have occurred on the date stated above, at 2:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| perforated | |
| Duodenal Ulcer Anterior | 10-14-34 |
| Following injury by horse) | |
| while rounding up cattle. | |
| | |
| Other **contributory causes** of importance: | |
| Peritonitis general, Following | 10-14-34 |
| Perforation | |
| | |

Name of operation Lap. Date of 10-15-34

What test confirmed diagnosis? oper. lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-14 1934

Where did injury occur? Twin Falls City
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. His ranch

Manner of injury horse lunged, caused op

Nature of injury Perforation of duodenal Ulcer

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Cattle man

(Signed) Duncan L. Stevenson M. D.

(Address) Twin Falls Ida

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91127

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 39
Primary Registration District No. 7085
Local Registrar's No. 220

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola D. Richards

(a) Residence. No. 1150--10th. Ave, East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 2Nd 1903

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 6 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad, Ida
(State or country)

FATHER
13. NAME P.M. Richards
14. BIRTHPLACE (city or town) Utah.
(State or country)

MOTHER
15. MAIDEN NAME Martha Willams
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMENT Thomas Richards,
(Address) Malad, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Malad, Ida. Date Oct, 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED Oct. 24, 1934 Geo. C. Walley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1934, to Oct. 24, 1934
I last saw her alive on Oct 24, 1934; death is said to have occurred on the date stated above, at 6 A.M. p.m.
The principal cause of death and related causes of importance were as follows:

Mastoiditis. with Abcess. Brain ?

Date of onset

Other contributory causes of importance:

Name of operation Mastoid Op. Date of Oct 18 34
What test confirmed diagnosis? X Ray. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Thos D Rees, M. D.
(Address) Twin Falls Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91128

Registration District No. 34

Primary Registration District No. 7087 Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME M. Groom

(a) Residence. No. 229 - 13th st no. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Flora Belle Groom.

6. DATE OF BIRTH (month, day, and year): June 30 - 1847

7. AGE — Years: 87 | Months: 8 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER

13. NAME Jacob Groom (Grove)

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Carter

16. BIRTHPLACE (city or town) ..... (State or country) Penn.

17. INFORMANT Elmer Van Houten (Address) Burley Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Burley Date 10/30, 1934

19. UNDERTAKER Evans - Johnson (Address) Burley L. Johnson

20. FILED 11-1, 1934 J. F. Murphy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/29 1934

22. I HEREBY CERTIFY, That I attended deceased from 23 Aug, 1934, to 29 Oct, 1934.

I last saw him alive on 27 Oct, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac hypertrophy and dilatation | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. W. MacMeguen, M. D.

(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 8 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91129

**PLACE OF DEATH**

County of Valley

City of Profile

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Wilson

(a) Residence. No. Profile, Near Yellow Pine St. Idaho. 170
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1864

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minnesota
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT A.C.Behne
(Address) Yellow Pine Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Yellow Pine Date 10/12 1934.

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Oct 15, 1934 Gardner Neeley
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/7 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound, | |
| self inflicted | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury 10/7 1934

Where did injury occur? Profile Gap Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home

Manner of injury Suicide

Nature of injury Gun shot wound

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A.D.Robb Coroner Valley Co. Ida. M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91130

**PLACE OF DEATH**
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Millie Muslem

(a) Residence. No. Monroe Creek St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | wht | Widowed |

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of George Muslem

6. DATE OF BIRTH (month, day, and year) May 29 — 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 68 | 1 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Nebraska

MOTHER/FATHER

13. NAME Swanson

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Lund

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Albert Muslem
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 10-19-1934

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Oct. 8, ..., 1934. Dr. Hanchett
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1934, to 10-17, 1934.
I last saw h[illegible] alive on 10-17, 1934; death is said to have occurred on the date stated above, at 4:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Peritonitis | 10-8-34 |

Other **contributory causes** of importance:
Multiple Neuritis ?
Abdominal abscess
Cancer, unknown

Name of operation Laparotomy Date of 10-13
What test confirmed diagnosis? .... Was there an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Hy den Hanchett M. D
(Address) W. Weiser - Idaho

By - P. H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91131

County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 3

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Agnes)

2. FULL NAME Agnes K. Rugar

(a) Residence. No. Dresden St. N.Y.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Francis K Rugar

6. DATE OF BIRTH (month, day, and year): April 21 1871

7. AGE: Years 63 | Months 6 | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER/FATHER
13. NAME: John Kilpatrick
14. BIRTHPLACE (city or town) (State or country): Scotland
15. MAIDEN NAME: Ellen Duncan
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Francis K. Rugar Dresden N.Y.

18. BURIAL, CREMATION OR REMOVAL
Place: Dresden N.Y. Date: ....., 193..

19. UNDERTAKER (Address): L. C. Northam Weiser Idaho

20. FILED Nov. 8, 1934 By - P.H. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-27-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1934, to Oct. 27, 1934
I last saw her alive on Oct 27, 1934; death is said to have occurred on the date stated above, at 2.15 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral embolism | Oct 27, 34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic myocarditis | ? |
| Hypertension | ? |
| Arteriosclerosis | ? |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) C. C. Curtis, M. D.
(Address) Zeller Bldg

91132

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91132

Registration District No. 7

Primary Registration District No. 1007 Local Registrar's No. 128

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Penisak

(a) Residence. No. 511-11th Ave So. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Creamery

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Employe

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sicily

MOTHER FATHER

13. NAME Phillip Penisak

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Campatte

16. BIRTHPLACE (city or town) (State or country) Sicily

17. INFORMANT (Address) Mrs J. Penisak

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date 11/20 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Nov. 26., 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/15/34., 193...., to 11/17/..... 1934.

I last saw h... alive on 11/17...., 1934.; death is said to have occurred on the date stated above, at 11:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute dilatation of the heart | |
| | |
| | |

Other **contributory causes** of importance:-

| | |
|---|---|
| asthma & long time | |
| Occupational Cause | |
| worked in Mines | |

Name of operation None Date of....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner 1st attack

(Signed) J. H. Murray, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

91133

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 91133

Local Registrar's No. 199

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Thomas Campbell

(a) Residence. No. R.D. # 3 St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Katy Campbell
6. DATE OF BIRTH (month, day, and year): Oct 9 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 1 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Benjamin Utah

FATHER
13. NAME: Robert L. Campbell
14. BIRTHPLACE (city or town) (State or country): Malta Island Mediterranean sea

MOTHER
15. MAIDEN NAME: V. Elizabeth Barnes
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): H. L. Campbell Rigby # 1 Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Milo Cemetery Date: Nov. 22. 1934
19. UNDERTAKER (Address): E. J. Peck Blackfoot Ida
20. FILED: Nov 21, 1934 W. M. Wallace Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 19 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1934, to Nov 19, 1934
I last saw him alive on Nov 17, 1934; death is said to have occurred on the date stated above, at 3:50 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | |

Other contributory causes of importance:

Name of operation: Laperatomy nothing done Date of Oct 19, 1934
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Beck, M. D.
(Address) Nov 21, 1934

91134

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91134

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 244

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel F. Cook

(a) Residence. No. 440 South Main St. Poca., St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Irene Brim

6. DATE OF BIRTH (month, day, and year) July 24, 1879.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 3 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) June 1934.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Albion, (State or country) Idaho.

MOTHER / FATHER

13. NAME George H. Cook

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Maria Robbins

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Samuel F. Cook
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Nov. 14, 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Nov. 13, 1934. D. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 11, 1934.

22. I HEREBY CERTIFY, That I attended deceased from January, 1934, to Nov. 11, 1934.
I last saw him alive on Nov. 11, 1934.: death is said to have occurred on the date stated above, at 2. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Heart Disease. | Jan., 1934 |
| Pulmonary Thrombosis. | Nov 5, 1934 |

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. P. Howard, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 4

91135

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91135

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 241

(No. 253--2Nd. Ave. North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William McKnight

(a) Residence. No. 253--2Nd. Ave North St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 14-1862

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Miners ville
(State or country) Utah

MOTHER FATHER

13. NAME James McKnight

14. BIRTHPLACE (city or town)
(State or country) Scotland

15. MAIDEN NAME Sarah Howell

16. BIRTHPLACE (city or town) Wales
(State or country)

17. INFORMANT Mrs. Virgil McBride
(Address) 253--2Nd. Ave No.

18. BURIAL, CREMATION OR REMOVAL
Place Black Foot Ida Date Nov. 26 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls Idaho.

20. FILED 11/24, 1934 L.O. Pumphrey Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ...11-22..., 1934., to ...11-22..., 1934.

I last saw h....alive on ...11..., 193...: death is said to have occurred on the date stated above, at 6. A. M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ex. Senile Dementia Cerebral Paralysis | Immediate |
| Patient Deaf and Dumb | |
| Anemia | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hist. of Endocarditis | ? |
| Cardiac | ? |
| | |

Name of operation ...11... Date of ...11...

What test confirmed diagnosis? ...Clinical... Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ...11... Date of injury .., 193.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) X Duncan McAlexander M. D.

(Address) Twin Falls Idaho

91136

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91136

Registration District No. 2
Primary Registration District No. 1005
Local Registrar's No. 347
(No. Federal Bldg.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Ellsworth McGinness

(a) Residence. No. 1216 No 19th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura McGinness
6. DATE OF BIRTH (month, day, and year): Aug 30 1876
7. AGE — Years: 58 | Months: 2 | Days: 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Internal Revenue Employee
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harlan Iowa

MOTHER FATHER
13. NAME: Henry M. McGinness
14. BIRTHPLACE (city or town) (State or country): U.S.A.
15. MAIDEN NAME: Ida A. Barton
16. BIRTHPLACE (city or town) (State or country): Waupaka Wisconsin

17. INFORMANT (Address): S.A. McGinness Boise Ida.
18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill Date: 12/1/ 1934
19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho
20. FILED 12-1 ..., 1934 W.F. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown. But Natural | |
| Died While Employed In | |
| The Office. | |
| No Indication of Foul Play | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) J.J. McCann Coroner M. D.
(Address) Boise Idaho

91137

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91137

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 238

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minna Dawn Cameron

(a) Residence. No. ..... St. Anthony, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 24 1929

7. AGE: Years 5 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): St Anthony Idaho

FATHER

13. NAME: Edward Glenn Cameron
14. BIRTHPLACE (city or town) (State or country): Pangburn Ill.

MOTHER

15. MAIDEN NAME: Eva E Hansen
16. BIRTHPLACE (city or town) (State or country): St Anthony Idaho

17. INFORMANT (Address): E. G. Cameron St Anthony Ida

18. BURIAL, CREMATION OR REMOVAL
Place: St Anthony Ida. Date: Nov 24, 1934

19. UNDERTAKER (Address): W. M. Hansen St Anthony Idaho

20. FILED: 12/4, 1934 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1934, to Nov 22, 1934.
I last saw her alive on Nov 22 1934: death is said to have occurred on the date stated above, at 1:1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Left empyema following Lobar pneumonia | Oct 10, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Thoracotomy Date of 10, 31, 34

What test confirmed diagnosis? Of Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Ramp Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

91138

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91138

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 360

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Nilkeny

(a) Residence. No. 1410 No. 12th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bert Nilkeny

6. DATE OF BIRTH (month, day, and year) Nov. 26 1876

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 58 | 0 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER / FATHER

13. NAME General Lempky

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Bert Nilkeny Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/11/34

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-13 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on ....., 193....: death is said to have occurred on the date stated above, at About 11:P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxiated By Gas | |
| Self Administrated, | |
| Suicide. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193..
Where did injury occur? At Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** At Home
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. F. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 14 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

91139 V

DO NOT WRITE IN THIS SPACE

State File No. 91139

**PLACE OF DEATH**

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 119

(No. Veterans' Administration Facility, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George H. Bond

(a) Residence. No. ..... St. Baker, Oregon.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Thelma L. Bond

6. DATE OF BIRTH (month, day, and year)
December 31, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 11 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Electrician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME H. W. Bond

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Bertha Hansen

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Doris M. Crawforth, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Baker Oreg Date 12-8, 1934

19. UNDERTAKER (Address) McBratney Funeral Home, Boise, Idaho

20. FILED 12-10 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1934, to December 4, 1934.
I last saw him alive on Dec. 4, 1934.; death is said to have occurred on the date stated above, at 6:25 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | 11-12-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Intestinal Hemorrhage | Unknown |
| Anemia, secondary, acute | " |

Name of operation ..... Date of .....
What test confirmed diagnosis? Weidal test - Autopsy, Blood culture. Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury alone which was related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. BAKER, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

91140

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91140

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 32

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raynold Andrew Hansen

(a) Residence. No. Preston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Myrle Jones Hansen

6. DATE OF BIRTH (month, day, and year) Mar 25 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 43 | 8 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Hyde Park Utah

FATHER

13. NAME Hanse Peter Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Ingar Thompson

16. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

17. INFORMENT (Address) Ingra T. Hansen Preston Id.

18. BURIAL, CREMATION, OR REMOVAL Place Preston Id. Date Dec 3, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Id.

20. FILED Dec 8, 1934 G. W. Stalker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1934, to Nov 30, 1934
I last saw him alive on Nov 30, 1934: death is said to have occurred on the date stated above, at 1 1 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 11-27-34 |
| Other contributory causes of importance: Chronic nephritis & Arterial sclerosis | 1924 |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. R. Cutler M. D.
(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 14 [redacted]

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

**Duplicate**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

91141

DO NOT WRITE IN THIS SPACE

State File No. 91141

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 194

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles E. Berry

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE OF~~: Cora Hower

6. DATE OF BIRTH (month, day, and year): August 2, 1876

7. AGE — Years: 58 — Months: 3 — Days: 3 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Contractor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 11/34
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Decauter, Ind.

FATHER

13. NAME: Joe D. Berry
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Martha Nickolas
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): J. D. Berry, Jr. Clarkston, Wn.

18. ~~BURIAL~~ CREMATION OR REMOVAL
Place Clarkston, Wn. Date 11/8, 1934

19. UNDERTAKER (Address): H. R. Merchant Clarkston, Wn.

20. FILED 11/15, 1934 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1934, to Nov. 6, 1934.
I last saw h.im alive on Nov. 6, 1934 death is said to have occurred on the date stated above, at 1:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Thrombosis of | 11/5/34 |
| Coronary artery | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis?: O. Was there an autopsy?: No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?: No If so, specify.....
(Signed) E. L. Broadbent, M. D.
(Address) Lewiston, Idaho

9142

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Madison
City of Ref #1.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91142

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 62.

1. (If death occurred in hospital or institution, give its name instead of street and number) No. Room

2. FULL NAME. Lisetta Ref. 1000

(a) Residence. No. Burton Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)
Rexburg #1.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham Ref.
6. DATE OF BIRTH (month, day, and year): June 17 - 1865
7. AGE: Years 69 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife
10. Date deceased last worked at this occupation (mo. and yr.): 15 days ago
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER
13. NAME: Josiah Looser
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Salome Buhler
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT ... (Address) Rexburg #1,

18. BURIAL, CREMATION OR REMOVAL
Place Burton Idaho Date 12-6., 1934

19. UNDERTAKER ... (Address) ...

20. FILED 12-6., 1934 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/4 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-30-, 1934, to Dec 4, 1934.
I last saw her alive on Nov 30, 1934; death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | |
| | 11-30-34 |
| | |
| | |
| Other **contributory causes** of importance: Senility | |
| | |
| | |

Name of operation. none Date of.....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~ Date of injury.., 193.
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ~
Manner of injury.....
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

12/5/34 (Signed) Lorin A. Rich M. D.
(Address) Rexburg Idaho

DEC 8 1934

91143

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91143

Registration District No. 82

Primary Registration District No. 2159 , Local Registrar's No. 52

(No. [redacted])

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Lucie L. Watkins

(a) Residence. No. Preston, Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine L Watkins

6. DATE OF BIRTH (month, day, and year) May 7, 1873

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Dairy

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Utah (State or country)

FATHER

13. NAME Wm L. Watkins

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Leah Johnson

16. BIRTHPLACE (city or town) Denmark (State or country)

17. INFORMANT Catherine Watkins (Address) Preston, Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place. Preston Date....., 193..

19. UNDERTAKER V. E. Shaw (Address) Preston

20. FILED Oct 16, 1934 Dr Russell Tigert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16/34 193

22. I HEREBY CERTIFY, That I attended deceased from 10/10/34, 193.... to 10/16/34, 193....

I last saw him alive on 10/16/34, 193...: death is said to have occurred on the date stated above, at 6.9 ..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Organic Heart Disease | |
| Mitral Disease | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hypostatic pneumonia | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.. If so, specify.....

(Signed) Ellis Rapp M. D.

(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 17 1934

91144

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91144

## PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 257

(No. County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Theresa Johana Almquist

(a) Residence. No. Twin Falls Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Almquist

6. DATE OF BIRTH (month, day, and year) July 14-1878

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 56 | 4 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME No Inf.

14. BIRTHPLACE (city or town) (State or country) ?????????

MOTHER

15. MAIDEN NAME No Inf.

16. BIRTHPLACE (city or town) (State or country) ?????????

17. INFORMANT John Almquist
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec. 15-34

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 12-14-34 193... W. W. Humphreys Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1934, to 12-12, 1934.

I last saw her alive on 12-12, 1934.: death is said to have occurred on the date stated above, at 11.30 m. PM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Brain | about |
| and Mediastinum | 1½ Mo |
| | |
| | |
| Other **contributory causes** of importance: | |
| | about |
| Detached retina bilateral | 1 Mo |
| | |

Name of operation None Date of —

What test confirmed diagnosis? clinical - laboratory - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan L. Thornden M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91145

Registration District No. 70

Primary Registration District No. 701 Local Registrar's No. 31

(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virgil Raymond Hawkins.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Tyyne Hawkins.

6. DATE OF BIRTH (month, day, and year) Aug 14-1911

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 23 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Wallace.

10. Date deceased last worked at this occupation (month and year) Nov 24 34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deer Lodge Mont.

FATHER

13. NAME Sim Hawkins

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Violet Brooks

16. BIRTHPLACE (city or town) (State or country) Fruitland Wash.

17. INFORMENT (Address) Sim Hawkins Wallace Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Nov 28, 1934

19. UNDERTAKER (Address) J. A. Bower Ward and Co. Wallace Ida.

20. FILED Nov 26, 1934 John A Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock | Nov |
| Explosion of dynamite burning | |
| Other contributory causes of importance: Body extensively burned | |

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 24, 1934

Where did injury occur? City Barn
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Explosion of dynamite

Nature of injury Burned Body extensively

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. O. Terry Coroner

(Address) Wallace Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 31[illegible]

County Canyon

City of Huston

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 120

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rowland Hubert Frost

(a) Residence. No. Huston, Ida R.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 - 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 27 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harrison Idaho

FATHER

13. NAME Peter Frost

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Rose Morin

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Leanore Frost Huston Ida R D

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 12-30, 1934

19. UNDERTAKER (Address) C. V. Peckham Caldwell, Ida

20. FILED 12/3/34 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1934, to Nov. 27, 1934

I last saw him alive on Nov. 24 1934; death is said to have occurred on the date stated above, at 10:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Second Cerebral Hemorrhage | Nov. 27 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| 1. St. Cerebral Hemorrhage | Nov. 3, 1934 |

Name of operation None Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Thought he lifted too much
Manner of injury In industry
Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify See above

(Signed) C. V. Whittenburger D.O. M. D.
(Address) Caldwell, Idaho

9 1147

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91147

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 301

(No. 160) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Vesser Jr

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER

13. NAME David Vesser

14. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

MOTHER

15. MAIDEN NAME Goldie Bleng

16. BIRTHPLACE (city or town) (State or country) James Town North Dakota

17. INFORMANT (Address) E. and Vesser

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Date Sept 28, 1934

19. UNDERTAKER (Address) Cataldo Idaho

20. FILED 11-1-..., 193.4 ... E. L. Johnson, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934., to Sept 28..., 193.4.
I last saw him alive on Sept 27 1934: death is said to have occurred on the date stated above, at 4. A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Atelectasis | Sept 27 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Lee Leasho ..., M. D.
(Address) 412 Lake Side Ave.

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

91148

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91148

Registration District No. 121
Primary Registration District No. 107
Local Registrar's No. 140

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Elizabeth Mullick

(a) Residence. No. 121 North R.S. Building St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J.C. Mullick

6. DATE OF BIRTH (month, day, and year) May 11 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Gertrude E. Hopkinson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Margaret Mullick Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place Grove Cem Date Nov 8, 1934

19. UNDERTAKER G.T. Ryk (Address) Blackfoot Idaho

20. FILED Nov 7, 1934 W. McWilliams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934, to Nov 5, 1934

I last saw h[illegible] alive on Nov 5, 1934: death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | 11-5-34 |

Other contributory causes of importance:

| | |
|---|---|
| Diabetes Mellitus about 1931 | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W.W. Beck M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Kuna

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91149

Registration District No. 124

Primary Registration District No. 550 Local Registrar's No. 228

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melissa Ann Green

(a) Residence. No. 1000 St. Kuna Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 26, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 74 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife retired 10 yrs

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Widow

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Red Boiling Springs
(State or country) Tenn.

MOTHER/FATHER

13. NAME Geo W Branden

14. BIRTHPLACE (city or town)
(State or country) Tenn.

15. MAIDEN NAME Abigale Hawkins

16. BIRTHPLACE (city or town)
(State or country) Tenn

17. INFORMANT Mrs L L Green
(Address) Kuna Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Ida Date Oct 20 1934

19. UNDERTAKER C W Pearson
(Address) Meridian Ida

20. FILED 10-21, 1934 Jack Hutchinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sep. 21, 1934, to Oct. 18, 1934.
I last saw her alive on Oct. 16, 1934.: death is said to have occurred on the date stated above, at 5:40 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia. | About Sep 10-34 |
| Other **contributory causes** of importance: | None |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) H. J. Coleman M. D.
(Address) Kuna, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91150

## PLACE OF DEATH

County of Ada

City of Kuna

Registration District No. 124

Primary Registration District No. 2002

Local Registrar's No. 227

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amanda Ann. Rohrbaugh.

(a) Residence. No. Kuna, Idaho. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White. | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W.

6. DATE OF BIRTH (month, day, and year) March 30, 1848

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|---|
| | 86 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Indiana (State or country)

MOTHER FATHER

13. NAME John Clasby

14. BIRTHPLACE (city or town) ----- (State or country)

MOTHER

15. MAIDEN NAME Fulda Thurman

16. BIRTHPLACE (city or town) ----- (State or country)

17. INFORMANT Mrs. Mirtie Hale (Address) Kuna

18. BURIAL, CREMATION OR REMOVAL

Place Kuna Date 9-14 1934

19. UNDERTAKER W. McBratney Boise (Address)

20. FILED 9-14, 1934. Fred W. Robertson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-9- 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8-, 1934., to Sep. 9, 1934.

I last saw her alive on Sep. 9 1934.: death is said to have occurred on the date stated above, at 11.50 P.M. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis. | 7-15-34. |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | --- |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. J. Coleman. F J Coleman M. D.

(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91151
State File No.....

**PLACE OF DEATH**

County of Ada

City of Eagle

Registration District No. 9-10

Primary Registration District No. 9-10 Local Registrar's No. 117

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian Schwarzhoff

(a) Residence. No. One & One half miles north west of Star, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Schwarzhoff

6. DATE OF BIRTH (month, day, and year) Dec. 2. 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Iowa

FATHER

13. NAME Theadore Schwarzhoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs Anna M. Schwarzhoff Route # 1. Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/17, 193 4

19. UNDERTAKER Summers & Krebs
(Address) Boise Idaho

20. FILED 11/17, 1934 Orville Nelson Registrar.
Eagle Idaho

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 13/34

22. I HEREBY CERTIFY, That I attended deceased from 8/23/33, 193...., to 11/13/34, 193....
I last saw him alive on 11/9/34, 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Rectum | 8/23/33 |
| | |
| | |
| | |
| Other **contributory causes** of importance: General abdominal Cachexia | |
| | |

Name of operation Colostomy Date of 10/9/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury.., 193.
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas Clement M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECORDED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91152

## PLACE OF DEATH

County of Ada
City of Star.

Registration District No. 9-10
Primary Registration District No. 9-10
Local Registrar's No. 118

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. George. A. Ellerbrock.

(a) Residence. No. Star, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 25. 1851.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 83. | 7 | 29. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT L.B. Wehr.
(Address) Star, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Star Cemetery. Nov. 25. 1934., 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-26-34, 193.. Orville Jackson Registrar Ada Co. Idaho.
11/26/34

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934, to Nov. 24, 1934

I last saw h. alive on Nov 23 1934: death is said to have occurred on the date stated above, at 3 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Debility | |
| Facio Cardiac Hemiplegia | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** No
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.
(Address) Star, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91153

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 317

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma Jane Kellogg

(a) Residence. No. 570 Broad St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 26 1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

MOTHER FATHER

13. NAME: Albert Henry Kellogg

14. BIRTHPLACE (city or town) (State or country): The Dalles Oregon

15. MAIDEN NAME: Lucile Hobper

16. BIRTHPLACE (city or town) (State or country): Marysville Idaho

17. INFORMANT (Address): Albert H. Kellogg Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Nov 7, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 11-7, 1934 W. A. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1934, to Nov. 5, 1934

I last saw her alive on Nov. 5, 1934; death is said to have occurred on the date stated above, at 10.35 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct. 29 34 |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Harmon Drennan M. D.

(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 91154

Local Registrar's No. 316

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda Jane Wise

(a) Residence. No. 410 Bannock St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wise

6. DATE OF BIRTH (month, day, and year) December 23, 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER FATHER

13. NAME Andrew Fayes

14. BIRTHPLACE (city or town) ----
(State or country)

15. MAIDEN NAME Catherine -----

16. BIRTHPLACE (city or town) ------
(State or country)

17. INFORMANT .... Mrs. Herman Kaiser
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris, W. C. Date Nov. 8, 1934

19. UNDERTAKER .... W. McBratney, Boise
(Address)

20. FILED 11-7, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-6-1934

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1934, to 11/6, 1934

I last saw her alive on 11/6, 1934. Death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |

Other **contributory causes** of importance:

Myocardial Degeneration

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Frank A. Hetherington, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91155

Registration District No. 2

Primary Registration District No. 2004 Local Registrar's No. 315

(No. St Lukes)

(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME Albert Thomas Loveland

(a) Residence. No. ..... St. Jordan Valley Or.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 da. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion Loveland

6. DATE OF BIRTH (month, day, and year) May 18th 1897

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 37 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stock Raiser

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon
(State or country)

FATHER

13. NAME Anderson Loveland

14. BIRTHPLACE (city or town) Oregon
(State or country)

MOTHER

15. MAIDEN NAME Louisa Thomas

16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT Simon Loveland
(Address) 1611 Fircrest Boise

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell, Ida. Date 11-6, 1934

19. UNDERTAKER Schreiber & McCann
(Address) Idaho

20. FILED 11-5, 193[illegible] Boise W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1934, to Nov 3, 1934
I last saw h....alive on Nov 3, 1934 death is said to have occurred on the date stated above, at 8 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abscess of base of Tongue | Oct 25 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pyorrhea Alveolaris | |
| Death - Uremia | |
| Dilitation of Heart | |

Name of operation Incision of abscess Date of 11/3/34

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ., 193.
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thomas Stewart M. D.
(Address)

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91156

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 346
(No. 1216 Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Magnus Magnuson

(a) Residence. No. 1216 Idaho St. Emmett & Bois
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 5- 1881
7. AGE: Years 53 | Months 10 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER FATHER
13. NAME: Magnus Pegson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Katrina Johnson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Johnson Twp
18. BURIAL, CREMATION OR REMOVAL Place: Morris Hill Cem Date: 11-30 1934 Boise, Ida
19. UNDERTAKER (Address): Schreiber & Mc Gahan
20. FILED 11-30 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1934, to 11-22-, 1934.
I last saw him alive on 11-22-1934: death is said to have occurred on the date stated above, at 6:30 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cranial Hemorrhage | |
| (Dietand duly) | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension and | |
| Kidney Disease | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Gill Boutz M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91157

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 345

(No. 1819 N. 16)
(If death occurred in a hospital or institution, give its name instead of street and number)

91 2-

2. FULL NAME Edward Day.

(a) Residence. No. 1819. N. 16 th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 28 mos. (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily Mary Day.

6. DATE OF BIRTH (month, day, and year) February. 28. 1849.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 85. | 8 | 26. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent England.

MOTHER FATHER

13. NAME William. M. Day.

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Ernest. G. Day. 1718. W. Jefferson St.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Nov. 26. 1934

19. UNDERTAKER (Address) Summers & Krebs, Boise, Idaho.

20. FILED 11-30 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1934, to Nov 24, 1934.
I last saw him alive on Oct 22, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis and | |
| Chronic atrophic | |
| Gastritis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Insanity | |

Name of operation. None. Date of.....
What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. M. Bradshaw, M. D.
(Address) .....

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91158

Registration District No. 2
Primary Registration District No. 1094
Local Registrar's No. 344

(If death occurred in a hospital or institution, give its name instead of street and number) (No. St. Luke's Hospital) 118

2. FULL NAME Alice A. Shaw

(a) Residence: No. 318 N. 6th St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 65 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 73 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Stenographer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Rock Island Co. Ill.

MOTHER FATHER
13. NAME: Thos. Shaw
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Charlotte Innis
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Ray Bluemans Boise Idaho

18. BURIAL, CREMATION OR REMOVAL: Boise
Place: Pioneer Date: 11-25, 1934

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 11-27, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1934, to Nov. 23, 1934
I last saw h(im) alive on Nov. 23, 1934: death is said to have occurred on the date stated above, at 1.1 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 11/20/34 |
| from adhesions | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: Adhesions Date of: 11/22/34
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. A. Forsell, M. D.
(Address) Boise

DEC 10 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of ADA

City of BOISE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91159

Registration District No. ~~12~~ 2

Primary Registration District No. 71004 Local Registrar's No. 343

(No. ST. ALPHONUS HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME MRS. EMMA LOUISE MURPHY

(a) Residence. No. 1608 N. 9TH ST. St. BOISE IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of DAN F. MURPHY

6. DATE OF BIRTH (month, day, and year)
1874 NOV 26TH

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** HOUSEWIFE

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). NEGAUNEE
(State or country) MICH

FATHER

13. NAME CHRISTIAN WOESNER

14. BIRTHPLACE (city or town) COLUMBUS
(State or country) OHIO.

MOTHER

15. MAIDEN NAME ANNA R. FRANTZ

16. BIRTHPLACE (city or town) EAGLE RIVER
(State or country) MICH.

17. INFORMANT D.F. MURPHY
(Address) BOISE IDAHO

18. BURIAL, CREMATION OR REMOVAL Boise
Place Pioneer Cem. Date 11-26-, 1934

19. UNDERTAKER Schreiber & Williams
(Address)

20. FILED 11-27 1934 W.H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/23/1934

22. I HEREBY CERTIFY, That I attended deceased from 2-2-, 193[illegible]., to 11/23/34., 193....
I last saw her alive on 11/23/34., 193[illegible]; death is said to have occurred on the date stated above, at 4 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Hypertension Heart Disease | 1924 |
| (2) Coronary Sclerosis (Angina Pectoris) | 1932 |
| Other **contributory causes** of importance: Pulmonary Edema | 11/23/34 |

Name of operation. no Date of.
What test confirmed diagnosis? X-ray + Blood Pressure Was there an autopsy? no

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.
(Signed) Emma L. Murphy M. D.
(Address) Boise, Idaho

DEC 10 [illegible]

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91160

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 342

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Figginson

(a) Residence. No. Route 4 St. Boise
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

1180

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Figginson

6. DATE OF BIRTH (month, day, and year) August 2, 1894

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 40 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hatch Idaho

MOTHER FATHER

13. NAME Wm. Y. Figginson

14. BIRTHPLACE (city or town) (State or country) Utah

15. MAIDEN NAME Sophia Johnson

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Fannie Figginson

18. BURIAL, CREMATION OR REMOVAL Boise, Ida.
Place Morris Hill Date 11-27 1934

19. UNDERTAKER (Address) W. McBratney, Boise.

20. FILED 11-26 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1934, to 11/24, 1934.
I last saw him alive on 11/24, 1934: death is said to have occurred on the date stated above, at 8:10 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | |
| following Left Inguinal Hernia. | |

Other **contributory causes** of importance:

Name of operation Left Inguinal Herniaplasty Date of 11/24/34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Alfred Budge M.D., M. D.
(Address) Boise Idaho

Budge.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91161

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 341

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph James Ulmer

(a) Residence. No. ..... St. Barber
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 7, 1932

7. AGE — Years: 2 — Months: 0 — Days: 19 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME E. L. Ulmer

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Etta Kindall

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT E. L. Ulmer (Address) Barber

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 11-28 1934

19. UNDERTAKER W. McBratney, Boise (Address)

20. FILED 11-26 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-24 1934, to death, 193...
I last saw him alive on 11-25, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | 11-23-34 |
| Streptococcal. | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chr. coryza. | 3 mos. |

Name of operation Lumbar puncture Date of .....
What test confirmed diagnosis? Spinal fluid Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. T. West, M. D.

(Address) Boise

West

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91162
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 340

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nora Catherine Spielman.

(a) Residence. No. 1316 ½ State Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 2. 1869.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 65 | 1 | 20. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tekamah, Nebr.

MOTHER FATHER

13. NAME Jesse Spielman.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Jane Keister.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Sam. S. Griffin. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemeter, Nov. 24. 1934.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 11-24 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934, to Nov 22, 1934.

I last saw her alive on Nov 22 1934; death is said to have occurred on the date stated above, at 11.00 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Volvulus of Illeum | Nov 8 34 |
| Perforation of Illeum & Abdominal wound | Nov 13, 34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Malnutrition | |
| Exhaustion | |

Name of operation Laperotomy and relieving Volvulus Date of Nov 8, 34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ... None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ... Boise Idaho

MARGIN RESERVED FOR BINDING
PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91163

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 399

(No. N. Alphonsus Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Lassau

(a) Residence. No. St. Clarkville, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) about 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Wood Chopper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not ob'tainable

MOTHER FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT A. Schneider Boise, Ida
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem Boise, Ida Date 11-22 1934

19. UNDERTAKER A. Schneider & Son Mtr Co. Boise Ida
(Address)

20. FILED 11-23, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1934, to Nov. 13, 1934

I last saw h. alive on Nov 13, 1934 death is said to have occurred on the date stated above, at 9.45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| a Third Degree Burns covering 5% of body | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Acute bronchitis | |
| Pneumonia | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. H. Wade, M. D.

(Address) Boise Idaho

West. ✓

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91164

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 398

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Elton Jonely.

(a) Residence. No. 1114. Oakland Street, South Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 Month. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 18. 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 3. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Joseph James Jonely.

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Lucille Shaffer.

16. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

17. INFORMANT Joseph. J. Jonely.
(Address) 1114. Oakland Street.

18. BURIAL, CREMATION OR REMOVAL
Place orris Hill Cemetery Date Nov. 23. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-22 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-21 1934

22. I HEREBY CERTIFY, That I attended deceased from birth 10-18, 1934, to 11-21, 1934.

I last saw h alive on 11-20, 1934: death is said to have occurred on the date stated above, at 11:46 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 11-19-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Prematurity wt 5½ lbs. at birth | |
| wt 5 lbs onset illness | |

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. F. West, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Calloway. ✓

## PLACE OF DEATH

County of Ada

City of Boise,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91165

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 397

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew. A.M. Mc Junkin.

(a) Residence. No. 405. Broad Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Nancy Mc Junkin.

6. DATE OF BIRTH (month, day, and year): October. 23. 1852.

7. AGE — Years: 82 — Months: 0 — Days: 28. — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tennessee.

MOTHER/FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Mrs. Nancy Mc Junkin. 405. Broad Street.

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery. Nov. 23. 1934.
Place ... Date ..., 193..

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 11-22 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): M-21 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3..., 1933., to Nov. 21..., 1934.

I last saw him alive on Nov. 21., 1934.: death is said to have occurred on the date stated above, at 3:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Chronic Myocarditis with | |
| Myocardial degeneration | |
| | |
| Other **contributory causes** of importance: | |
| senility | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91166

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 336
(No. Ada County Jail)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Harpt

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205 F

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 19 - 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 66 | 9 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Lulu Harpt Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 11/18, 1934

19. UNDERTAKER (Address) O. T. Buckendahl Emmett Idaho

20. FILED 11-21, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown But Natural | |
| Died In Ada County Jail | |
| Without Medical Attendant | |
| No Indication Of Foul Play | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. V. McCann Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91167

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 335

(No. 612 Franklin St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Hubbard Hays

(a) Residence. No. 612 Franklin St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Lindsey Hays

6. DATE OF BIRTH (month, day, and year) May 18, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or 12 min. |
|---|---|---|---|
| 70 | 6 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lawyer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 1 yr.
11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) Juneau, Wis.
(State or country)

FATHER
13. NAME James B. Hays (deceased)
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER
15. MAIDEN NAME Permelia Elizabeth Hubbard
16. BIRTHPLACE (city or town) N.Y.
(State or country)

17. INFORMANT S.D. Hays (Son)
(Address) 612 Franklin St.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Boise
Place Morris Hill Date 11-20, 1934

19. UNDERTAKER L. Shriber & W. Bauer
(Address) Boise

20. FILED 11-21, 1934 W. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934, to Nov. 17, 1934.
I last saw him alive on Nov. 17, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| cerebral arteriosclerosis | 1918 ? |
| Pneumonia | 1918 |
| Chronic intestinal | |
| nephritis | ? |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. W. Taylor M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91168

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 334
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andry Mills

(a) Residence. No. 201 No, 15th St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

182C

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Mills

6. DATE OF BIRTH (month, day, and year) Mar. 12 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Construction

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Foreman

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trestte
(State or country) Austria

MOTHER FATHER

13. NAME John Mills

14. BIRTHPLACE (city or town) Trestte
(State or country) Austria

15. MAIDEN NAME Dominica Roosia

16. BIRTHPLACE (city or town) Trestte
(State or country) Austria

17. INFORMANT Tom S. Mills
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Date 11-20 1934

19. UNDERTAKER Schreiber & McCain
(Address)

20. FILED 11-21, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1934, to 11-16, 1934.
I last saw him alive on 11-16, 1934 death is said to have occurred on the date stated above, at 6:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolus, Cardiac | 11-16-34 6 P.M. |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Comminuted fracture of tibia and fibula right leg | 11-1-34 |

Name of operation Instigation with Steinmans pin. Date of 11-2-34
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury 11-1 1934
Where did injury occur? Boise, Ada, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. public place
Manner of injury Auto accident
Nature of injury Comminuted fracture right tibia & fibula

24. Was disease ~~injury~~ related to ~~employment~~ occupation of deceased? No If so, specify

(Signed) O. P. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91169

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 333

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Pierce Hopson

(a) Residence. No. ..... St. Prairie, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. ... mos. 4 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alberta Hopson

6. DATE OF BIRTH (month, day, and year): January 22, 1862

7. AGE — Years: 72 — Months: 9 — Days: 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER/FATHER
13. NAME: Wm. P. Hopson
14. BIRTHPLACE (city or town) (State or country): Pa.
15. MAIDEN NAME: Lydia Boyles
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): W. I. Hopson, Prairie, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 11-23 1934

19. UNDERTAKER (Address): W. McBratney, Boise

20. FILED 11-21 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/16, 1934, to 11/20, 1934.
I last saw him alive on 11/20, 1934; death is said to have occurred on the date stated above, at 9:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, Chr | |
| Epithelioma of Stomach | 1934(?) |
| & Metastasis to liver | |
| and Lung (?) | |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis: Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...
(Signed) W. D. Simonton, M. D.
(Address) Boise Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91170

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 332

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Piedmont.

(a) Residence. No. 709. N. 6 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joe Piedmont.

6. DATE OF BIRTH (month, day, and year)
March. 12. 1877.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)... Jugoslavia.
(State or country)

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Mary Tomich.

16. BIRTHPLACE (city or town)... Jugoslavia.
(State or country)

17. INFORMANT Joe Piedmont.
(Address) 709. N. 6 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Nov. 18. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-21, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/6/34, 193.., to 11/14/34, 193..
I last saw her alive on 11/14/34, 193..; death is said to have occurred on the date stated above, at 9:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Ulcer | Oct 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Rheumma- Post Operative | |
| | |
| | |

Name of operation Resection of ulcer Date of 11/10/34
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thomas Stewart, M. D.
(Address) Boise Idaho

Halloran

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91171

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 391

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Raymond Masters.

(a) Residence. No. 1702. Washington Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

92

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Ella. A. Masters.

6. DATE OF BIRTH (month, day, and year): Nov. 1. 1877.

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 57 | 0 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Columbus Ohio.

FATHER

13. NAME: Joseph Masters.

14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER

15. MAIDEN NAME: Rebekah Ann Border.

16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT (Address): Mrs. Ella. A. Masters. 1702. Washington Street.

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery. Date Nov. 20. 1934.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 11-20 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 ..., 1934, to Nov. 18 ..., 1934

I last saw him alive on Nov. 17 ..., 1934: death is said to have occurred on the date stated above, at 5 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis (Angina Typical) | Nov 14 |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic myocarditis 4 years | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. M. Stevenson, M. D.

(Address) Boise Ida

Hocaman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91172

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 329

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter. Graves Hall.

(a) Residence. No. Ivy Wild. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Siggle. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 28. 1920.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 14. | 5 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario. Oregon.
(State or country)

FATHER

13. NAME Wyman. L. Hall.

14. BIRTHPLACE (city or town) Danvers, Ill.
(State or country)

MOTHER

15. MAIDEN NAME Minnie Thomas.

16. BIRTHPLACE (city or town) Youngstown
(State or country) Ohio.

17. INFORMANT Wyman. L. Hall.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Nov. 18. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-16 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1934, to Nov. 15, 1934

I last saw h[illegible] alive on Nov. 13 1934: death is said to have occurred on the date stated above, at 7.45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myelo-Leukemia | not known |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. M. Hollerman, M. D.

(Address) Boise, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91173

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 325

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Chase Simpson.

(a) Residence. No. 1006. N. 10 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July. 13. 1852.

7. AGE — Years: 82 — Months: 4 — Days: 0. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Glassborough. New Jersey.

FATHER

13. NAME: Sylvester. S. Chase.

14. BIRTHPLACE (city or town) (State or country): New Hampshire.

MOTHER

15. MAIDEN NAME: Elizabeth Clough.

16. BIRTHPLACE (city or town) (State or country): New Hampshire.

17. INFORMANT: Miss Leafy. E. Simpson.
(Address) 1006. N. 10 th Street.

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery. Nov. 15. 1934.

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-16, 1934. W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/13/1934

22. I HEREBY CERTIFY, That I attended deceased from 11/8/, 1934, to 11/13/34, 193...

I last saw h[illegible] alive on 11/13/, 1934: death is said to have occurred on the date stated above, at 11.40 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralytic Stroma | 11/10/34 |
| Trauma: Abdominal | |
| due To Fall | 11/8/34 |

Other **contributory causes** of importance:

Name of operation. none Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1934
Where did injury occur?.. Boise, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury. Fell against chair
Nature of injury. Trauma Abdominal

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Ernest E. Lahr M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91174

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 327

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Thiessen

(a) Residence. No. ..... St. Lewiston, Ida

(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) July 3 - 1910

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 24 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Ida

MOTHER FATHER

13. NAME Clarence Thiessen

14. BIRTHPLACE (city or town) (State or country) Wichetown Kansas

15. MAIDEN NAME Eugabe Stakelager

16. BIRTHPLACE (city or town) (State or country) Lewiston Ida.

17. INFORMANT (Address) Frank Briggs Lewiston Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida. Date 11-14 193.4

19. UNDERTAKER (Address) Schreiber & McCann

20. FILED 11-14 193.4 W. L. Rhoden
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1933, to Nov. 14, 1934

I last saw her alive on Nov. 13, 1934; death is said to have occurred on the date stated above, at 12:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1931 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. E. Swindell, M. D.

(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91175

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 325

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Ernest Rathbone

(a) Residence. No. 2623 Jefferson St. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
June 18, 1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| -- | 4 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME Edmond C. Rathbone

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Edith Goff

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Edmond C. Rathbone Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-13, 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 11-15 1934 W. H. Rhodes Registrar.
11-14

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934, to Nov 7, 1934

I last saw him alive on Nov 7, 1934; death is said to have occurred on the date stated above, at 6:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Saw child in my office on Nov 7th with attack of mild summer complaint | |
| Other **contributory causes** of importance: died from summer diarrhoea | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) A. H. Bosch M. D.

(Address) Boise Idaho

Bosch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91176
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 324

(No. Eastman Bldg)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Augustus Jessup

(a) Residence. No. 1020 Warm Springs Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Phoebe Elizabeth Jessup

6. DATE OF BIRTH (month, day, and year) Feb. 27 1875

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 8 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Dentist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem
(State or country) Oregon

FATHER

13. NAME Solen Robinson Jessup

14. BIRTHPLACE (city or town) Muscatine Iowa
(State or country)

MOTHER

15. MAIDEN NAME Sophorania Coshow

16. BIRTHPLACE (city or town) American Fork Utah
(State or country)

17. INFORMANT Phoebe Elizabeth Jessup
(Address) 1020 Warm Spgs. Ave Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Boise, Id.
Place Morris Hill Date 11-11-, 1934

19. UNDERTAKER Schneider & McCann
(Address) Boise Idaho

20. FILED 11-14-, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-9 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 193 4, to Nov 8, 193 4
I last saw h. alive on Nov 8, 193 4 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Progressive heart failure | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| none | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Kennedy M. D.
(Address) Boise Idaho

976

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91177

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 323

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cassie. E. Bennett.

(a) Residence. No. R.D. # 5. 5 Miles East of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

189

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James. A. Bennett.

6. DATE OF BIRTH (month, day, and year): August. 12. 1862.

7. AGE — Years: 72 — Months: 2 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Piedmont Missouri.

FATHER

13. NAME: Noah Kelley.

14. BIRTHPLACE (city or town) (State or country): Missouri.

MOTHER

15. MAIDEN NAME: Margaret Pigg.

16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMANT (Address): Miss. May. H. Bennett. R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cemetery. Date: Nov. 12. 1934.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 11-14-1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1934, to Nov. 10, 1934.

I last saw her alive on Nov. 10, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of Right Femoral neck. | Oct 25, 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Bronchio Pneumonia Hypostatic type. | |

Name of operation. None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 10/25 1934

Where did injury occur? Home Ada County
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. At Home

Manner of injury. Rolled over Leg Cast

Nature of injury. Fracture Right Femur

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Duty at Farm

(Signed) ..... W. H. Brayton, M. D.

(Address) ..... Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91178

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 322

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Roudybush

(a) Residence. No. 1509 No. 12th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11th. 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| -- | -- | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boisa
(State or country)

MOTHER FATHER

13. NAME Dan Roudybush

14. BIRTHPLACE (city or town) Mo.
(State or country)

15. MAIDEN NAME Mary Climp

16. BIRTHPLACE (city or town) Boise
(State or country)

17. INFORMANT William Climp
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-13 193 4

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 11-13 193 4 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-11 193 4

22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1934, to 11-11-, 1934

I last saw h[illegible] alive on 11-11-, 1934: death is said to have occurred on the date stated above, at 6:10 pm.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Birth — | |
| 6 1/2 months Focles | |

Other **contributory causes** of importance:

| | |
|---|---|
| none Known | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) W. W. Boyd M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91179
State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 32

(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephen F Black

(a) Residence. No. Weiser Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | Wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dont Know

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT (Address) R. U. Brodshaw Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Ida Date Nov 8- 1934

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 11-9-, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-29-, 1934, to 11-6-, 1934.

I last saw him alive on 11-5-, 1934.: death is said to have occurred on the date stated above, at 12:15 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | |
| Myocarditis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. J. West, M. D.

(Address) Cory

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91180

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 117

(No. ) 92
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Milton Henry Sebern.

(a) Residence. No. 1 Mile South West of Boise. St.
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Sarah. M. Sebern.

6. DATE OF BIRTH (month, day, and year) April. 2. 1856.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 7 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indianapolis.
(State or country) Indiana.

MOTHER/FATHER

13. NAME Samuel Sebern.

14. BIRTHPLACE (city or town) Indiana.
(State or country)

15. MAIDEN NAME Rachel Smock.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Heath Sebern.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Nov. 28. 1934.
Place Date, 193..

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-28. 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-26 1934

22. I HEREBY CERTIFY, That I attended deceased from ...11/26....., 193.4., to ...11/26....., 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 12.5 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Fred A. Straight, M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91181

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 116

(No. 1/2 mi. S. of 2nd Twin Bridges
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Iura E. Fuller

90

(a) Residence. No. Whitney Dist. St. Boise
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bert C. Fuller

6. DATE OF BIRTH (month, day, and year): Dec. 2, 1858

7. AGE: Years 75 | Months 11 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Henry D. Alvard

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Martha Rawson

16. BIRTHPLACE (city or town) (State or country): New Hampshire

17. INFORMANT (Address): Alice Carver, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 11-27, 1934

19. UNDERTAKER (Address): W. McBratney, Boise

20. FILED 11-27, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1934, to Nov. 25th, 1934.
I last saw h[illegible] alive on Nov. 24th, 1934.: death is said to have occurred on the date stated above, at 11:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Anaemia | |
| and Pleural effusion | |
| sentum wasted away. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Suspected abn malignant | |
| conditions of omentum | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) O. W. Bowers, M. D.

(Address) Boise Ida.

Bond.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
near
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91182
State File No.

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 115
(No. near Ustick Rd)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Joseph Swift 90
(a) Residence. No. St. Ustick
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucinda Swift

6. DATE OF BIRTH (month, day, and year) May 12-1892

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 42 | 6 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pawnee, Neb.

FATHER
13. NAME Thomas Swift
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Anne Gallagher
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT (Address) M. J. Swift R. 2, Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Date 11-26-1934 Boise Id

19. UNDERTAKER (Address) Schroeder & Mc Cann

20. FILED 11-27-1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1934, to ....., 193...
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Heart attack | |
| Heart failure | |
| Died suddenly before medical aid could be summoned | |
| Probably acute Coronary Thrombosis | |
| Other **contributory causes** of importance: | |
| acute dilatation | |
| g. stomach | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) G. M. Wahle, M. D.
(Address) Boise Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91183

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 114

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Miller

(a) Residence. No. 616 Grove St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1857

7. AGE — Years: 77 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Cigar Store

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 7 years

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Virginia

FATHER

13. NAME: Not obtainable.

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): James E. Fox Boise

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill Date. 11-22, 1934

19. UNDERTAKER (Address): Schreiber & Mc Cann

20. FILED 11-23, 1934 W. R. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 —, 1934, to Nov. 20, 1934.

I last saw him alive on Nov 20., 1934.: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ✓ |

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Callaway M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Riverside Sta. Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91184

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 113

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Lewis

(a) Residence. No. Riverside Station, West Of Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William A. Lewis

6. DATE OF BIRTH (month, day, and year) April 21 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 6 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Smiths Center
(State or country) Kan.

FATHER

13. NAME Albert Stevenson

14. BIRTHPLACE (city or town) Mannington
(State or country) West Va.

MOTHER

15. MAIDEN NAME Gazelle Benton

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Roy E. Carpenter
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/18 193 4

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-19 193 4 W. R. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-15-, 1934., to 11-15-, 1934.
I last saw her alive on 11-15., 1934.; death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Cancer of breast | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. Calloway M. D.
(Address) Boise Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91185

Registration District No. 5
Primary Registration District No. 2004
Local Registrar's No. 110

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Edwin Higgins.

(a) Residence. No. 5 Miles West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January. 4. 1862.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 72. | 10. | 3. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lunberman,

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Clarence. M. Higgins.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Nov. 10. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-10, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1933., to date of death 11-7 1934.
I last saw h. m alive on Oct. 26, 1934.: death is said to have occurred on the date stated above, at 4 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignant ulcer of lower bowel | not Known |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Radium burn in uterus | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) N. B. Barnes D.O. M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

DEC

## PLACE OF DEATH

County of Ada.

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91186

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 108

(No. Idaho State Penitentiary)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Levi Maxfield

(a) Residence. No. Idaho State Penitentiary St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
January 9th 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, .. hrs. or ..... min. |
|---|---|---|---|
| 59 | 9 | 12 | 2 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME W. Fred Maxfield

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) Ira J. Taylor P.O.Box 1719

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant Ridge Cemetery Date 10-25-1934

19. UNDERTAKER (Address) Schuber & McGann Boise Idaho

20. FILED 11-5, 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from August, 1934, to Oct. 21, 1934
I last saw him alive on Oct 19, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | about May 1934 |
| Obstruction of Stomach | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 10 1934

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91187

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 109

(No. 75)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Estelle Wood

(a) Residence. No. Franklin District St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph B. Wood

6. DATE OF BIRTH (month, day, and year) August 21, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 66 | 2 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER

13. NAME Samuel McCandless

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Julia Farnsley

16. BIRTHPLACE (city or town) Ky.
(State or country)

17. INFORMANT J. B. Wood
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-5, 1934

19. UNDERTAKER W. McBratney, Boise.
(Address)

20. FILED 11-5, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3- 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Nov 3, 1934

I last saw h alive on Nov 2, 1934: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Bulbar | |
| Bulbar | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Grant V. Hannaway M. D.

(Address) 615 Eastman Bldg. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91188

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 320

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Lorene Mitchell. 57

(a) Residence. No. New Meadows, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September. 14. 1914.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 20. | 1 | 23. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Meadows
(State or country) Idaho.

FATHER

13. NAME George. S. Mitchell.

14. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER

15. MAIDEN NAME Anna Zweifel.

16. BIRTHPLACE (city or town) Kansas.
(State or country)

17. INFORMANT George. S. Mitchell.
(Address) New Meadows, Idaho.

18. BURIAL, CREMATION OR REMOVAL
New Meadows, Idaho. Nov. 9. 1934. 193..
Date

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-8, 193.4 W. H. Rhoden
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/7/1934

22. I HEREBY CERTIFY, That I attended deceased from 11/6/34, 193...., to 11/7/34, 193....
I last saw h~~er~~ alive on 11/7/34, 193...: death is said to have occurred on the date stated above, at 8:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skeletal Coma - | 11/5/34 |
| Skeletal Militus | Aug. 34. |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Emmett E. Faulkner M. D.
(Address) Boise, Idaho

Pettingers

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91189
State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 319

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John. H. Myer. 124

(a) Residence. No. Patterson Apartments. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Emma Myer.

6. DATE OF BIRTH (month, day, and year) June. 5. 1848.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 86 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Attorney.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME George. W. Myer.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Elizabeth Urmy.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT (Address) Mrs. Mabel Fitzhugh. 1102. N. 19 th, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Name Morris Hill Cemetery. Date Nov. 8. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-8, 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1934, to 11-6, 1934

I last saw him alive on ....., 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Uremia | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred A. Tillman M.D.
(Address) Boise Ida.

Biner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

2

DO NOT WRITE IN THIS SPACE

State File No. 91190

Registration District No.

Primary Registration District No. 1004 Local Registrar's No. 3

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachel Ann Peak.

(a) Residence. No. 1122. West Jefferson Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November. 20. 1848.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 85 | 11 | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa.
(State or country)

FATHER

13. NAME Samuel Waters.

14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER

15. MAIDEN NAME Mary Ketchum.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Miss. Winnie. A. Waters.
(Address) 2323. Woodlawn Ave. Boise

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Nov. 9. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-8, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1934, to Nov 7, 1934.

I last saw her alive on Nov. 7, 1934; death is said to have occurred on the date stated above, at 12:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 11/3/34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance, Fracture of left Leg | 10/19/34 |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide,~~ or ~~homicide?~~ Accident Date of injury 10/19 1934

Where did injury occur? Home
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in a **public place.** Home

Manner of injury Fell

Nature of injury Fracture left Leg

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Burns, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91191

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 87

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Clara Staley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Pete Staley

6. DATE OF BIRTH (month, day, and year)
April 6th 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 11/34

11. Total time (years) spent in this occupation life.

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Helmar J. Palmer

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Onisa Turgee

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMANT Daughter. Mrs. Thos. Nichols (Address) Council Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Odd Fellows Cemetery Date 11/26/34 193..

19. UNDERTAKER Family (Address) .....

20. FILED 12/11/34 193.. Chas. S. Hamilton Registrar.
Council Idaho

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25/34 93

22. I HEREBY CERTIFY, That I attended deceased from 11/22/34, 193..., to 11/25/34, 193...

I last saw h. alive on 11/25/34, 193...: death is said to have occurred on the date stated above, at 8:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | 3 yrs. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Senility. | 4 yrs. |

Name of operation 0 Date of .....

What test confirmed diagnosis Exam Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? ..., If so, specify 0

(Signed) Chas. S. Hamilton M.D., M. D.

(Address) Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91192

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 86

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Phillip Francis 87

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Zora Margaret Francis.

6. DATE OF BIRTH (month, day, and year) July 16 - 1866

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 4 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm.

10. Date deceased last worked at this occupation (mo. and yr.) 11-25 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Uniontown Pa.

FATHER

13. NAME Thomas Francis.

14. BIRTHPLACE (city or town) (State or country) Cardiff. Wales

MOTHER

15. MAIDEN NAME Eleanor Phillips.

16. BIRTHPLACE (city or town) (State or country) Cardiff. Wales

17. INFORMANT (Address) Mrs. Zora Francis wife Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Ind. Valley M. Date 11-30, 193 4

19. UNDERTAKER J. A. Rudelson
(Address) Emmett

20. FILED 12-1, 193 4 Glenn L. Thurston
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-27 193 4

22. I HEREBY CERTIFY, That I attended deceased from June, 193 1, to Nov 27, 193 4.

I last saw h. w alive on Nov 27, 193 4.: death is said to have occurred on the date stated above, at 4:30 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pancreatitis | March 193 4 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Atrophy Generalized Anasarca | 3 yrs. |
| | |
| | |

Name of operation 0 Date of 0

What test confirmed diagnosis? Exam. Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? 0 Date of injury .., 193.

Where did injury occur? 0
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0

Manner of injury 0

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Glenn L. Thurston M.D., M. D.

(Address) Emmett Ida

DEC 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Adams

City of Council.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91193

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald J. Smith. 170

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day and year) June 9th. 1909.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 4 | 24. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Fruit farms

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Donald Smith.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Emma Campbell.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Roy Smith

18. BURIAL, CREMATION OR REMOVAL
Place Mann's Hill Cemetery Date 11-7, 1934

19. UNDERTAKER Frank M. Bratney
(Address)

20. FILED 12-11, 1934 Glenn S. Hunter M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..Dec 1st 1934 to Dec 4th 1934, 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 12:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Self inflicted Rifle | |
| wound into head just over | |
| right eye | |
| Other **contributory causes** of importance: | |
| Dependent | |

Name of operation ..0.. Date of ..0..
What test confirmed diagnosis? ..0.. Was there an autopsy? 0

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11-3 1934
Where did injury occur? Council Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** near home
Manner of injury Rifle bullet wound
Nature of injury Rifle bullet wound

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Glenn S. Hunter, M. D.
(Address) County Physician
Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91194

Registration District No.
Primary Registration District No. Local Registrar's No. 249
(No. 344 South 12th)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William R. Smith
(a) Residence. No. 344 South 12th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Caucation | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Smith

6. DATE OF BIRTH (month, day, and year) Dec. 30th, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 10 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan.
(State or country)

FATHER
13. NAME Chauncey Smith,
14. BIRTHPLACE (city or town) New York
(State or country) State.

MOTHER
15. MAIDEN NAME Laura Keyes,
16. BIRTHPLACE (city or town) New York
(State or country) State.

17. INFORMANT Mrs. Rose Smith.
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello. Idaho. Date Nov. 21, 1934

19. UNDERTAKER H.L. McHan.
(Address) Pocatello, Idaho.

20. FILED Nov. 20, 1934 D.C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 19, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to Nov. 19...., 1934.
I last saw he alive on Nov. 14, 1934. death is said to have occurred on the date stated above, at 4:40 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Colon | Met 3d. |

Other **contributory causes** of importance:

| | |
|---|---|
| rupture colon | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) D.C. Ray, M. D.
(Address) Pocatello, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91195

Registration District No.

Primary Registration District No. Local Registrar's No. 248

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Ezra Sluder.

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of --
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 4th. 1913

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 21 | -- | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** on farm and in sawmill.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Marcus Troy Sluder

14. BIRTHPLACE (city or town) North Carolina.
(State or country)

MOTHER

15. MAIDEN NAME Dorsey Fore.

16. BIRTHPLACE (city or town) North Carolina.
(State or country)

17. INFORMANT Marcus Troy Sluder.
(Address) Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Nov. 21 1934

19. UNDERTAKER H.L. McHan,
(Address) Pocatello, Idaho.

20. FILED Nov. 20, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 19, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1934, to Nov. 19, 1934.

I last saw him alive on Nov 19, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Streptococci. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) D. C. Ray M. D.

(Address) Pocatello. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91196

Registration District No.

Primary Registration District No. Local Registrar's No. 248.

(No. Residence )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lurline R. Worth

(a) Residence. No. 1331 South 2nd. Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

149

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Robert Worth

6. DATE OF BIRTH (month, day, and year): April 16, 1915.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 7 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Coleville, Utah.

FATHER

13. NAME: Wm. H. Robinson

14. BIRTHPLACE (city or town) (State or country): Wyoming.

MOTHER

15. MAIDEN NAME: Ella Wilson

16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMANT: Robert Worth
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Nov. 26, 1934.

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED: Nov. 16, 1934. D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 16, 1934.

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1934., to Nov. 16, 1934.

I last saw her alive on Nov. 15, 1934.: death is said to have occurred on the date stated above, at 3:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Heart Disease | July, 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Pregnancy (Labor in July, 1934) | |

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard P. Howard M. D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91197

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No.....

Primary Registration District No..... Local Registrar's No. 245

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel M. McRobbie

(a) Residence. No. County Infirmary St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1st. 1850.

7. AGE — Years: 84 — Months: 6 — Days: 14 — If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): David Miles Supt. of County Infirmary

18. BURIAL, CREMATION OR REMOVAL
Place Mt. View Cem. Date Nov. 15, 1934

19. UNDERTAKER (Address): A. L. McKeon Pocatello Idaho

20. FILED Nov. 14, 1934 D. L. Cox Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Sept. ....., 193.4.
I last saw him alive on Sept. ....., 193.4.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Not known | |
| Found dead in bed. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Old age. Chr. Bronchitis. | |

Name of operation None Date of.....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. C. Jones M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91198

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No.

Primary Registration District No.

Local Registrar's No. 244

(No. General Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick O. Dial

(a) Residence. No. 124 S. 15th St.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE: Years 36 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Unskilled

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort West Utah

FATHER

13. NAME John Dial

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mr. N. B. Curtis Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Nov. 16, 1934

19. UNDERTAKER Downards Funeral Home (Address) Pocatello, Idaho

20. FILED 11-14, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934, to Nov 14, 1934.

I last saw him alive on Nov 13, 1934 death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxaemia following Influenza | |
| Intra. Hemorrhage | |
| 2nd Attack. | |

Other contributory causes of importance:

Appendicitis appy. Intra. Hemorrhage

Name of operation G.B. & appy. Date of 11/9/34

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Lawn, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91199

Registration District No.

Primary Registration District No.

Local Registrar's No. 242

(No. 74a)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Eva Quinn

(a) Residence. No. 224 N. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4/5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: J. C. Quinn

6. DATE OF BIRTH (month, day, and year): May 30, 1861

7. AGE — Years: 73 — Months: 5 — Days: 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Penn.

FATHER

13. NAME: Hugh A. Daugherty

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Josephine McBurney

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): Forrest Young Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Mountainview Date: Nov. 15, 1934

19. UNDERTAKER (Address): Downard's Funeral Home Pocatello Ida.

20. FILED 11-14, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Nov 12, 1934

I last saw her alive on Nov 12, 1934; death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Sept 1. 1934 |
| Other contributory causes of importance: | |
| Arteriosclerosis & Hypertension | Jan 1 1933 |

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brotherton, M. D.

(Address) Pocatello Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91200

Registration District No.....

Primary Registration District No..... Local Registrar's No. 339

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Anthony Leute

(a) Residence. No. 541 East 7 Alley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Helen Leute

6. DATE OF BIRTH (month, day, and year): April 9, 1865

7. AGE: Years 69, Months 6, Days 28; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Dis patcher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired 3 years
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Thomas (State or country) Ontario

MOTHER FATHER
13. NAME Charles Leute
14. BIRTHPLACE (city or town) St. Thomas (State or country) Ontario Canada
15. MAIDEN NAME Catherine Yaeger
16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT (Address) Anna Helen Leute Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL Place St. Thomas, Ontario Date Nov 9, 1934

19. UNDERTAKER (Address) K. F. McClain Pocatello Idaho

20. FILED Nov 8, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1934, to Nov 7, 1934

I last saw him alive on Nov 6 1934; death is said to have occurred on the date stated above, at 4:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Coronary thrombosis | ..... |
| ..... | 3 days |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | 5 yrs. |
| [illegible] | ..... |
| ..... | ..... |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Thorkelson, M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

DEPARTMENT OF P... AND CARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91201

Registration District No.....

Primary Registration District No..... Local Registrar's No. 238

(No. 1015 ...)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Simpson

(a) Residence. No. 425 West Center St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24, 1857

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 77 | 6 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: house keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: at home for

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation: 1 Year

12. BIRTHPLACE (city or town) (State or country): London Ontario Canada

MOTHER

13. NAME: Patrick Madigan

14. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. M. E. Gelp Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello Date Nov 9, 1934

19. UNDERTAKER (Address): A. L. McMahon Pocatello Idaho

20. FILED Nov 9 1934 H. E. Hogg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934, to Nov 6, 1934.

I last saw her alive on Nov 6, 1934 death is said to have occurred on the date stated above, at 11:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 8 |
| Left Lung | |

Other **contributory causes** of importance:

| | |
|---|---|
| Emaciation | |

Name of operation None Date of None

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? No (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Lyon, M. D.

(Address) Pocatello Idaho

RECEIVED DEC 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91202

Registration District No.....

Primary Registration District No..... Local Registrar's No. 237

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Clement Ash

(a) Residence. No. 328 N. Arthur St. .....
(Usual place of abode) Pocatello (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Ash

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1891

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 41 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Brakeman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER

13. NAME John W. Ash

14. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

MOTHER

15. MAIDEN NAME Hannah Cox

16. BIRTHPLACE (city or town) .....
(State or country) New Zealand

17. INFORMANT Ada M. Sidebottom
(Address) 334 N. Arthur

18. BURIAL, CREMATION OR REMOVAL
Place..... Date....., 193..

19. UNDERTAKER H. L. Dillman
(Address) Pocatello

20. FILED 1-8, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Myocarditis | |
| Found dead in bed | |
| had been under care of Dr W.W. Brothers | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner
(Address) Pocatello

RECEIVED DEC 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91203

Registration District No.

Primary Registration District No. Local Registrar's No. 236.

(No. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

118 b

2. FULL NAME Jerdine Loy Beebe

(a) Residence No. 523 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Beebe

6. DATE OF BIRTH (month, day and year) Aug. 27, 1914

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 20 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moreland (State or country) Idaho

FATHER

13. NAME John Loy

14. BIRTHPLACE (city or town) Missouri (State or country)

MOTHER

15. MAIDEN NAME Marie Frie

16. BIRTHPLACE (city or town) Salt Lake (State or country) Utah

17. INFORMANT Harry Beebe (Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL Place Mt. View Cem. Date 11/6, 1934

19. UNDERTAKER H. S. McClain (Address) Pocatello

20. FILED 11-6, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1934, to Nov 4, 1934.

I last saw h. alive on Nov 4, 1934; death is said to have occurred on the date stated above, at 6:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction, Laparotomy | |
| Other **contributory causes** of importance: Bi Lateral Salpingo Oophorectomy | two |
| Chronic appendicitis | |

Name of operation Lap. Date of 10/30/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Jensen M. D.
(Address)

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91205

Registration District No.

Primary Registration District No. Local Registrar's No. 246

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Barbara Ann Stewart

(a) Residence. No. 326 South 12th Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 6, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 0 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Paul P. Stewart

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Opal Firkins

16. BIRTHPLACE (city or town) (State or country) Rockland, Idaho.

17. INFORMANT Paul P. Stewart
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Nov. 17, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Nov. 16, 1934. D E Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 16, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1934 to Nov. 16, 1934
I last saw h[illegible] alive on Nov. 15 1934 death is said to have occurred on the date stated above, at 2a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation. | |
| Premature 6½ mo | |
| Gestation | |

Other **contributory causes** of importance:

Name of operation ✓ Date of ✓

What tests to confirm diagnosis? Was there an autopsy? History & clinical

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) William F. Howard M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11207

Registration District No.

Primary Registration District No.

Local Registrar's No. 235

**PLACE OF DEATH**

County of Bannock

City of Pocatello

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anthony Fabrizio

(a) Residence. No. 131 N. Fifth St.
(Usual place of abode)

Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Oct. 7 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. A. S. L. section

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. foreman

10. Date deceased last worked at this occupation (month and year) 14 yrs. ago

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Rosario Fabrizio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Parma Manfredo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Mrs Mary Fabrizio 131 N. Fifth St.

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Nov. 4 1934

19. UNDERTAKER (Address) Dawnard's Funeral Home Pocatello, Idaho

20. FILED 11-6, 1934 D. E. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1934, to Nov 2, 1934

I last saw ~~him~~ alive on Nov 1, 1934: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyonephrosis | |
| Acute | 10 days |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. McCoy, M. D.

(Address) Pocatello Ida

RECEIVED DEC 3

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91208

Registration District No.
Primary Registration District No. Local Registrar's No. 238
(No. Bryan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Mike Lee Vaney

(a) Residence. No. No. Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Sarah Delaney

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1887

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 47 | 0 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** O.S.L. Engineer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rush Hill
(State or country) Missouri

FATHER
13. NAME James Delaney
14. BIRTHPLACE (city or town) Unknown
(State or country) Ireland

MOTHER
15. MAIDEN NAME Alice Sampson
16. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

17. INFORMANT Pat Lee Vaney
(Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Burial Date Nov. 6., 1934

19. UNDERTAKER H. L. McMan
(Address) Pocatello

20. FILED 11-6., 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-1- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1., 1934., to Nov. 3., 1934.
I last saw h~~e~~ alive on Nov 3 1934.: death is said to have occurred on the date stated above, at 9 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Auto accident | |
| Cerebral edema | 8 |
| both lungs | |
| | |
| | |

Other **contributory causes** of importance:

shock pulmonary
accident fractured
multiple R. right fem leg

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury 11-1 1934
Where did injury occur? Nov 1 1934
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Auto accident
Manner of injury Auto accident
Nature of injury Auto accident

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None
(Signed) H. Lymn M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91209

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 233

1. PLACE OF DEATH
County of Bannock
City of Pocatello
(No. East Lander St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles M. Mason

(a) Residence. No. Dearborn Hotel St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Negro | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown 1887.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 47 | Unknown | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Dept.
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Nov. 8, 193..

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 8, 1934 D. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 8, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) ..... | |
| Hemorrhage from lungs | |
| caused by gunshot | |
| wounds | |
| Other **contributory causes** of importance: | |
| ..... | |
| ..... | |
| ..... | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury, 10/8, 1934
Where did injury occur? Pocatello, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In Home
Manner of injury Gunshot wound of Chest.
Nature of injury Hemorrhage from lungs.

24. Was disease or injury in any way related to occupation of deceased? No so specify .....
(Signed) W. N. Urquhart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 29

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 91210

Local Registrar's No. 439

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Catherine Vanderhoef

(a) Residence. No. 432 S. Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of E. P.

6. DATE OF BIRTH (month, day, and year) July 7, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 4 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. — Invalid —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beaver Dam
(State or country) Wisconsin

FATHER

13. NAME John Snortz

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT W. W. Vanderhoeff
(Address) 432 S. Lincoln

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Nov. 28, 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED N-30, 1934 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934, to Nov. 28, 1934

I last saw her alive on Nov. 28, 1934; death is said to have occurred on the date stated above, at 1:20 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral haemorrhage | 1931 |

Other contributory causes of importance:

| | |
|---|---|
| Uraemia | Nov. 20, 1934 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify William J. Howard

(Signed) , M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91211

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 21
Primary Registration District No. 2164
Local Registrar's No. 440
(No. 258 18 5)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur H. D. Roux

(a) Residence. No. Touraine Hotel St. Mountain Home, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) –

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | – | – | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER
13. NAME John Roux
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Eugene Berardy Paul, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Dec. 1, 1934

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED 11-30, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ~~XXXXXXXXXXXX~~ 11/30/34

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1934, to 11-30, 1934
I last saw h[illegible] alive on 11-29, 1934: death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of base of skull | 11-29-34 |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-29, 1934
Where did injury occur? Hudson Hotel Shelley Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Hotel
Manner of injury Fell down stairway
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Burkett, M. D.
(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91212

Registration District No.

Primary Registration District No. Local Registrar's No. 254

(No. 324 Warren, Avenue, Pocatello.)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Maxine Womack Beck

(a) Residence. No. Tyhee, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Edwin Beck

6. DATE OF BIRTH (month, day, and year) July 9, 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 4 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** In Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Basalt, (State or country) Idaho.

FATHER

13. NAME William T. Womack

14. BIRTHPLACE (city or town) Goose Lake (State or country) Idaho.

MOTHER

15. MAIDEN NAME Edna May Croft

16. BIRTHPLACE (city or town) Basalt, (State or country) Idaho.

17. INFORMANT Wm Edwin Beck (Address) Tyhee, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idah Date Nov 30 1934.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Nov 30, 1934. D. C. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 193 4, to Nov 27, 193 4.

I last saw him alive on Nov 27 193 4: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Influenza | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Scarlet fever | |
| 15 years ago. | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. E. Brown, M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91213

Registration District No.

Primary Registration District No. Local Registrar's No. 253.

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beyetta Louise Burritt

(a) Residence. No. Quin Apartments St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of G. H. Burritt

6. DATE OF BIRTH (month, day, and year)
August 17th, 1879

7. AGE — Years: 55 | Months: 3 | Days: 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Cripple Creek
(State or country) Colorado

FATHER

13. NAME: Alfred C. Gribbes

14. BIRTHPLACE (city or town): Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME: Louise Laseur

16. BIRTHPLACE (city or town): Canada
(State or country) Canada

17. INFORMANT: G. H. Burritt
(Address) Quinn Apts

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Moriah Date Nov. 27 1934

19. UNDERTAKER: H. L. McHan
(Address) Pocatello, Idaho

20. FILED Nov. 26, 1934 D. C. Ray
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934, to Nov. 25, 1934.

I last saw him alive on Nov. 25, 1934; death is said to have occurred on the date stated above, at 11:30 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis with heart block | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Idaho

RECEIVED DEC 3

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91214

Registration District No. 5

Primary Registration District No. 216-1 Local Registrar's No. 438

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William J. Harvey

(a) Residence. No. 315 S. Seventh St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Francis

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 83 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumberman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newcastle
(State or country) England

FATHER

13. NAME Thomas Hardy

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Davidson

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT Mrs. J. Meyers
(Address) 315 S. Seventh

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Mariah Date Nov. 26, 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 11-26, 1934 D C Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1934, to 11-22, 1934

I last saw him alive on 11-22, 1934: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Died from Partial obstruction by bowel.

Other contributory causes of importance:

Incident To old age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M.D.

(Address) Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 91215

Local Registrar's No. 251

(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Emma Gregg

(a) Residence. No. 326 Monroe Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lewis

6. DATE OF BIRTH (month, day, and year) July 15, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME — Henson

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Mrs. Norman E. Magnon Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Nov. 23 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 11-23, 1934 O C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 1929, 193..., to Nov 1, 1934

I last saw him alive on Nov 21, 1934; death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Heart & Kidneys | |

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. T. Nunn, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91216

Registration District No. 84

Primary Registration District No. 216 1 Local Registrar's No. 27

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jonathon Hennimon Hale

(a) Residence. No. 384 E 3d North St. Logan Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Clegg Hale

6. DATE OF BIRTH (month, day, and year) Jan 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 yrs. | 9 mths | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) ~~9 1932~~ 8 1932

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City

FATHER

13. NAME Orvet Lucius Hale

14. BIRTHPLACE (city or town) (State or country) Marion, Ill.

MOTHER

15. MAIDEN NAME Olive Whittle

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Thatcher Cemetery Date Oct 21, 1934

19. UNDERTAKER (Address) Richard Mortuary Logan Utah

20. FILED Dec 1, 1934 Mrs. G. J. Fitz Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934, to Oct 19, 1934

I last saw him alive on Oct. 19, 1934: death is said to have occurred on the date stated above, at 4.00 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | |
| Senility | |

Other contributory causes of importance:

Cerebral arteriosclerosis with resultant hypostasis

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? ———

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ———, 193—

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. E. S. Bowman Jr., M. D.

(Address) Grace

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 9121

State File No.

**PLACE OF DEATH**

County of Bannock

City of Grace

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 28

(No. 161a)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Trapnell

(a) Residence. No. (Usual place of abode) St. Grace Idaho

Length of residence in city or town where death occurred.— yrs. — mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | — |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 25, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | 6 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Grace Idaho

FATHER

13. NAME George Trapnell

14. BIRTHPLACE (city or town) (State or country) Grace Idaho

MOTHER

15. MAIDEN NAME Alice Weeks

16. BIRTHPLACE (city or town) (State or country) Grace Idaho

17. INFORMENT (Address) Self

18. BURIAL, CREMATION, OR REMOVAL Place Grace Cemetery Date Oct 26 1934

19. UNDERTAKER Owner (Address)

20. FILED Dec 3, 1934 Mrs. G. J. Fitt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1934, to Oct 25, 1934

I last saw her alive on Oct 25, 1934: death is said to have occurred on the date stated above, at 12:20 AM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | Oct 25, 1934 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: — | |
| | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) E. S. Bowman M. D.

(Address) Grace Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91218

**PLACE OF DEATH**
County of Bannock Co.
City of Grace Ida.
Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 26
(No. 160)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Wilson
(a) Residence. No. (Usual place of abode) St. Grace Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. — mos. — ds. — How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Oct 17, 1934
7. AGE: Years — Months — Days — If LESS than 1 day, — hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Grace Idaho

FATHER
13. NAME: Grover Wilson
14. BIRTHPLACE (city or town) (State or country): [redacted] Tennessee

MOTHER
15. MAIDEN NAME: Jesse Parkerson
16. BIRTHPLACE (city or town) (State or country): Grace Idaho

17. INFORMENT (Address): Grace Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Grace Idaho Date: Oct 17, 1934
19. UNDERTAKER: None (Address)
20. FILED: Dec 1, 1934 Mrs. J. J. Fish Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct - 17 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1934, 193—, to Oct 17, 1934
I last saw him alive on Oct 17, 1934: death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia of Childbirth | |

Other contributory causes of importance:
Congenital Deformities
Spina Bifida

Name of operation: None Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury: —, 193—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) C. J. Bowerman M. D.
(Address) Grace Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91219

Local Registrar's No. 25

## PLACE OF DEATH

County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
(No. 24)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beverly C. Monson

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 25, 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 5 | 5 | 15 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lava Hot Springs Idaho

PARENTS

10. NAME OF FATHER Carl Herman Monson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Richmond Utah
12. MAIDEN NAME OF MOTHER Matilda Mary Spatig
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Preston Idaho

14. Informant C. H. Monson
(Address) Lava Hot Springs

15. Filed Dec-1, 1934 Mrs. G. J. Fl[illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 30 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934, to Oct 30, 1934
that I last saw h[illegible] alive on Oct 29, 1934
and that death occurred, on the date stated above, at 5:30 A. m.
The CAUSE OF DEATH* was as follows:
Epidemic Cerebrospinal Meningitis
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (Secondary) None
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Lab. Cultures
(Signed) C. H. Rich, M. D.
10-30, 1934 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| 20. Undertaker | Address |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 3

**PLACE OF DEATH**
County of Bear Lake
City of Liberty

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 53
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 91220

Local Registrar's No. 32

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orval David Morgan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 25, 1927

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Hugh Morgan

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Edna Keetch

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Hugh Morgan Ovid Idaho R.D.

18. BURIAL, CREMATION, OR REMOVAL Place Liberty, Ida. Date Nov. 7, 1934

19. UNDERTAKER D. E. Austin (Address) Ovid. Ida. R.D.

20. FILED Nov 1, 1934 Burdale Hess Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1934, to Nov 4, 1934

I last saw him alive on Nov 4, 1934; death is said to have occurred on the date stated above, at 3.9 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct 28 |
| R. W. L — LLL LHL | 1934 |
| | |
| | |
| Other contributory causes of importance: | |
| Partial decompensation of Heart | 2 days |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. O. Swanson, M. D.

(Address) Paris Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91221

## PLACE OF DEATH

County of Benewah
City of St. Maries
Registration District No.
Primary Registration District No. Local Registrar's No. 24
(No. Fourth & Main)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Smith 91 f

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Unknown
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): —
7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Trapper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Fur Industry
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Stuart Stapish St. Maries, Ida
18. BURIAL, CREMATION OR REMOVAL Place: St. Maries Date: 11-14 1934
19. UNDERTAKER (Address): Stapish & Son St. Maries Ida
20. FILED: 12-8, 1934 W. F. Soberg Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/11 1934
22. I HEREBY CERTIFY, That I attended deceased from May 2, 1929, to Nov 11, 1934.
I last saw him alive on Nov 9, 1934.: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 11/11/34 |
| Second Hemorrhage | |
| First Occured | 5/2-29 |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | ? |
| Arteria Sclerosis | |

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) L. L. Lemmon, M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of ~~St. Maries~~ Fernwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91222
State File No.

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 23

(No. Fernwood)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Lewis Monson

(a) Residence. No. St. Fernwood Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Monson

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1870

7. AGE — Years: 63 | Months: 10 | Days: 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm

10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1933

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER

13. NAME: Mons Monson

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Bertha Larsen

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Monsine Holderson Spokane Wash

18. BURIAL, CREMATION OR REMOVAL
Place: Burial Spokane Wn. Date: Nov. 8, 1934

19. UNDERTAKER (Address): STAPISH & SON ST. MARIES, IDAHO

20. FILED 12-8, 1934 W. Robery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/4 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to 11/4, 1934

I last saw h[illegible] alive on 11/1, 1934; death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancerous Stomach & Intestines | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. D. Peate M. D.

(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91223

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 25

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

8815

2. FULL NAME Peter Cull

(a) Residence. No. Farm. Butler Bay Dist
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: About 59 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): O. O. Trummel, St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Woodlawn Date. 11/30, 1934

19. UNDERTAKER (Address): Mitchell & Wessa, St. Maries, Idaho

20. FILED 12/8, 1934 W. P. Roberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 25, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from 11/22, 1934, to 11/25, 1934.

I last saw him alive on 11/25, 1934: death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis - Myocarditis | ? |
| nephritis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | ? |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... No If so, specify.....

(Signed) ..... M. D.

(Address) St. Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91224

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 26

(No. 14th & College)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Nellie Cliff

(a) Residence. No. 14th & College St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. N. Cliff

6. DATE OF BIRTH (month, day, and year)
May 1, 1856

7. AGE — Years: 78 | Months: 6 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ottowa Ill.

MOTHER FATHER

13. NAME: James Daily

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Nora Howard

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Edith A. Leonard
(Address) St. Maries, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place. Woodlawn Date. 11/28, 193.4

19. UNDERTAKER: Mitchell & Wessa
(Address) St. Maries, Idaho.

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 26 1934 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 193.., to Nov 26, 193.4

I last saw ~~he~~ alive on 11/25, 193..; death is said to have occurred on the date stated above, at 2:57 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Owen D Clark, M. D.

(Address) St Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91225
State File No.

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 27

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Carl Laverne Fields

(a) Residence. No. St. Benewah Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vinila Fields

6. DATE OF BIRTH (month, day, and year)
Nov. 17, 1904

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 29 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber Industry

10. Date deceased last worked at this occupation (mo. and yr.) May 1934

11. Total time (years) spent in this occupation 10yrs.

12. BIRTHPLACE (city or town) Colfax (State or country) Wash

FATHER

13. NAME Ira Fields

14. BIRTHPLACE (city or town) Pomeroy (State or country) Wash

MOTHER

15. MAIDEN NAME Lavina Waldron

16. BIRTHPLACE (city or town) Salem (State or country) Ore.

17. INFORMANT Ira Fields (Address) Benewah Ida.

18. BURIAL, CREMATION OR REMOVAL
Burial Place Woodlawn St. Maries Date Nov. 10, 1934

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED 12-8, 1934 W. P. Boberg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 193.., to Nov. 7, 193.4.

I last saw him alive on Nov 7, 1934; death is said to have occurred on the date stated above, at 5:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Rheumatic heart disease | abt 1925 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. Townsend, M. D.
(Address) St. Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah.

City of St. Maries.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91226
State File No.....

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 28

(No. St. Maries Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Henry McLaughlin.

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year)
January 2, 1868.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 10 | 24. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber camps.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Monona,
(State or country) Iowa.

FATHER

13. NAME John McLaughlin.

14. BIRTHPLACE (city or town).....
(State or country) Ireland.

MOTHER

15. MAIDEN NAME Rosie Trainor.

16. BIRTHPLACE (city or town).....
(State or country) Ireland.

17. INFORMANT Don. McLaughlin,
(Address) Spokane, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place... St. Maries, Idaho. Nov. 28, -34

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED 12-8-, 1934 W. Boberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1934, to 11/26, 1934.

I last saw him alive on 11/26, 1934: death is said to have occurred on the date stated above, at 1:28 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Basal skull fracture | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury .., 193.

Where did injury occur? St Maries Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Auto big hurry

Manner of injury. Struck by automobile

Nature of injury. Basal skull fracture

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bingham
City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91227

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 206

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlene Connie Adella Whitmill

(a) Residence. No. Basalt St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 2 1934

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Basalt Idaho

MOTHER/FATHER

13. NAME W H Whitmill

14. BIRTHPLACE (city or town) (State or country) Shelley Idaho

15. MAIDEN NAME Beulah F. Grandzeon

16. BIRTHPLACE (city or town) (State or country) Kimball Idaho

17. INFORMANT W. H. Whitmill
(Address) Basalt Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Basalt Ida. Date Nov 26 1934

19. UNDERTAKER .....
(Address)

20. FILED Nov. 23 1934 W. M. Hutchison Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1934, to 11-22, 1934
I last saw h[illegible] alive on 11-20 1934: death is said to have occurred on the date stated above, at 5:20 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchio Pneumonia | 11-19-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Hanson M. D.
(Address) Blackfoot Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 91229

Local Registrar's No. 191

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

161 N

2. FULL NAME Julia Marie Ball

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 8, 1934

7. AGE — Years | Months | Days | If LESS than 1 day, 4 hrs. 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER

13. NAME Wm. Archie Ball

14. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

MOTHER

15. MAIDEN NAME Verda McBride

16. BIRTHPLACE (city or town) (State or country) Oakley Ida

17. INFORMENT (Address) Archie Ball Blackfoot Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Fort. City Cem Date Nov 9, 1934

19. UNDERTAKER none (Address)

20. FILED Nov 9, 1934 Mo Wales Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934, to Nov 8, 1934

I last saw her alive on Nov 8, 1934; death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth 6½ mo | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac weakness | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W A Beck, M. D.

(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91232

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 205
(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda Cordell

(a) Residence. No. ..... St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Femal | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year)
No data.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | ---- | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** not known

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) xxxx
(State or country) ~~Minnesota~~ Indiana

FATHER

13. NAME Dr. James Cordell

14. BIRTHPLACE (city or town) ~~Indiana~~ Minn.
(State or country)

MOTHER

15. MAIDEN NAME Urah Reed

16. BIRTHPLACE (city or town) .....
(State or country) Indiana

17. INFORMANT Records of State Hosp. South
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Goodeve Ida Date Nov. 26 1934

19. UNDERTAKER E. J. Peck
(Address) Blackfoot Ida

20. FILED Nov. 26, 1934 W. M. Fallen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, 193..., to Nov. 25, 1934, 193...
I last saw her alive on Nov. 25, 193.4.; death is said to have occurred on the date stated above, at 12:30 PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Dementia | June 19 21 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation... none ..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** ....none.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Chas. R. Lowe ....., M. D.
(Address) State Hosp. South .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Bingham

City of Blackfoot Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91233

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 208

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara May Beasley

(a) Residence. No. 1 I. W. #1 St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) 1-15-1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 69 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bainbridge Ohio

MOTHER

13. NAME Leo Myers

14. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

15. MAIDEN NAME Cornelia Phillips

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Ozra Beasley Blackfoot R 6

18. BURIAL, CREMATION OR REMOVAL

Place Ferrell Cem Date Nov 28 1934

19. UNDERTAKER (Address) E. J. Peck Blackfoot

20. FILED Nov 27, 1934 W. A. Taylor Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1934, to 11-24, 1934.

I last saw her alive on 11-22, 1934; death is said to have occurred on the date stated above, at 2 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hyperthyroidism | 1 yr. |
| Chronic myocarditis | 1 yr. |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic nephritis | 6 mo |
| | |
| | |

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Humphreys M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 31235
State File No.

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 201
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MABEL LEGLER

(a) Residence. No. St. BOISE, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Legler

6. DATE OF BIRTH (month, day, and year)
September 22, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 2 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---
(State or country) Iowa

FATHER
13. NAME ---- Parker
14. BIRTHPLACE (city or town) ---
(State or country) England

MOTHER
15. MAIDEN NAME ---
16. BIRTHPLACE (city or town) ---
(State or country) England

17. INFORMANT (Address) Records of State Hospital So Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Basin, Idaho Date ....., 193..

19. UNDERTAKER (Address) E. T. Peck Blackfoot Ida

20. FILED Nov 24, 1934 Wm. Julian C. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12th, 193.4., to Nov. 22nd, 1934
I last saw her alive on Nov. 22, 1934.: death is said to have occurred on the date stated above, at 3:05 AM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CHRONIC VALVULAR DISEASE | do not |
| MITRAL INSUFFICIENCY | know |
| CHRONIC MYOCARDITIS | |
| | |
| Other **contributory causes** of importance: | |
| PARTIAL PARALYSIS FOLLOWING CEREBRAL HEMORRHAGES 1st Feb. 1934. 2nd Oct 1934 | |

Name of operation...none Date of.....
What test confirmed diagnosis Clinical symptoms. Was autopsy held?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? --- Date of injury.., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Edward A. Lowry M. D.
(Address) Supt State Hosp South Blackfoot, Idaho

RECEIVED DEC 7

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 31286

State File No.....

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 1607 Local Registrar's No. 200

(No. N. Judicial Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Francis Burk

(a) Residence. No. Blackfoot, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male. 4. Color or Race: White. 5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 26, 1875

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 2 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer &
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Stockman.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation: Chicago, Ills.

12. BIRTHPLACE (city or town) (State or country)

MOTHER/FATHER

13. NAME: John B. Burk.
14. BIRTHPLACE (city or town) (State or country): Syracuse N.Y.
15. MAIDEN NAME: Margaret Conners.
16. BIRTHPLACE (city or town) (State or country): Syracuse N.Y.

17. INFORMANT (Address): C. F. Burk Blackfoot Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place: S.C. Cem. Blackfoot Nov. 26, 1934

19. UNDERTAKER: E. J. Peck
(Address) Blackfoot, Ida.

20. FILED Nov. 28 1934 W. M. Waldron Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 22 1934.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1934 to Nov. 22, 1934.
I last saw him alive on Nov. 22, 1934; death is said to have occurred on the date stated above, at 5:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia - double | |
| Acute endocarditis | Nov. 19-34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Valvular disease heart. | |
| Insufficiency. | Nov. 20, 1934 |

Name of operation: None Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury: None
Nature of injury: "

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. C. Gahn, M. D.
(Address) Blackfoot Idaho

(Delayed Report 12-8-34)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 91237

Local Registrar's No. 207

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME James Chadwick

(a) Residence No. Shelley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 13, 1861

7. AGE — Years: 73 — Months: 7. — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Liverpool England

FATHER

13. NAME: John Chadwick

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Thomalson

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Ray Stoddard Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Shelley, Idaho Date: Dec 4, 1934

19. UNDERTAKER (Address): Jack A. Ward Idaho Falls Idaho

20. FILED Dec. 4, 1934 M. Wales Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 30 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-24-, 1934., to 11-30, 1934

I last saw him alive on 11-29-, 1934.; death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | 11/24-34 |
| | |

Other **contributory causes** of importance: Myocarditis Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Fikes, M. D.

(Address) Box 86 Shelley, Ida.

Burial Report 12-8-34.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91238

Registration District No. 191

Primary Registration District No. 2144

Local Registrar's No. 208

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Elise Gutke

(a) Residence. No. Shelley, Idaho St. 43
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: John M. Gutke

6. DATE OF BIRTH (month, day, and year): December 22 1859

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Christiana Norway

MOTHER FATHER

13. NAME: Andrew Hansen

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Maria Norge

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Mrs. L. P. Christensen Shelley, Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place: Shelley, Idaho Date: Dec 3, 193 4

19. UNDERTAKER (Address): Jack A. Ward Idaho Falls Idaho

20. FILED Dec 4, 193 4 Mo. Valentine Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 28 193 4

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to Nov. 26, 1934.

I last saw h[illegible] alive on Nov. 26 1934 death is said to have occurred on the date stated above, at 2-10 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| .... | .... |
| .... | .... |
| Carcinoma of R. lower jaw | 1 yr. ago |
| .... | .... |
| Other **contributory causes** of importance: | |
| Acute dilation of heart | 24 hrs. |

Name of operation ← Date of ←

What test confirmed diagnosis? ← Was there an autopsy? ←

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? Shelley Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ←
Manner of injury ←
Nature of injury ←

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) F. E. Clark M. D.

(Address) Shelley Ida.

RECEIVED DEC 7

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91239

**PLACE OF DEATH**
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 198
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lonna May Gibson

(a) Residence. No. 689 East Bridge St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

1 (a)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 14, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 19 | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

PARENTS

10. NAME OF FATHER Lonny W. Gibson

11. BIRTHPLACE OF FATHER (city or town) Blackfoot
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER May Bailey

13. BIRTHPLACE OF MOTHER (city or town) Shelley
(State or County) Idaho

14. Informant Mrs. May B. Gibson
(Address) Blackfoot

15. Filed Nov 19, 1934 Mo Sales Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH November (Month) 18 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 4, 1934, to November 18, 1934
that I last saw her alive on November 18, 1934
and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) F. W. Mitchell M. D.
Nov. 19, 1934 (Address) Blackfoot Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Basset Idaho | Nov 20 1934 |
| 20. Undertaker E J Funk | Address Blackfoot |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91240

Registration District No. 121
Primary Registration District No. 2191 Local Registrar's No. 197
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME HERMAN SITTIG

(a) Residence. No. ... St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Nov 17th, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 1 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** mines and lumber
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden Valley Idaho

MOTHER FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) (State or country) ---
15. MAIDEN NAME do npt know
16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMANT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Blackfoot Cem. Date Nov. 19, 1934.

19. UNDERTAKER (Address) Morgan & Clark Blackfoot

20. FILED Nov. 19, 1934 W. M. Nalen E. F. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-17-34

22. I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1934, to Nov 17th, 1934.
I last saw him alive on Nov 17th, 1934. death is said to have occurred on the date stated above, at 8:24 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CHRONIC MYOCARDITIS | do not know |
| with GENERAL ARTERIO SCHLEROSIS | |
| Other **contributory causes** of importance: MANIC DEPRESSIVE PHYSHOSIS DEPRESSED PHASE | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?
Clinical symptoms

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide --- Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? If so, specify ---

(Signed) Chas. K. Lowe, M. D.
(Address) Supt. State Hosp South Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Blackfoot R.F.D. # 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91241

Registration District No. 121

Primary Registration District No. 2191 Local Registrar's No. 196

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Nancy Luella Young

(a) Residence. No. ..... St. R.F.D. # 3 Blackfoot Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ferra L. Young

6. DATE OF BIRTH (month, day, and year) Nov 7th 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 65 | | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.) 2 mos ago

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Iowa Iowa

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sara Alexander

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT (Address) Ferra L. Young Blackfoot Ida

18. BURIAL, CREMATION OR REMOVAL
Place Ferris City Cem. Date Nov. 14, 1934

19. UNDERTAKER (Address) V. E. T. Peck Blackfoot Ida

20. FILED Nov. 14, 1934 Mrs. Julia E. Hall Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-12 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1934, to 11-12, 1934.

I last saw h[illegible] alive on 11-10, 1934: death is said to have occurred on the date stated above, at 9:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | 1 yr |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Typhoid | 10-1-34 |
| | |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury .., 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) C. O. Humphreys M. D.
(Address) Blackfoot Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91242

**PLACE OF DEATH**

County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 45
(No. McMillan County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Johnston

(a) Residence. No. Blackfoot, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 68 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Self

9. BIRTHPLACE (city or town) Graemsey
(State or country) Scotland

PARENTS

10. NAME OF FATHER William Johnston
11. BIRTHPLACE OF FATHER (city or town) Graemsey
(State or Country) Scotland
12. MAIDEN NAME OF MOTHER Isabella Green
13. BIRTHPLACE OF MOTHER (city or town) Graemsey
(State or County) Scotland

14. Informant James E. Johnston
(Address) Blackfoot, Idaho

15. Filed Nov 20, 1934 Mrs Nacy E Gaines
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 17 (Day) 1934 19.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 15 34, 19...., to November 17, 19 34
that I last saw him alive on November 17, 1934, 19....
and that death occurred, on the date stated above, at 5:35 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) ....yrs, ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) F. W. Mitchell, M. D.
Nov. 19, 1934 (Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal Gross City Cem. — Date of Burial Nov. 20 1934
20. Undertaker E. J. Peck — Address Blackfoot

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91243

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 194

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME EZRA CALDWELL

(a) Residence. No. ..... St. Grace, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | SINGLE |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day, and year) ------- 1853

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | - | - | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) --- (State or country) Utah

MOTHER/FATHER
13. NAME Robert Caldwell
14. BIRTHPLACE (city or town) do not know (State or country)

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) do not know (State or country)

17. INFORMANT Records of State Hosp. South (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. View Cem. Date Nov. 11 1934

19. UNDERTAKER Lue Hay Undertaking Co (Address) Pocatello Ida

20. FILED Nov. 10, 1934 Mrs. Nolan E. Eaton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-10-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26th, 1934, to Nov 10th, 1934.
I last saw him alive on Nov 10th, 1934 death is said to have occurred on the date stated above, at 2:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILE DEMENTIA | at least |
| | since |
| | Oct |
| | 26th |
| | 1934 |

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis? Was there an autopsy? Clinical symptoms

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? --- Date of injury.., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Chas. B. Lowe M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91244

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 193

(No. 204)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maria Trexel

(a) Residence. No. Blackfoot 2d. R.F.D #1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jos. Trexel Sr.

6. DATE OF BIRTH (month, day, and year) 25th April 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Starnischa

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dent Knorr

16. BIRTHPLACE (city or town) (State or country) Dent Knorr

17. INFORMENT (Address) A. Trexel Blackfoot Ida R.F.D #1

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Fairview Cem Date , 193

19. UNDERTAKER (Address) E. T. Purcell Blackfoot Ida

20. FILED Nov 13, 1934 W. M. Wales Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 - 10 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| probably Cerebral Hemorrhage Found dead in bed | 11-10-34 |

Other contributory causes of importance:

| | |
|---|---|
| Parkinsons disease | 4 yrs. |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ , 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. Hansen, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91245

Registration District No. 121

Primary Registration District No. 2197 Local Registrar's No. 192

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Bacon

(a) Residence. No. 1 Blackfoot 2 Idaho R.F.D. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 9 1852

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER | FATHER

13. NAME Ruben Frazier

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Rachael Barkley

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Ella Boice

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Brownsville Date Nov 12 1934

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Nov 9, 1934 Wm. Hales Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Nov. 8, 1934.

I last saw ~~h~~ alive on Nov. 8, 1934: death is said to have occurred on the date stated above, at 1.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. W. Mitchell, M. D.

(Address) Blackfoot Idaho

[redacted]

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91246

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merrill L. Young

(a) Residence. No. Blackfoot R.F.D. #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sybile S. Young

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Huntington, Utah

MOTHER/FATHER

13. NAME Ferra Little Young

14. BIRTHPLACE (city or town) (State or country) Washington County Utah.

MOTHER

15. MAIDEN NAME Nancy Luella Green

16. BIRTHPLACE (city or town) (State or country) Mona, Utah

17. INFORMANT Mark L. Young
(Address) Blackfoot R.F.D. #3

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date Oct. 9, 1934

19. UNDERTAKER E. F. Peck
(Address) Blackfoot, Idaho

20. FILED Oct. 8, 1934 J. Wm. Dalton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1934, to Oct. 6, 1934.
I last saw h— alive on Oct. 5, 1934: death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid fever with perforation & Hemorrhage | 4 weeks |

Other **contributory causes** of importance:

| | |
|---|---|
| Injury to abdomen from fall | 2 mos. |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical test & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury .....
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify — .....

(Signed) J. O. Harrington M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. If child, state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fort Hall

City of Reservation.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91247

Registration District No. I2I-R

Primary Registration District No. 2I94-R  Local Registrar's No. I88

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tennyson Hevewah

(a) Residence. No. Fort Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Shoshone 4/4

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): June 3, I932

7. AGE — Years: 2 | Months: 4 | Days: 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town). (State or country): Fort Hall Res

MOTHER FATHER

13. NAME: John Hevewah

14. BIRTHPLACE (city or town). (State or country): Fort Hall Res.

15. MAIDEN NAME: Jane Nephi

16. BIRTHPLACE (city or town). (State or country): Fort Hall Res

17. INFORMANT: Jane Hevewah.
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place. Sand Hill Cem. Date. Oct. 3I 193 4.

19. UNDERTAKER: None
(Address)

20. FILED. Nov. I0, 193 4. Mrs. Thalia Graves
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 30 193 4

22. I HEREBY CERTIFY, That I attended deceased from No M.D. in attendance, 193..., to ..., 193....

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at I0:A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Strangulation. | I0/30/34 |
| History of choking, | |
| Died in short time. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Frank A. Nelson, M. D.

(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Ex. Rec.

**PLACE OF DEATH**

County of Fort Hall Reservation

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91248
State File No. .....

Registration District No. I2I-R

Primary Registration District No. 2I94-R  Local Registrar's No. I85

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cynthia Hammer.

(a) Residence. No. Fort Hall Reservation, Idaho. St. .....
(Usual place of abode)  (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Shoshone 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) July 30, I92I

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | I3 | 3 | I6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School girl

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Public School

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1-1934

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Clara Hammer

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res

17. INFORMANT Clara Hammer
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Cedar Cemetery... Date Oct I7 1934.

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED Nov. IO 1934 Wm. Hales Eckstein
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. I5 1934

22. I HEREBY CERTIFY, That I attended deceased from No M.D. in attendance ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2:. P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | I0 da |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Harold A. Nelson, M. D.
(Address) Fort Hall, Idaho

Ban Rec Ban Rec

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91249

**PLACE OF DEATH**

County of Fort Hall Reservation

City of .....

Registration District No. I2I-R

Primary Registration District No. 2I94-R  Local Registrar's No. I84

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sylvester Shay.

(a) Residence. No. Fort Hall Reservation, Idaho. St. .....
(Usual place of abode)  (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1002

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Shoshone 4/4 | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Feb I8, I934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 7 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

MOTHER/FATHER

13. NAME Ralph Shay.

14. BIRTHPLACE (city or town) (State or country) Fort Hall Res

MOTHER

15. MAIDEN NAME Julia Helen Use

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res

17. INFORMANT .... Julia Shay
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Butte Cem. Date Oct. I3, 193.4

19. UNDERTAKER Agency Carpenter.
(Address) Fort Hall, Idaho

20. FILED Nov. I0, 193.4 Mrs Nellie E. Lewis
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. I3, 193 4

22. I HEREBY CERTIFY, That I attended deceased from No M.D. in attendance, 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2:P...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | I0/6/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Frank A. Nelson, M. D.
(Address) Fort Hall, Idaho

Ean Res.

Fort Hall Agency.

PLACE OF DEATH

County of Bingham

City of Fort Hall Reservation

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91250
State File No.

Registration District No. I2I-R

Primary Registration District No. 2194-R  Local Registrar's No. I83

(No. Ho Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Gladys Teton.

(a) Residence. No. Fort Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Shoshone Bannock 7/8 | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) 6- 29- 33

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | I | 3 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** - - -

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

FATHER

13. NAME Ben Timbana

14. BIRTHPLACE (city or town) (State or country) Fort Washakie, Wyo.

MOTHER

15. MAIDEN NAME Nora Teton

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

17. INFORMANT Nora Teton.
(Address) Fort Hall Reservation

18. BURIAL, CREMATION OR REMOVAL
Place Lincoln Cr.Cem. Date IO/6/34 193..

19. UNDERTAKER Brown & Eldredge
(Address) Blackfoot, Idaho

20. FILED Nov.IO, 1934 Wm. Matus C. Latimer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct.4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1934, to Oct.3, 1934.
I last saw her alive on Oct.3, 1934: death is said to have occurred on the date stated above, at 8: A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial pneumonia | 9/27/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....
(Signed) Thomas E. Nelson, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91251

**PLACE OF DEATH**
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Neil Allen

(a) Residence. No. Hailey Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | White | single |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Not Married

6. DATE OF BIRTH (month, day, and year) Sept 4, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | 2 | 3 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Boilermaker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1916

11. Total time (years) spent in this occupation 15yrs

12. BIRTHPLACE (city or town) (State or country) Napoleonville Rapids Wis.

**FATHER**

13. NAME James Allen

14. BIRTHPLACE (city or town) (State or country) Ireland

**MOTHER**

15. MAIDEN NAME Margaret Hamilton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sadie G. Mallory (niece) (Address) Hailey Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Hailey Idaho Date 11-9-, 1934

19. UNDERTAKER L. Harris (Address) Hailey, Idaho

20. FILED 11-28 1934 H. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/1/..., 193.4., to 11/7, 193.4

I last saw him alive on 11/7, 193.4 death is said to have occurred on the date stated above, at 4P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Hypostatic pneumonia | |
| Illness | 1 Day |
| | |
| | |
| Other **contributory causes** of importance: | |
| Mitral Lesion | — |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. W. [illegible] M. D.
(Address) Hailey, Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

21 on Dec 30,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Carey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91252

Registration District No. 57

Primary Registration District No. 2025

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Morris T. Baird

(a) Residence. No. ..... Carey Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

For 10

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 30 19

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|---|
| | 20 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** stockraising

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) July 1934

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) Carey Idaho
(State or country)

FATHER

13. NAME W. M. Baird

14. BIRTHPLACE (city or town) Heber City
(State or country) Utah

MOTHER

15. MAIDEN NAME Allie N. Simpson

16. BIRTHPLACE (city or town) Heber City
(State or country) Utah

17. INFORMANT W M Baird
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Carey Date 11-10-, 1934

19. UNDERTAKER L. H. Hamp
(Address) Hailey Ida.

20. FILED 11-12 1934 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pericarditis | 6 mo |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hyperthyroid | 1 yr |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.
(Address) Hailey, Idaho

RECEIVED DEC 4

MARGIN RESERVED FOR BINDING
...Y, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ...be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ...EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91253

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 38

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number) wright

2. FULL NAME Herbert Owings Howard

(a) Residence. No. .... St. 101
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. .. mos. .. ds. How long in U. S., if of foreign birth? yrs. .. mos. .. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Braase
6. DATE OF BIRTH (month, day, and year): Aug 1 —
7. AGE: Years 41 | Months 3 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 2 mo
11. Total time (years) spent in this occupation: All life

12. BIRTHPLACE (city or town) (State or country): Osakers Sweden

FATHER
13. NAME: Grove C. Howard
14. BIRTHPLACE (city or town) (State or country): New York State

MOTHER
15. MAIDEN NAME: Edith C. Owings
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Ben W. Howard

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place City Plot Hailey Date Nov 20 1934

19. UNDERTAKER (Address): J. J. Harris Hailey Idaho

20. FILED 11-28 1934 R. H. Wright Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1934, to 11-18, 1934
I last saw him alive on 11-18, 1934: death is said to have occurred on the date stated above, at 12 midnight m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza followed by Lobar Pneumonia | 2 weeks |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ✓ clinical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert H. Wright M. D.
(Address) Hailey, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Blaine

City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91254
State File No.....

Registration District No. 57

Primary Registration District No. 2022

F of 39

Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Butler Busby

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) June 23 - 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) July 1934

11. Total time (years) spent in this occupation 1 or yrs.

12. BIRTHPLACE (city or town) (State or country) Nemaha Co. Iowa

FATHER

13. NAME Johnson Busby

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Ann Cotter

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

17. INFORMANT Mrs Nellie Brazzell
(Address) Bellevue Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Diagonal Iowa Date Nov. 22 1934

19. UNDERTAKER ..... G. H. Hamp
(Address) Hailey Ida.

20. FILED 11-28 1934 R. A. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1934 to 11/19, 1934

I last saw h alive on 11/19, 1934: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 3 mo. |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Hailey, Idaho

DEC 13 [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91255

## PLACE OF DEATH

County of Boise
City of near Horseshoe Bend

Registration District No.....
Primary Registration District No..... Local Registrar's No.....
(No. Near Horseshoe Bend)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME George Zimmer

(a) Residence. No..... St. Horseshoe Bend
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mattie Zimmer

6. DATE OF BIRTH (month, day, and year)
February 12, 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Phillip Zimmer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Fredrica Brunner

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Carl Zimmer
(Address) Lewiston Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Horseshoe Bend Date 12-10 1934

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 12/11, 1934 Geo. E. Kohlson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 6, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h... alive on ....., 193... death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull Fracture | |
| Caused by Auto | |
| upsetting on him | |
| in Car Accident | |
| | |
| Other **contributory causes** of importance: | |
| Place of Accident | |
| about 14 Miles North | |
| of Boise on Horseshoe Bend Highway in Boise County | |

Name of operation..... Date of...
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so specify.....
(Signed) L. E. Shanahan M. D.
(Address) .....

RECEIVED DEC

**PLACE OF DEATH**

County of Boundary

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91256

Registration District No. 76

Primary Registration District No. 2155 Local Registrar's No. 99

(No. Pace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Magee

(a) Residence. No. Sandpoint, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed ~~or Divorced~~ (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Jan 19 1865

7. AGE: Years 68 | Months 10 | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

13. NAME: Andrew Magee

14. BIRTHPLACE (city or town) (State or country): Del.

MOTHER

15. MAIDEN NAME: Sarah Ellis

16. BIRTHPLACE (city or town) (State or country): Del.

17. INFORMANT (Address): Zora T. Needham Naples. Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Athol, Ida. Date 11/27, 1934

19. UNDERTAKER (Address): Townsend Co. Sandpoint Ida

20. FILED Nov. 27 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1934, to Nov. 24, 1934.

I last saw him alive on Nov. 24, 1934: death is said to have occurred on the date stated above, at 9:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Chronic myocarditis | 1932 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | 1930 |
| | |
| Fracture rt. femur | Oct 26 1934 |

Name of operation: No. Date of:

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury? Oct 26, 1934
Where did injury occur? Sandpoint, Bonner Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home
Manner of injury Fell down
Nature of injury Fracture near hip joint

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. F. Tyler M. D.
(Address) Sandpoint, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91257

Registration District No. 78

Primary Registration District No. x 155 Local Registrar's No. 98

(No. Page Hospital) 111a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth McKenzie

(a) Residence. No. ..... St. Newport, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Rose McKenzie

6. DATE OF BIRTH (month, day, and year) May 7, 1870

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Timber Inspector

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 4 yrs. ago

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Nelson - New Brunswick - Canada

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) New Brunswick Canada

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Lyman McKenzie Sandpoint Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place New Port Wn. Date Nov. 25 1934

19. UNDERTAKER L. G. Moore
(Address) Sandpoint, Ida.

20. FILED Nov. 25 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1934, to Nov. 22, 1934.
I last saw him alive on Nov. 21, 1934; death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic ulcer Stomach | 1932 |
| Secondary anaemia & debility | |

Other **contributory causes** of importance:

Name of operation Gastro-Enterostomy. Date of Nov. 7, 1934.
What test confirmed diagnosis? X Ray & clinical. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. A. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91258

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 97

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Wong Wing

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | yellow | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | ? | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) China

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) China

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT (Address) Page Hospital Sandpoint

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Date 11.21., 1934

19. UNDERTAKER (Address) T. Donnelly Co. Sandpoint Ida

20. FILED Nov 21., 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1..., 1934.., to Nov. 19..., 1934..
I last saw him alive on Nov. 18, 1934.: death is said to have occurred on the date stated above, at 11:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Chronic Nephritis | 1930 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Arterio Sclerosis | 1925 |
| | |

Name of operation No clinical Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC

**PLACE OF DEATH**

County of BONNER

City of CLARKSFORK

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91259

Registration District No. 80

Primary Registration District No. 2357

Local Registrar's No. 4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ALICE HAZEN

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Hazen

6. DATE OF BIRTH (month, day, and year) November 16, 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 84 | 0 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Munson (State or country) Ohio

FATHER

13. NAME Silas O. Woodard

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Sila Gruman

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Nesta Montague (Address) Clarksfork, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place. Sandpoint, Idaho Date. 11/21 193 4

19. UNDERTAKER W. F. Mason.

(Address) Sandpoint, Idaho

20. FILED Nov 24 193 4 J. John Larson, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 20, 193 4

22. I HEREBY CERTIFY, That I attended deceased from Nov 193 not to Nov 193 ....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 12:17 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 1930 |
| Arterio Sclerosis | 1920 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Wm F Tyler, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bonner

City of Clarkfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91260

Registration District No. 86

Primary Registration District No. 2457

Local Registrar's No. 5

(No. Clarkfork)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Fiatte Pretre

(a) Residence. No. Clarkfork St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Pretre

6. DATE OF BIRTH (month, day, and year) June 17 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 5 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Celestine Pretre

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Julia Grochong

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Effie Pretre (Address) Clarkfork

18. BURIAL, CREMATION OR REMOVAL

Place Onemo cemetery Date 11/25, 1934

19. UNDERTAKER Torrence & Co (Address) Sandpoint Idaho

20. FILED Nov 25 1934 John [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to Nov. 23, 1934.

I last saw him alive on Sept. 3, 1934; death is said to have occurred on the date stated above, at 3:20 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arterio Sclerosis | 1930 |

Name of operation no clinical Date of -

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Wm F. Tyler M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91261

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 96

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred William Tilton 188c

(a) Residence. No. Cocolalla St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): July 1 1886

7. AGE — Years: 48 | Months: 3 | Days: 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: William H Tilton

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Alice Peet

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): W. H. Tilton Cocolalla

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Spokane Date Nov. 16, 1934.

19. UNDERTAKER (Address): Turnbull Co. Sandpoint Ida

20. FILED Nov. 16, 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1934, to Nov. 17, 1934.

I last saw him alive on Nov. 17, 1934; death is said to have occurred on the date stated above, at 4 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Third Cervical | Nov. 17. 1934 |
| vertebra Compression | |
| Spinal Cord from trauma | |
| | |
| Other **contributory causes** of importance: | |
| Died about 2 hours | |
| after accident | |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? Nov. 17, 1934
Where did injury occur? Sandpoint, Bonner Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Street Sandpoint Idaho
Manner of injury Cranking car in garage. Car ran over him.
Nature of injury Broken neck & possible internal injuries

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. T. Taylor M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of BONNER
City of SANDPOINT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91262

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 95
(No. 602 Euclid Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fayette Stephen Sargent

(a) Residence. No. 602 Euclid Ave. St. Spokane Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Hall Sargent

6. DATE OF BIRTH (month, day, and year) July 30, 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 3 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Banker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Bank
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Piermont
(State or country) New Hampshire

FATHER
13. NAME Andrew Sargent
14. BIRTHPLACE (city or town) Candia
(State or country) New Hampshire

MOTHER
15. MAIDEN NAME Mary Julina Bean
16. BIRTHPLACE (city or town) Candia
(State or country) New Hampshire

17. INFORMANT Margaret Sargent Mc Coy
(Address) Sandpoint, Idaho.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane, Washington. 11/16, 1934

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Nov. 15, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933, to Nov 14, 1934.
I last saw him alive on Nov 12, 1934; death is said to have occurred on the date stated above, at 12 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1933 |
| Cerebral Hemorrhage | Nov 11, 1934 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arterio Sclerosis | 1930 |
| with Hypertension | |
| | |

Name of operation no Date of
What test confirmed diagnosis? clinicals Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91263
State File No.....

## PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 7F
Primary Registration District No. 2155 Local Registrar's No. 94
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Sophia Calista Hull

(a) Residence. No. Cocolalla St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F Hull

6. DATE OF BIRTH (month, day, and year): 1856

7. AGE — Years: 78 — Months: — Days: — If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Thomas Benedict
14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Sophia Godshaw
16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Lonie Hull Whitefish Mont

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Whitefish Mont Date Nov. 14 1934

19. UNDERTAKER: Trumbull Co
(Address) Sandpoint, Ida.

20. FILED Nov. 14, 1934. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/11 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934, to Nov 11, 1934.
I last saw h alive on Nov 10, 1934: death is said to have occurred on the date stated above, at 4.40 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1931 |
| Arteria Sclerosis | 1930 |

Other **contributory causes** of importance:

Name of operation: no Date of:
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm. F. Tyler M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

9 2 1 Idaho

## PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91264

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 93

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Katherine Lilly

(a) Residence. No. Edgemere St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B Lilly

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

13. NAME Hopkins

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME ~~Mary Katherine Hopkins~~ Unknown

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT (Address) Jas B Lilly Edgemere Sandpoint

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Date 11/11..., 1934

19. UNDERTAKER (Address) Tannehill Co. Sandpoint

20. FILED Nov. 11, 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7..., 1934 to Nov. 8..., 1934.
I last saw h[illegible] alive on Nov. 8, 1934. death is said to have occurred on the date stated above, at 9:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | Nov. 7. 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | 1930 |
| | |

Name of operation None Clinical Date of.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wm F. Tyler M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91265
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 92

(No. 412 S. Lavina)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Francis Rickman

(a) Residence. No. 412 S. Lavina St. Spokane, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Rickman

6. DATE OF BIRTH (month, day, and year) July 10th. 1865

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Oct 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennville (State or country) Missouri

FATHER

13. NAME W. C. Ayers

14. BIRTHPLACE (city or town)... (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)... (State or country) Unknown

17. INFORMANT W. P. Frances (Address) 612 Elm St Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem Place Sandpoint, Idaho Date Nov 10 1934

19. UNDERTAKER L. L. Moore (Address) Sandpoint, Idaho.

20. FILED Nov. 10, 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Nov. 7, 1934.

I last saw h[illegible] alive on Nov. 6, 1934: death is said to have occurred on the date stated above, at 6:40p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Jan 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Arteria Sclerosis | 1930 |
| | |
| | |

Name of operation None Date of... (clinical)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Tyler M. D.

(Address) Sandpoint Idaho

RECEIVED DEC 5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91266

**PLACE OF DEATH**

County of BONNER

City of SANDPOINT

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 91

(No. 516 N. 6th Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WILLIAM FREDERICK ULRICH

(a) Residence. No. 516 N. 6th Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. Color or Race: WHITE

5. Single, Married, Widowed or Divorced (write the word): MARRIED

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alice M. Ulrich

6. DATE OF BIRTH (month, day, and year):

7. AGE: Years 74 | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lumber Yard

10. Date deceased last worked at this occupation (mo. and yr.): 1932

11. Total time (years) spent in this occupation: 14 yrs

12. BIRTHPLACE (city or town): Eau Claire
(State or country): Wisconsin

MOTHER FATHER

13. NAME: William Frederick Ulrich

14. BIRTHPLACE (city or town):
(State or country): Germany

15. MAIDEN NAME: Adelia Freimuth

16. BIRTHPLACE (city or town):
(State or country): France

17. INFORMANT: Len Ulrich
(Address): Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Pinecrest Cem
Place: Sandpoint, Ida. Date: Nov. 9, 1934

19. UNDERTAKER: L. G. MOON
(Address): Sandpoint, Idaho.

20. FILED: Nov. 9, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Nov 5, 1934

I last saw him alive on Nov 5, 1934; death is said to have occurred on the date stated above, at 5:30p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma prostate | ? |

Other **contributory causes** of importance:

Name of operation: ..... Date of:

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:

(Signed) C. L. Coss, M. D.

(Address) Sandpoint, Ida.

REC[illegible] 5

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91267

Registration District No. 78

Primary Registration District No. 7150 Local Registrar's No. 90

(No. Page Hospital) 31
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Abram Stevens

(a) Residence. No. ..... St. Kootenai, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna Stevens

6. DATE OF BIRTH (month, day, and year) Apr. 20, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairview
(State or country) Utah

FATHER

13. NAME Ransom A. Stevens

14. BIRTHPLACE (city or town)
(State or country) Mo.

MOTHER

15. MAIDEN NAME Tranquilla Grady

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. W. A. Stevens Mo.
(Address) Kootenai Ida.

18. BURIAL, CREMATION OR REMOVAL Sinacrest Cem.
Place Sandpoint Ida Date Nov. 4 1934

19. UNDERTAKER E. G. Moon
(Address) Sandpoint Ida

20. FILED Nov. 4 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 1, 1934 193

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1934, to Nov. 1, 1934.
I last saw h. alive on Oct. 31, 1934.; death is said to have occurred on the date stated above, at 2.25 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1933 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. M. F. Tyler M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

DEC 5

**PLACE OF DEATH**

County of Bonneville.

City of Idaho Falls, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91268

Registration District No. 78

Primary Registration District No. 2158 Local Registrar's No. 2 16

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vivienne Arylne Ellis.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. M. | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 22, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 0 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho.

FATHER

13. NAME Leonard E. Ellis.

14. BIRTHPLACE (city or town) (State or country) Annis, Idaho.

MOTHER

15. MAIDEN NAME Verla M. Owen.

16. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

17. INFORMANT (Address) J. E. Ellis Lorenzo, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 10/28, 1934

19. UNDERTAKER (Address) None

20. FILED Nov. 1, 1934. C. M. Summers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934, to Oct 27, 1934

I last saw her alive on Oct 27, 1934; death is said to have occurred on the date stated above, at 3:50P M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus | Oct 22-34 |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Abbott, M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91269

Registration District No. 23

Primary Registration District No. 2103 Local Registrar's No. 229

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darlene Hammon.

(a) Residence. No. Bingham Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 24 1934

7. AGE — Years: No | Months: No | Days: No. | If LESS than 1 day, hrs. 12 or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho.

FATHER

13. NAME: Almy Hammon

14. BIRTHPLACE (city or town) (State or country): St Anthony Ida

MOTHER

15. MAIDEN NAME: Florence Holverson

16. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

17. INFORMANT (Address): Almy Holverson Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls. Date: 11-25 1934

19. UNDERTAKER (Address): V. F. M. Hay Idaho Falls Ida

20. FILED Nov 26 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934., to Nov 25th, 1934.

I last saw her alive on Nov 24, 1934.: death is said to have occurred on the date stated above, at 1 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| To fractured appendix | |
| Acute Peritonitis | |
| Toxemia operation | |

Other **contributory causes** of importance:

Name of operation Toxemia during Date of 11/25/34

Did autopsy confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Idaho Falls Idaho

DEC 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91271

Registration District No. 73

Primary Registration District No. 2110 Local Registrar's No. 236

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joy Collette Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. M. | W. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Babe

6. DATE OF BIRTH (month, day, and year) Nov 24, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Babe

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls .....

FATHER

13. NAME Glen E Clark

14. BIRTHPLACE (city or town) Rigby (State or country) Idaho

MOTHER

15. MAIDEN NAME Mildred Rhul

16. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

17. INFORMANT Glen Clark
(Address) 322 Lomax St Idaho Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Date 11-27, 1934

19. UNDERTAKER E. C. Harrold
(Address) Rigby, Ida

20. FILED 12/3, 193.4. [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 193.4., to Nov 26, 1934.

I last saw her alive on Nov 26, 193.4. death is said to have occurred on the date stated above, at 1:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart Disease | |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls, Ida

DEC 8

# PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91272

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 2374

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lizzie Jolly Cable

(a) Residence. No. (Usual place of abode) St. Rupert, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: O. V. Cable

6. DATE OF BIRTH (month, day, and year): June 15, 1866

7. AGE — Years: 68 | Months: 7 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Winchester Virginia

MOTHER FATHER

13. NAME: Elias Jolly

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Mary Borton

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): O. V. Cable, Rupert, Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place: Idaho Falls Date: Dec 1, 1934

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED 12/4, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-3, 1934, to Nov-29, 1934

I last saw h[illegible] alive on Nov-29, 1934; death is said to have occurred on the date stated above, at 3.0 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Fractured Femur | Nov-3-34 |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury 11/3 1934

Where did injury occur? Rupert, Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home

Manner of injury Fall

Nature of injury Fractured Femur

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. A. Coffman, M. D.

(Address) Idaho Falls Ida

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

DEC 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91273

Registration District No. 73

Primary Registration District No. 2,4-D Local Registrar's No. 2,4-

(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rolla Constantine Hix.

(a) Residence. No. ..... St. Grant, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (~~XXXXXXX~~) Eda Ellen Hix.

6. DATE OF BIRTH (month, day, and year) April 7 1877.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) Aug1930

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Harrisville, Utah.

FATHER

13. NAME Earnest Hix.

14. BIRTHPLACE (city or town) (State or country) Cal. ~~XXXXXX~~.

MOTHER

15. MAIDEN NAME Emma Idell Innis.

16. BIRTHPLACE (city or town) (State or country) ~~XXXXX~~. Penn.

17. INFORMANT Ray Hix
(Address) Idaho Falls, Ida. R. #5

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Ida. Date 11/8, 193.4

19. UNDERTAKER A B Eckersell
(Address) Rigby, Ida.

20. FILED Nov. 6., 193.4 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 193.4 to Nov. 4, 193.4

I last saw h....alive on Nov. 4, 193.4: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Nov 1/34 |
| (Care for patient only 5 or 6 hours) | |

Other **contributory causes** of importance: Chronic Nephritis - Uremia
Chronic myocarditis - Uremia
Chronic endocarditis

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. C. McClor M.D.

(Address) Idaho Falls, Ida.

DEC 8 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91274
State File No.....

County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 21-2 Local Registrar's No. 214
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Howard Sleater

(a) Residence. No. Rt 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (Write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 5, 1897
7. AGE: Years 37 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Shepherder
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

MOTHER
13. NAME: Henry Sleater
14. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
15. MAIDEN NAME: Kathrine Wissman
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Mary Grow John Day, Oregon
18. BURIAL, CREMATION OR REMOVAL Place: Ammon Ida. Date: Nov. 6, 1934
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Ida.
20. FILED: Nov. 7, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 2 1934
22. I HEREBY CERTIFY, That I attended deceased from October 30 1934, to Nov. 2 1934.
I last saw him alive on Nov. 2, 1934: death is said to have occurred on the date stated above, at 11:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated Duodenal | |
| ulcer with peritonitis | 10-30-1934 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Patient refused operation
Name of operation..... Date of.....
What test confirmed diagnosis? Suspected Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Harry L. Nelson, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91275

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 237
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Albert Hall Jr. 160
(a) Residence. No. Hamer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 4 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 20 1934
7. AGE: Years: no; Months: no.; Days: 2 days; If LESS than 1 day... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho.

MOTHER
13. NAME: Chas. A. Hall. Jr.
14. BIRTHPLACE (city or town) (State or country): Grand Jct. Colorado.

FATHER
15. MAIDEN NAME: Lois Hutchinson
16. BIRTHPLACE (city or town) (State or country): Muskogee Oklahoma.

17. INFORMANT (Address): Chas A. Hall Hamer Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls. Date: 12-1-, 1934
19. UNDERTAKER (Address): V. F. McHaw Idaho Falls Ida.
20. FILED: Dec 2-6-, 1934 (Confirmed) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-29-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20., 1934. to Nov. 22, 1934.
I last saw him alive on Nov 22 1934. death is said to have occurred on the date stated above, at 3.55 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patent foramen Ovale | |
| congenital. | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. Rex Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91276

Registration District No. 73

Primary Registration District No. 21 V-0 Local Registrar's No. 23 V-

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Buckland

(a) Residence. No. Irwin Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 12 1927

7. AGE — Years: 7 | Months: 9 | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Invalid
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Irwin Idaho

FATHER

13. NAME: Clifford Buckland
14. BIRTHPLACE (city or town) (State or country): Bountiful Utah

MOTHER

15. MAIDEN NAME: Eva Halsted
16. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

17. INFORMANT (Address): Clifford Buckland Irwin Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: 11-28 1934

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida

20. FILED Dec 1, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1934, to 11-26, 1934

I last saw h. alive on 11-26, 1934, death is said to have occurred on the date stated above, at 4:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| A Cute Gastro Enteritis | 11-21 |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation deceased?..... If so, specify.....

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonn

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 1 4 - 0

DO NOT WRITE IN THIS SPACE

State File No. 91277

Local Registrar's No. 2 3 4

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Henrie

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth 50 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Henrie

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) 11-16-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Scotland

MOTHER / FATHER

13. NAME Thompson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Jerry Halverson
(Address) Idaho Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date 12-2-1934

19. UNDERTAKER D. F. McHan
(Address) Ida. Falls Ida.

20. FILED Dec. 1, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1934, to Nov. 30, 1934.

I last saw h[illegible] alive on Nov. 29, 1934.: death is said to have occurred on the date stated above, at 9.30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Bronchial Asthma | ? |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Freeman, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91278

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 233

(No. ..... , .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chris Ginther

(a) Residence. No. Idaho Falls, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Nov. 17, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day ?. hrs. or ..... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

MOTHER / FATHER

13. NAME Peter Ginther

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elsie Minnie Fricberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Peter Ginther, Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Ida Date 11/17, 1934

19. UNDERTAKER None
(Address)

20. FILED Nov 17, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/17/34, 193..., to 11/17/34, 193...
I last saw him alive on 11/17/34 193...; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature (6 Months Gestation) | ✓ |
| | |
| | |
| | ✓ |
| | |
| Other **contributory causes** of importance: None | |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Leggett, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91279

Registration District No. 73

Primary Registration District No. 8110 Local Registrar's No. 122

(No. L.D.S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Richard Hogan

(a) Residence. No. ..... St. Rt. I
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

70 W

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 15 1924

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 10 | 2 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Student

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls, Ida.

FATHER

13. NAME Raymond John Hogan

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME Emma Tracy

16. BIRTHPLACE (city or town) (State or country): Ammon, Ida.

17. INFORMANT (Address): Mrs. Emma Hogan, Route 1, Idaho Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Idaho Falls Date. Nov. 26 1934

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls

20. FILED Nov. 27, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1934., to Nov. 23. 1934.
I last saw h[illegible] alive on Nov. 22 1934. death is said to have occurred on the date stated above, at 2:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Rt skull | |
| epidural & subdural | |
| hemorrhage | |
| laceration of brain | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| Litigation meningeal artery | |

Name of operation Decompression. Date of 11/21/34

What test confirmed diagnosis? Ofc. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 11/ 1934
Where did injury occur? Ida. Falls Bonneville Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** home
Manner of injury. struck with & thrown
Nature of injury. fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. R. Gay Hatch, M. D.

(Address) [illegible] Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91280

Registration District No. 23

Primary Registration District No. 2170 Local Registrar's No. 225

(No. Idaho Falls L.D.S. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Later.

(a) Residence. No. ..... St. Rigby, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Emily Chandler Later.

6. DATE OF BIRTH (month, day, and year) Dec. 3, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1927

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER

13. NAME Peter Later.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Elizabeth Brown.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Emily Later (Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Rigby, Ida. Date 11/16, 1934

19. UNDERTAKER (Address) Rigby, Ida.

20. FILED Nov. 24., 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9..., 1934, to Nov 12..., 1934.

I last saw him alive on Nov 12 1934; death is said to have occurred on the date stated above, at 11:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid | |

Other **contributory causes** of importance: bowel obstruction

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) [illegible] M. D.

(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91281
State File No.....

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 227

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Morgan Smith

(a) Residence No..... St. Sugar City, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | White | married |

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Lottie Ricks Smith

6. DATE OF BIRTH (month, day, and year) April 14 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyrum Utah
(State or country)

MOTHER FATHER

13. NAME Joseph Osterhout Smith

14. BIRTHPLACE (city or town) Harvard
(State or country) West Virginia

15. MAIDEN NAME Clara Sophia Bradley

16. BIRTHPLACE (city or town) Aberaychan
(State or country) England

17. INFORMANT Family Record Book
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City, Ida. Date Nov 24 1934

19. UNDERTAKER Edwin Keller
(Address) Rexburg

20. FILED Nov 27, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1934, to Nov. 21, 1934.
I last saw him alive on Nov. 21 1934: death is said to have occurred on the date stated above, at 2:37 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid | P |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Obstruction bowel | |
| | |
| | |

Name of operation Ileo-colostomy Date of 11-13-34

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. Gay Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91282

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 226

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvon William Mc Bride

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Marie Mc Bride

6. DATE OF BIRTH (month, day, and year) Dec. 8-1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 62 | 11 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ky
(State or country) ~~Utah~~

FATHER

13. NAME Olver S. Mc Bride

14. BIRTHPLACE (city or town) .....
(State or country) Ark.

MOTHER

15. MAIDEN NAME Margaret Sanford

16. BIRTHPLACE (city or town) .....
(State or country) Ga.

17. INFORMANT Mrs. Hank Porter
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Rose Idaho Date. 11/19, 193.4

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Ida.

20. FILED Nov. 21, 193.4 C. Petersmeyer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 16 193.4

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 193.4 to Nov 16, 193.4

I last saw him alive on Nov 16, 193.4; death is said to have occurred on the date stated above, at 12:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Syphilitic Encephalitis | 1 week. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Lumbar Puncture Date of Nov 15-34
Clinical Lab.

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Abbott M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91283

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 224

(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W Irving Collett

(a) Residence. No. 464 S Capitol. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 16 1860.

7. AGE: Years 74 | Months 0 | Days 3. | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1924
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Payson Utah

MOTHER FATHER

13. NAME: Robert E. Collett
14. BIRTHPLACE (city or town) (State or country): St. Louis Mo.
15. MAIDEN NAME: Caroline Pickle
16. BIRTHPLACE (city or town) (State or country): Manchester England
17. INFORMANT (Address): Robert E. Collett Idaho Falls Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: 11/20 1934
19. UNDERTAKER (Address): E. M. Kay Idaho Falls Ida.
20. FILED Nov 20, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1934 to Nov 19, 1934.
I last saw h... alive on Nov 19, 1934; death is said to have occurred on the date stated above, at 1058 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | |
| from hernia of ileum | |
| into paracecal fosa | Nov 11-34 |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| Chronic Bronchial Asthma | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation deceased? No. If so, specify.....

(Signed) H. K. Abbott M. D.
(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91284

Registration District No. 73
Primary Registration District No. 21v-0 Local Registrar's No. 224

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Catherine Hallett

(a) Residence. No. 446 - G. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): May 6 1934

7. AGE — Years: | Months: 6 | Days: 10 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls

FATHER

13. NAME: John William Hallett
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Smith
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. John W. Hallett Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Nov. 19 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED: Nov. 19, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1934, to Nov. 16, 1934.
I last saw her alive on Nov. 16, 1934; death is said to have occurred on the date stated above, at 7:P ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro-Enteritis, Sudden Dilatation of Heart | 11-5-34 |

Other **contributory causes** of importance:
(Child apparently doing well. Mother had taken her temperature and put to bed. Made a strange sound, Mother picked her up. Died instantly.)

Name of operation: None Date of:
What test confirmed diagnosis? Obvious Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harry E. Wilson, M. D.
(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91285

PLACE OF DEATH
County of Bonneville
City of Idaho Falls.

Registration District No. 23
Primary Registration District No. 21-0 Local Registrar's No. 222
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto Theodore Larson.

(a) Residence. No. 366 - Lee Ave. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white. | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Selma Larson

6. DATE OF BIRTH (month, day, and year): Sept 22 1864

7. AGE: Years 69 | Months 1 | Days 22. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Stone Mason
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....
10. Date deceased last worked at this occupation (month): July 1934
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Skaraborg Sweden

FATHER
13. NAME: Lars Larson.
14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMANT (Address): Mrs. Selma Larson Idaho Falls Idaho.

18. BURIAL, CREMATION OR REMOVAL. Place Idaho Falls Date 11-16 1934

19. UNDERTAKER (Address): E. F. McHaff Idaho Falls Ida.

20. FILED Nov 1. 1934 ....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 1247 ..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 11/5/34 |

Other **contributory causes** of importance:

None

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. G. Smyth M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91286

Registration District No. 73

Primary Registration District No. 21 V 5 Local Registrar's No. 221

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William E. Oley

(a) Residence. No. 390 Basalt St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Phoebe Oley

6. DATE OF BIRTH (month, day, and year) Dec 14 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Common

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad (State or country) Idaho

FATHER

13. NAME John Oley

14. BIRTHPLACE (city or town) Shelby (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Shelton

16. BIRTHPLACE (city or town) New Castle (State or country) England

17. INFORMANT Robert E. Oley (Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Date 11/12 1934

19. UNDERTAKER W. F. Mann (Address) Idaho Falls Ida

20. FILED Nov 14, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-9-1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934, to Nov 9, 1934

I last saw him alive on Nov 9, 1934; death is said to have occurred on the date stated above, at 3:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | May 1934 |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Abbott, M. D.

(Address) Idaho Falls, Ida

DEC 2 19[illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91287

Registration District No. 73

Primary Registration District No. 21-2 Local Registrar's No. 220

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Clayton Charlesworth

(a) Residence No. St. Roberts Ida. Rt #1

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Crystal Charlesworth

6. DATE OF BIRTH (month, day, and year) January 13, 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 36 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation Nov. 6, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Joseph (State or country) Utah.

MOTHER FATHER

13. NAME George Charlesworth

14. BIRTHPLACE (city or town) Oasis (State or country) Utah

15. MAIDEN NAME Lillian Young

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT A. F. Charlesworth (Address) Winspear, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Nov. 17, 1934

19. UNDERTAKER Jack G. Wood (Address) Idaho Falls

20. FILED Nov. 14, 1934 C. Hunsaker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1934, to Nov. 15, 1934.

I last saw him alive on Nov. 14, 1934; death is said to have occurred on the date stated above, at 2:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Craig Kotsch M. D.

(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91288

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 219

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leda E. Naylor

(a) Residence. No. 143 South Place St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Walter R. Naylor

6. DATE OF BIRTH (month, day, and year): January 18, 1876

7. AGE: Years 58 | Months 9 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Provo Utah

FATHER
13. NAME: Andrew Roos
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Johanna Izakson
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT (Address): Walter R. Naylor, Idaho Falls, Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place: Salt Lake Date: Nov. 14, 1934

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Ida.

20. FILED ....., 193.. .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 20, 193.. to Nov 11, 193..
I last saw h.. alive on Nov. 9, 193.. death is said to have occurred on the date stated above, at 1:37 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Cæcum | Aug-1933 |

Other **contributory causes** of importance:

Name of operation: Exploratory Date of: Mch 21-34
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91289

Registration District No. 73
Primary Registration District No. 21-2 Local Registrar's No. 21 E

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosella Grover Simpson

(a) Residence. No. Idaho Falls, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Henry Simpson

6. DATE OF BIRTH (month, day, and year) March 1-1860

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

MOTHER FATHER

12. BIRTHPLACE (city or town) Farmington (State or country) Utah

13. NAME Thomas Grover

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Emma Walker

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Mattie Gray
(Address) Idaho Falls Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place St. Anthony, Idaho Date 11/3, 193 4

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Nov. 13, 193 4 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 2 193 4

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Jan. 9, 193 3, to Nov 2, 193 4
I last saw ~~her~~ alive on Nov. 2, 193 4; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis. | |
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility. | |
| | |

Name of operation None Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91290
State File No.....

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 217

(No. L-D-S Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy L. Owen.

(a) Residence. No. Red Lodge St. Montana
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. 1/2 How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | divorced |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Hall Owen

6. DATE OF BIRTH (month, day, and year) June 18 1897.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 37 | 4 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Auto Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Truck Driver

10. Date deceased last worked at this occupation (mo. and yr.) Nov 11, 1934

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Red Lodge Montana

FATHER

13. NAME Wm Henry Owen.

14. BIRTHPLACE (city or town) (State or country) Confidence Iowa

MOTHER

15. MAIDEN NAME Laura Bell Close

16. BIRTHPLACE (city or town) (State or country) Lexington Indiana.

17. INFORMANT Mrs. L. B. Owen (Address) Red Lodge Mont

18. BURIAL, CREMATION OR REMOVAL
Place Red Lodge Date 11-14 1934

19. UNDERTAKER V. F. McGann (Address) Idaho Falls Ida

20. FILED Nov. 12, 1934 C. J. Fuhrman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/9/34 1934, to 11/9 1934

I last saw him alive on 11/9, 1934; death is said to have occurred on the date stated above, at 12,28 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Pelvis | |
| Ruptured Bladder | 11/9/34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? 11/9 1934

Where did injury occur? On Yellow Stone Highway
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury Fell under truck

Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91291
State File No.....

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls.

Registration District No. 73
Primary Registration District No. 210 Local Registrar's No. 230

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruby Lena Crumley. 15

(a) Residence. No. R.D. 3. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 21 1910.
7. AGE — Years: 24 Months: 2 Days: 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Invalid.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Idaho Falls. Idaho.

MOTHER / FATHER
13. NAME: Olin W. Crumley.
14. BIRTHPLACE (city or town) (State or country): Belton Missouri
15. MAIDEN NAME: Lena Scheidigger.
16. BIRTHPLACE (city or town) (State or country): N. Dakota. Grandville

17. INFORMANT (Address): Olin W. Crumley Idaho Falls Ida.
18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls. Date: 11-27 1934
19. UNDERTAKER (Address): V. F. M. Idaho Falls Ida.
20. FILED: Nov. 26, 1934 (Signed) ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-25 1934
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ one time for influenza about 1920 ....., 193.., to ....., 193..
I last saw her alive on about 11-24, 1934: death is said to have occurred on the date stated above, at 10.20 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| always an invalid. Gradually grew worse from | |
| birth injury | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91292
State File No.....

Registration District No. 29.

Primary Registration District No. 2956 Local Registrar's No.....

(No. Bonners Ferry Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Marie Dailey

(a) Residence. No. 117 St. Troy, Mont.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23 rd. 1917.

7. AGE — Years: 17 — Months: 2 — Days: 27 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Big Timber (State or country) Mont.

MOTHER/FATHER

13. NAME Dennis Denver Dailey

14. BIRTHPLACE (city or town) Hewaygo, (State or country) Mich.

15. MAIDEN NAME Goldie Wieriek

16. BIRTHPLACE (city or town) Cherbourke, (State or country) Ind.

17. INFORMANT Dennis Daily (Address) Troy, Mont.

18. BURIAL, CREMATION OR REMOVAL
Place Troy, Mont. Date ....., 193.

19. UNDERTAKER Bishop & Gampf (Address) Libby, Mont.

20. FILED Nov. 20 - 1934 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 19 - 1934.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934 to Nov. 19, 1934.

I last saw h[illegible] alive on Nov. 19, 1934. death is said to have occurred on the date stated above, at 8 P. ..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| General peritonitis | 11/6/34 |
| Ruptured appendix | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Laparotomy Date of 11/14/34

What test confirmed diagnosis? C. Was there an autopsy? no.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91293

Registration District No. 29

Primary Registration District No. 2154 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adelle La Fond

(a) Residence. No. St. Naples, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred La Fond.

6. DATE OF BIRTH (month, day, and year) Sept 30 - 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus. Indiana

MOTHER FATHER

13. NAME Burns.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Fred La Fond
(Address) Naples, Idaho

18. BURIAL, CREMATION OR REMOVAL Bonners Ferry Date Dec. 1 1934

19. UNDERTAKER R. R. Orouch
(Address) Bonners Ferry Ida

20. FILED Nov. 28.., 1934 E. E. Fry
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1934., to Nov 27..., 1934.

I last saw her alive on Nov 27., 1934.; death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | Nov 18-1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Pneumonia & Shock | |

Name of operation Laparotomy Date of Nov 27 1934

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo Burrell M. D.

(Address) Bonners Ferry Ida

RECORDED

**PLACE OF DEATH**

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91294
State File No.....

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter J. Harris

(a) Residence. No..... St. Spokane, Wash
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bessie E. Harris

6. DATE OF BIRTH (month, day, and year): Nov. 9 1875

7. AGE — Years: 59 | Months: | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: R.R. Brakeman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: R.R.

10. Date deceased last worked at this occupation (mo. and yr.): 11-25-27

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: Walter Harris

14. BIRTHPLACE (city or town) (State or country): Iowa

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Walter G. Harris 3918 - Oak Spokane

18. BURIAL, CREMATION OR REMOVAL: Spokane, Wash. Date Nov. 30 1934

19. UNDERTAKER (Address): F.P. Corbosiero Bonners Ferry Ida

20. FILED 11/26/1934 E.E. Fry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6:40 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sudden Death | |
| Myocardial degeneration | |
| Dilated L. ventricle | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.. 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.
(Address) Bonners Ferry Idaho
Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City of Eastport

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91295
State File No.....

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No.....

(No. 18 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maurice E Melior

(a) Residence. No..... St. Sandpoint, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Melior

6. DATE OF BIRTH (month, day, and year): April - 10 - 1912

7. AGE — Years: 22 | Months: 7 | Days: 20 | If LESS than 1 day,... hrs. or .... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Day Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Eastport

FATHER

13. NAME: E. E. Melior
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Anna Booker
16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMANT (Address): E. E. Melior Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL: Sandpoint, Ida Date Dec. 3 1934

19. UNDERTAKER (Address): W. P. Crouch Comers Ferry Ida

20. FILED Dec. 1, 1934 E. E. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Death | |
| Shot wound of heart | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 30 1934
Where did injury occur? Post Post Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** In Montana
Manner of injury Shot by hunting companion
Nature of injury Wound of heart

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Carl Burke M.D.
(Address) Bonners Ferry Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 14

DO NOT WRITE IN THIS SPACE
State File No. 91296

PLACE OF DEATH
County of Butte Registration District No. 59
City of Arco Primary Registration District No. 2129 Local Registrar's No. 19
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabell Penrhall 124

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. 3 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

2,175

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. Henry Penrhall

6. DATE OF BIRTH (month, day and year) March 10. 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 8 | 15 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Iowa
(State or country)

PARENTS

10. NAME OF FATHER John Harris
11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or County)

Informant E.W. Penrhall
(Address)

Filed Nov. 27 1934 M.G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 25 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1934, to Nov. 27 1934, that I last saw her alive on Nov. 23 1934 and that death occurred, on the date stated above, at 7 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no What test confirmed diagnosis? Physical exam

(Signed) A.M. Egbert M. D.
Nov. 27, 1934 (Address) Arco Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Arco - | Nov. 27 - 1934 |
| **20. Undertaker** | **Address** |
| G. Garnier - | Arco - |

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91297

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No.
Primary Registration District No.
Local Registrar's No. 58

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Trithart

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 81 yrs 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Widowed |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Aggie Trithart

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Carl Tritt
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Both Was
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Chas Brayton Germany

18. BURIAL, CREMATION, OR REMOVAL Place Carral Idaho Date Nov 8, 1934

19. UNDERTAKER McDaw (Address) Fairfield Idaho

20. FILED Nov 23, 1934 W. B. Parkinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933, to Nov 6, 1934
I last saw h[illegible] alive on Nov 6, 1934; death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carsinyoma of Gall bladder and Stomache | 1 Year Sept 3-1933 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) W. B. Parkinson, M. D.
(Address) Fairfield Idaho,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of each. TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91298
State File No.

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 126

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fonda Edonal Harvey

(a) Residence. No. Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of F. A. Harvey.

6. DATE OF BIRTH (month, day, and year) Jan 24th 1904

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 30 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Provo
(State or country) Utah

FATHER

13. NAME David John Lualleu

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Julia Chase

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Mrs. J. G. O'Neal
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 10-12-, 1934

19. UNDERTAKER O. L. Pechman
(Address) Caldwell Idaho

20. FILED ~~Oct~~ Nov. 15 1934 Lyda Rodgers Registrar.
(Marick) Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Oct 9, 1934
I last saw h~~er~~ alive on Oct 9, 1934; death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Obstruction of bowels + vomiting | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pneumonia, both lungs | |
| Septicemia | |
| Removal of tumor | |

Name of operation Colostomy Date of 10/1/34
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Rosa Belknap M. D.
(Address) Nampa Ida.

RECEIVED NOV 13

# PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 125

DO NOT WRITE IN THIS SPACE

State File No. 91299

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Marriah Prince

(a) Residence No. Marsing St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 18 - 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marquette (State or country) Mich

FATHER

13. NAME Isaaic W. McTague

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah M Orr

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Virgil D Prince (Address) Toledo Washington

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Canyon Co. Ida. Date 11-13 1934

19. UNDERTAKER S. C. Peckham (Address) Caldwell, Idaho.

20. FILED 11/13 1934 Nov. 15 1934 Lydia Rogers Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1934, to Sept 30, 1934

I last saw h~~e~~r alive on 9/30, 1934; death is said to have occurred on the date stated above, at 7:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, | |

Other **contributory causes** of importance:

| | |
|---|---|
| Diabetes sugar | |

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Howard Rehnert M.D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91300

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 130

(No. 9½ mi. so. east Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Erick Henry Johnson

(a) Residence. No. 9½ mi. So. East Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sybil Johnson

6. DATE OF BIRTH (month, day, and year): November 28th 1884

7. AGE — Years: 49 Months: 11 Days: 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Johnson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. Sybil Johnson Kuna Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Kuna Ida. Date: 11—8 1934

19. UNDERTAKER: Wm. D. Talley (Address): Nampa Idaho

20. FILED: Dec 3., 1934. Lyda A. Rodgers, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11—5 1934

22. I HEREBY CERTIFY, That I attended deceased from 7—3—, 1933., to 11—5, 1934.

I last saw him alive on Aug 3., 1934.; death is said to have occurred on the date stated above, at 8:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis | |
| Cerebral Hemorrhage | |

Other **contributory causes** of importance:

| | |
|---|---|
| Auto intoxication | |

Name of operation: ..... Date of: .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Caraway, M. D.

(Address) Nampa

DEC 8

PLACE OF DEATH — DEPARTMENT OF PUBLIC WELFARE — BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91301

County of Canyon
City of Rural
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 137
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

140

2. FULL NAME George Albert Chapman

(a) Residence. No. Nampa, Ida. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-15-60

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER

13. NAME Hyrum Chapman

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Mc Laughlin

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Mrs. Clara Chapman, Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place... Meridan, Ida.. Date... 11-17, 1934

19. UNDERTAKER (Address) F.K. Robinson, Nampa, Ida.

20. FILED Dec 4., 1934. Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12..., 1934..., to Nov. 14..., 1934.
I last saw him alive on Nov. 14., 1934.: death is said to have occurred on the date stated above, at 7:10 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Nov. 4 |
| | |
| | |
| | |

Other **contributory causes** of importance:
Uremia Due to
a gradual kidney disease
Said to have developing

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) Fred R. Proctor M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91302

**PLACE OF DEATH**

County of Canyon

City of Parma

Registration District No. 2007

Primary Registration District No. 3

Local Registrar's No. 40

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louisa Jane Rock

(a) Residence. No. Parma #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. COLOR OR RACE white | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced (or) WIFE of Geo. A. Rock

6. DATE OF BIRTH (month, day, and year) Feb 28 186[illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montpelier
(State or country) Indiana

FATHER

13. NAME Homer Cosby

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Jane Ray

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) E. G. Rock Parma #2

18. BURIAL, CREMATION, OR REMOVAL Place Roswell Date Nov. 4 1934

19. UNDERTAKER Caldwell Mortuary
(Address) Caldwell Idaho

20. FILED 12-4, 1934 Ethel Jurries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934 to Nov. 2, 1934

I last saw h alive on Nov 1, 1934; death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arterio Sclerosis | |
| | |

Name of operation no Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Hatchell, M. D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 8

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91303

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 127

(No. 5 mi. W. Nampa - Midway Dist.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Nancy A. Gregory

(a) Residence. No. 5 mi. W. Nampa Midway Dist.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widow |

5a. If married, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of E. Dallas Gregory

6. DATE OF BIRTH (month, day, and year) June 7 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 85 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Athens
(State or country) Tennessee

FATHER

13. NAME Wm Barnett

14. BIRTHPLACE (city or town)
(State or country) Tennessee

MOTHER

15. MAIDEN NAME Dollie Baker

16. BIRTHPLACE (city or town)
(State or country) Tennessee

17. INFORMENT Mrs. Cora Jones
(Address) Nampa, Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Not
Place Siloam Springs, Ark. Date Nov. 25, 1934

19. UNDERTAKER Mrs. Nina M. Faulkner
(Address) Nampa, Idaho

20. FILED Dec 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to 11 - 22, 1934

Last saw ~~her~~ alive on 11 - 20, 1934; death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation heart | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Myocarditis, Arteriitis

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Belknap, M. D.

(Address) Nampa Ida.

Information should be carefully supplied. AGE should be stated EXACTLY. NAMES in full. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

County Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91304

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 133

(No. State School & Colony)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Raymond Thomas

(a) Residence. No. State School & Colony St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1853

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad Iowa
(State or country)

FATHER

13. NAME Reese E Thomas

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Eliza Reinhardt

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT O M Boyer
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Rohlerlawn
Place Nampa, Ida Date 11-24 1934

19. UNDERTAKER Wm D Talbot
(Address) Nampa, Idaho

20. FILED Dec 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-20-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 11-20-, 1934.

I last saw him alive on 11-20-, 1934.; death is said to have occurred on the date stated above, at 10:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy (Idiopathic) | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) O M Boyer, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91305

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 136

(No. 14 miles so west Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Edna~~ Luella Brown

(a) Residence. No. 14 miles so. west Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of G. M. Brown

6. DATE OF BIRTH (month, day, and year) June 5 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Henry Fenton

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Elizabeth Jane Mortimer

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. Myrtle Snyder Tenckt. Wash

18. BURIAL, CREMATION, OR REMOVAL Morris Hill
Place Boise, Ida. Date 12-5, 1934

19. UNDERTAKER Mrs Nina M. Fallen
(Address) Nampa, Idaho

20. FILED Dec 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 -, 1934, to Dec. 2 -, 1934

I last saw her alive on Dec. 2, 1934; death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Edema of Lungs | |

Other contributory causes of importance:

| | |
|---|---|
| Myocarditis, | |
| Chronic Nephritis | |

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel A Swayne, M. D.

(Address) Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91366
State File No.....

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 141

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Krause

(a) Residence. No. 2 Miles East of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/10/62

7. AGE: Years 72 | Months 8 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Romania

MOTHER FATHER

13. NAME Christian Krause

14. BIRTHPLACE (city or town) (State or country) Romania

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Samuel Krause
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 11/30 1934

19. UNDERTAKER F. H. Robinson
(Address) Nampa Ida

20. FILED Dec 7, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 193 4, to Nov 28 1934

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchitis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| myocarditis | |
| Chronic Nephritis | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Krause M. D.
(Address) Nampa, Ida

S

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91307

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 139

(No. Mercy Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME. Elizabeth Ruth Krueger

(a) Residence. No. 1519 - 1st. St. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Paul H. Krueger

6. DATE OF BIRTH (month, day, and year) May 29-1905

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or .... min. |
|---|---|---|---|
| 29 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mason

MOTHER FATHER

13. NAME A. F. Sanford

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Lenhausen

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT (Address) Paul H. Krueger Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 11/27 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec 7.., 1934. Lydia L. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24/1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10.., 1934 to Nov 24 1934.
I last saw her alive on Nov 23 1934.: death is said to have occurred on the date stated above, at 5:40 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | 15 minutes before death. |
| | |
| | |
| | |

Other **contributory causes** of importance:
Surgical Operation
Gall Bladder
Gall Stones

Name of operation G.B. Date of 11-16-34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?... If so, specify
(Signed) C. C. Pellegrini M. D.
(Address) Nampa Ida

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91308

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 138

(No. Mercy Hospital 16th St)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Grant Mansengale

(a) Residence. No. Belmont Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Frances Mansengale

6. DATE OF BIRTH (month, day, and year) 1864 Dec 27

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 10 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hodaway Mo.

MOTHER/FATHER

13. NAME James Mansengale

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Hannit Barrett

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) W. W. Mansengale Belmont Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 11/26, 1934

19. UNDERTAKER F. K. Roberson
(Address) Nampa

20. FILED Dec 7, 1934 Lydal Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1934, to Nov. 24, 1934.
I last saw him alive on Nov 23, 1934; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchitis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Samuel A. Swayne M. D.
(Address) Nampa, Ida.

DEC 8 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91309

Registration District No. 7

Primary Registration District No. 1066 Local Registrar's No. 133

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Gustavus Warwick

(a) Residence. No. 212-4th Ave So St. Nampa
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20 1853

7. AGE: Years 81 | Months 4 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Knoxville (State or country) Tenn

FATHER

13. NAME Calloway Warwick

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Petrie

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martha J. Warwick (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 11-18 1934

19. UNDERTAKER C. W. Peckham (Address) Caldwell Ida

20. FILED Dec 3, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to ....., 193....
I last saw him alive on Oct 28 1933: death is said to have occurred on the date stated above, at 2:50 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Geo. R. Proctor M. D.
(Address) Nampa, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91310

Registration District No. 7
Primary Registration District No. 1086
Local Registrar's No. 132

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

178 E

2. FULL NAME Clarence LaNay Nelson

(a) Residence. No. Nampa Dakota St.
(Usual place of abode)
Length of residence in city or town where death occurred. 19 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 17-1915

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 9 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa, Idaho
(State or country)

FATHER

13. NAME Oscar W. Nelson

14. BIRTHPLACE (city or town) Minnesota
(State or country)

MOTHER

15. MAIDEN NAME Christina Meyer

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT Mrs. O. W. Nelson
(Address) Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary
Place Nampa, Ida. Date 11-21-1934

19. UNDERTAKER Wm. D. Talley
(Address) Nampa, Idaho

20. FILED Dec 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-18-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-17-, 1934, to 11-18-, 1934.

I last saw h.. alive on 11-17-, 1934: death is said to have occurred on the date stated above, at 12:55 P.M. A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of the base of the skull with severe contusion & oedema of the brain. | 11-17-'34 |

Other contributory causes of importance:
auto accident.

Name of operation Subtemporal decompression Date of 11-17-'34

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-17-, 193.

Where did injury occur? Nampa - Caldwell Boulevard
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway.

Manner of injury auto collision

Nature of injury Skull fracture & brain injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. A. DeMeo, M. D.

(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 9

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91311

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 131

(No. 407 - 17th Ave No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME John Albert Murray

(a) Residence. No. 407 - 17th Ave No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Murray

6. DATE OF BIRTH (month, day, and year) July 13th - 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72. | 4 | 2. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colchester
(State or country) Illinois

FATHER

13. NAME Robert Byrd Murray

14. BIRTHPLACE (city or town) Kentucky
(State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Parish

16. BIRTHPLACE (city or town) Indiana
(State or country) Illinois

17. INFORMENT Mrs. Clay Mills
(Address) Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Pohlenlawn
Place Nampa, Ida. Date 12-9, 1934

19. UNDERTAKER Wm. D. Talley
(Address) Nampa, Idaho

20. FILED Dec. 3, 1934 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1934, to Nov. 16th, 1934.

I last saw him alive on Nov. 16, 1934; death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension with apoplectic stroke | 1912 |
| Myocardial degeneration | |
| Other contributory causes of importance: | |
| Influenzal pneumonia | Nov. 14/34 |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Carver, M. D.

(Address) Nampa, Ida.

C. E. Carver

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91312

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 129

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Helmki

(a) Residence. No. 519 - 4th St. So. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/4/1860

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 8 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** invalid

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** (no occupation)

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Eitzmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Finkel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss Elizabeth Helmki Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Byron, Neb. Date 12/7 1934

19. UNDERTAKER F. M. Ferguson (Address) Nampa Ida

20. FILED Dec. 6, 1934 Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1934, to 11-28, 1934.

I last saw her alive on 11....., 1934: death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: Arthritis deformans | 1916 |
| Bedfast 10 years | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. M. Ferguson M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91313

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald William Bloom

(a) Residence. No. Nampa, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17, 1921

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 13 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ida.
(State or country)

MOTHER FATHER

13. NAME P.M.Bloom

14. BIRTHPLACE (city or town) Ore.
(State or country)

MOTHER

15. MAIDEN NAME Margaret McCallem

16. BIRTHPLACE (city or town) Okla.
(State or country)

17. INFORMANT P.M. Bloom
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place... Nampa, Ida. Date. 11-30 193.4

19. UNDERTAKER F.K.Robinsom
(Address) Nampa, Ida.

20. FILED Dec 7, 1934. Lydia Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 193.4, to Nov. 26, 193.4
I last saw him alive on Nov. 26 193.4: death is said to have occurred on the date stated above, at 7.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | |
| Valvular insufficiency | Aug 15 |
| Myocarditis | 34 |
| following acute | |
| Pericardial hemorrhage | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? physical ... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Mearning

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91314

County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Elene Ester

1005

(a) Residence. No. 1304-D Dearborn St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word):

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov-4-1934

7. AGE — Years | — Months | 24 Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

FATHER

13. NAME Harold Ester
14. BIRTHPLACE (city or town) Butte (State or country) Colorado

MOTHER

15. MAIDEN NAME Ester Garrens
16. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

17. INFORMANT (Address) Harold Ester Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 11-30, 1934

19. UNDERTAKER (Address) Caldwell Ida

20. FILED 12/3/34, 193... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-28-1934

22. I HEREBY CERTIFY, That I attended deceased from 11/27/34, 193..., to 11/28/34, 193...
I last saw h....alive on 11/28/34, 193...: death is said to have occurred on the date stated above, at 8 2.8. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 11/26/34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. A. Newberry M. D.
(Address) Caldwell Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91315
State File No.....

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 117

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Henry Baker. 57

(a) Residence. No. Caldwell Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 8 - 1857

7. AGE — Years: 77 | Months: 7 | Days: 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Not Known
(State or country) " "

MOTHER / FATHER

13. NAME

14. BIRTHPLACE (city or town).....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town).....
(State or country)

17. INFORMANT John Strode
(Address) Roseberry Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Nampa Rohler Fawn Date 11-26 1934

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 11/27..., 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Nov 25 1934
I last saw h.. alive on Nov 25 1934 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | 7 |
| Nephritis | ? |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) A. A. Reuber M. D.
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
State File No. 91316

Local Registrar's No. 121

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME Mrs. Mary Elizabeth Bowman

(a) Residence. No. 1608 Filmore St. Caldwell, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M B Bowman, deceased.

6. DATE OF BIRTH (month, day, and year) April 14, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 7 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynn County Oregon

FATHER

13. NAME Hamilton Parrish

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anne Williams

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Minnie Sayre Klamath Falls Oregon

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Ridge Date 1128-34 193

19. UNDERTAKER Paul L. Case (Address) Caldwell Idaho

20. FILED 11/28, 1934 M Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/27/1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934, to Nov. 26, 1934

I last saw h[illegible] alive on Nov 26, 1934: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vescular Renal Disease | (Year) |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. A Newberry, M. D.

(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
State File No. 91317

Local Registrar's No. 122

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME William B. McGraw

(a) Residence. No. I.O.O.F. Home Caldwell, Idaho. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 4 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Louisville
(State or country) Ky.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Mrs. Viola Price
(Address) Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Nov. 30, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 11/30/34, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Several Years 193.., to Nov 28, 1934

I last saw h[illegible] alive on Nov 28, 1934: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | Nov 28 34 |
| | |
| | |
| | |
| Other contributory causes of importance: Paralysis Agitans | Several Years |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 1 1934

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91318
State File No.

County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1105 Local Registrar's No. 124
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mamie Sawyer Munnie

(a) Residence. No. 222 Arch St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G E Munnie

6. DATE OF BIRTH (month, day, and year) May

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 55 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cyrus Co. (State or country) Illinois

FATHER

13. NAME N. B. Sawyer

14. BIRTHPLACE (city or town) Cyrus Co. (State or country) Illinois

MOTHER

15. MAIDEN NAME Sarah A. Houghtelin

16. BIRTHPLACE (city or town) Cyrus Co. (State or country) Illinois

17. INFORMANT G E Munnie (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 12-6 1934

19. UNDERTAKER C. V. Seabaugh (Address) Caldwell Ida

20. FILED 12/8 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1934, to Dec. 3, 1934

I last saw h[illegible] alive on Nov 28, 1934, death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Flu | Nov. 26 |
| Myocarditis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chr. Bronchitis | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Kelly M. D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91319

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 125

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ora Carl Douglas

(a) Residence. No. Caldwell Ada St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

58 W

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28 - 1882

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 52 | 4 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Atchinson Co. (State or country) Missouri.

FATHER

13. NAME Thomas Wesley Douglas

14. BIRTHPLACE (city or town) ..... (State or country) Penn.

MOTHER

15. MAIDEN NAME Laura Jane Rhoades

16. BIRTHPLACE (city or town) ..... (State or country) Penn

17. INFORMANT (Address) Pearl Douglas 919 Denver. Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place... Canyon Co. Ida Date 12-6.., 1934.

19. UNDERTAKER (Address) O. L. Pierson Caldwell

20. FILED 12/8....., 1934. E. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12 - 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 193.., to Dec 4, 193..

I last saw h.... alive on Dec 1, 193..; death is said to have occurred on the date stated above, at 7:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma | |
| Apoplexia Cerebrum | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193..

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. A. Newberry M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91320

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 128

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr John W Hamer.

(a) Residence. No. I O O F Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Helen R Hamer

6. DATE OF BIRTH (month, day, and year) Aug 30-1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hoystown Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMENT (Address) Mrs Viola Price I O O F Home, Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Middleton Ida Date 12-6-34 193

19. UNDERTAKER Paul L. Case (Address) Caldwell Idaho

20. FILED 12/6, 193 4 M Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5 193 4

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 193 4, to Dec 5, 193 4

I last saw h[illegible] alive on Dec 4, 193 4 death is said to have occurred on the date stated above, at 3 30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Dec 4 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Calhoun M D

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
91321
State File No.

Local Registrar's No. 121

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Chester Russell

92

(a) Residence. No. Caldwell, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. D. C. Russell

6. DATE OF BIRTH (month, day, and year) July 10, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: farm

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fillmore
(State or country) Utah.

FATHER

13. NAME Horace Russell

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Fenton Russell
(Address) Emmett, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Date Dec. 6, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 12/6/34, 193 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1934, to Dec 4, 1934

I last saw him alive on November 28 1934: death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Sclerosis with arterial hypertension and general arteriosclerosis, | 1½ years ago |
| Principal cause coronary thrombosis, occlusion. | |

Other contributory causes of importance:

| | |
|---|---|
| general arteriosclerosis & hypertension | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hans J. Tikkeer, M. D.

(Address) 712 Main St. Caldwell, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91322

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 126

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John William Hardcastle

(a) Residence. No. Caldwell R# 4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27 - 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) West Jordon
(State or country) Utah

MOTHER FATHER

13. NAME John Hardcastle

14. BIRTHPLACE (city or town) .....
(State or country) England

15. MAIDEN NAME Christina

16. BIRTHPLACE (city or town) .....
(State or country) Denmark

17. INFORMANT Levi Hardcastle
(Address) Caldwell, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date ....., 1934

19. UNDERTAKER Geo. Rhodes
(Address) Caldwell Ida

20. FILED 12/6 ....., 1934 W. Montgomery
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 4, 1934

I last saw h... alive on Dec 1, 1934 death is said to have occurred on the date stated above, at 6:20 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Nov. 28 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardio Vascular Renal | Long time |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) A. A. Newberry, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Sam

# PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91323
State File No.

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 114

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beverly Donna Hopkins

(a) Residence. No. 1000 Homedale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 19 - 1933

7. AGE — Years: 1 | Months: 1 | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

FATHER

13. NAME Vernon Hopkins

14. BIRTHPLACE (city or town) (State or country) Nebr.

MOTHER

15. MAIDEN NAME Thelma Dines

16. BIRTHPLACE (city or town) Brighton (State or country) Colorado

17. INFORMANT Verna V. Hopkins (Address) Homedale, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Nov. 30 193 4

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED 12/3/34 193 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 193 4, to Nov. 27, 193 4

I last saw her alive on Nov. 27 193 4 death is said to have occurred on the date stated above, at 0:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | Nov 25 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, how.....

(Signed) [signature] M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH DEC 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91324

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 118
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Cornman 189

(a) Residence. No. Caldwell, Ida R# 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14 1848

| 7. AGE Years | Months | Days | If LESS than 1 day... hrs. or ..... min. |
|---|---|---|---|
| 86 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME David Cornman
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Mary Turner
16. BIRTHPLACE (city or town) (State or country) Penn "

17. INFORMANT (Address) Mrs. Caldwell, Ida R#2

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 11-28, 1934

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 12/2/34 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1934, to Nov. 27, 1934.
I last saw him alive on Nov. 27, 1934; death is said to have occurred on the date stated above, at 3.9 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatic rupture | 11-26-34 |
| of small intestine | |
| Generalized peritonitis | 11-26-34 |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation Laparotomy Closure Date of 11-26-34
What test confirmed diagnosis? Bowel Was there an autopsy?

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-26 1934
Where did injury occur? Caldwell, Canyon, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Automobile
Manner of injury Struck by car
Nature of injury Contusion of abdomen

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Wm B. Handford M. D.
(Address) Caldwell, Idaho

DEC 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91325
State File No.

**PLACE OF DEATH**

County of Canyon

City of Nampa

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Clarissa Gragg

(a) Residence. No. Huston Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

179

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 25 1847

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 87 | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeping

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

FATHER

13. NAME Bennett Wilson

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Beckie Shivers

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) J. W. Gragg Huston.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 11-19 193 4

19. UNDERTAKER (Address) S. V. Peckham Caldwell Ida

20. FILED 11-24 193 4 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-17 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Nov. 17, 193 4

I last saw h.. alive on July ..., 193 4 death is said to have occurred on the date stated above, at 1:45 a.m.

The **principal cause of death** and related causes of importance were, as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | 1920 |
| Chronic Nephritis | |
| Uremia | July 1934 |

Other **contributory causes** of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Gragg M. D.
(Address) Caldwell Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-18

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 1

Primary Registration District No. 2002

(No. ..... St.)

State File No. 91326

Local Registrar's No. 173

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Canyon

City of Caldwell

2. FULL NAME Mary Ann Armfield

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Female | white | Single |

6. DATE OF BIRTH

Nov. (Month) 14 (Day) 1934 (Year)

7. AGE

..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many 17 hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work X

(b) General nature of industry, business or establishment in which employed (or employer) X

9. BIRTHPLACE (State or Country) Caldwell Canyon Co. Ida.

10. NAME OF Father Robert D Armfield

11. BIRTHPLACE OF FATHER (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Helen Brown

13. BIRTHPLACE OF MOTHER (State or Country) New Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S B Dudley M D

(Address) Caldwell, Ida

15.

Filed 11/19 1934 M Montgomery

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. (Month) 15 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1934 to Nov 15 1934, that I last saw her alive on Nov 14 1934, and that death occurred on the date stated above, at 5 A.M. Nov. 15,

The CAUSE OF DEATH* was as follows:

Primary Prematurity at birth 11/14/34

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Prematurity

(Duration) ..... yrs. 7 mos. ..... ds.

(Signed) S B Dudley M. D.

19 ..... (Address) Caldwell Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Caldwell Idaho

DATE OF BURIAL Nov 17 1934

20. UNDERTAKER Paul L. Lane

ADDRESS Caldwell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Reclined

PLACE OF DEATH Ref 11 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91327

County of Canyon
City of Wilder

Registration District No. 1
Primary Registration District No. 2005 Local Registrar's No. 114

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Estella Pearson Eidemiller

(a) Residence. No. Wilder, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 1 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Troy
(State or country) Ohio

FATHER

13. NAME Benson Pearson

14. BIRTHPLACE (city or town) Troy
(State or country) Ohio

MOTHER

15. MAIDEN NAME Susan Hartley

16. BIRTHPLACE (city or town) Troy
(State or country) Ohio

17. INFORMANT C. E. Eidemiller
(Address) Wilder

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Wilder Date 11-7, 1934

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 11/13, 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1934, to Oct. 29, 1934
I last saw her alive on Oct. 29 1934; death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion from General breaking up health due to old age, | |
| Other **contributory causes** of importance: | |
| Some Arteriosclerosis | |

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) [signature] M.D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Wilder

LL 230

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91328
State File No.

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 113

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Herman Schultz

(a) Residence. No. Wilder Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 20 1919
7. AGE: Years 15 | Months 9 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wilder Idaho

FATHER
13. NAME: Edward Schultz
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Hattie Witzke
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Edward Schultz Wilder

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 11-11, 1934

19. UNDERTAKER (Address): O. V. Peckham Caldwell Idaho

20. FILED 11/13..., 1934 J. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-9 1934

22. I HEREBY CERTIFY, That I attended deceased from ...11-8..., 193.4., to ...11/9..., 193.4.
I last saw ~~he~~ alive on ...11/9..., 193.4. ~~death~~ is said to have occurred on the date stated above, at 1A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Surgery following compound comminuted fracture of right femur with arterial hemorrhage | |
| Appendicitis with acidosis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| prematurity | |
| | |
| | |

Name of operation Appendectomy Date 11/8/34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Montgomery, M. D.
(Address) Caldwell Ida

DEC 6 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91330

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Alexander Allenback

(a) Residence. No. Soda Springs, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zella Wells Allenback

6. DATE OF BIRTH (month, day, and year) Do not know

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 59 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Fireman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** R.R.

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) ..... (State or country) Switzerland

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) ..... (State or country) Switzerland

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) ..... (State or country) Do not know

17. INFORMANT Herbert Allenback
(Address) Soda Springs, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier, Idaho Date 11/28/34 193..

19. UNDERTAKER F.D.Whitman
(Address)

20. FILED 11-26, 193[illegible] Dr. Russell Figart
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26/34 193

22. I HEREBY CERTIFY, That I attended deceased from 11/25/34, 193.... to 11/26/34, 193....

I last saw him alive on 11/25/34, 193...: death is said to have occurred on the date stated above, at 4 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cereberal Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: None | |
| | |
| | |
| | |

Name of operation. None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Ellis Kackley Clark Co., M. D.

(Address) Soda Springs, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Carbon
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 82

DO NOT WRITE IN THIS SPACE
State File No. 91331

Primary Registration District No. 2159 Local Registrar's No. 56

(No. Soda Springs Idaho Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

168C

2. FULL NAME Carbon Co. Hospital Mrs. Inga Smith

(a) Residence. No. St. Twin Falls, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 05 26 1853
7. AGE: Years 81 | Months 1 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Music Teacher.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 25.

12. BIRTHPLACE (city or town) (State or country): Novi, Mich

MOTHER/FATHER
13. NAME: Inga J Smith
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: Inga J Vaughn.
16. BIRTHPLACE (city or town) (State or country): Novi Mich

17. INFORMANT (Address):
18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place: Twin Falls Ida Date: Nov 23 1934
19. UNDERTAKER (Address): F E Drake Twin Falls Ida.
20. FILED Nov 27, 1934 Dr. Russell Signs Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 23 1934
22. I HEREBY CERTIFY, That I attended deceased from 11/16/34, 193..., to 11/22/34, 193...
I last saw h.. alive on 11/22/34, 193...: death is said to have occurred on the date stated above, at 6:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of S. Femur | |
| Hospital Gangrene | |
| Fracture Left, | |
| Other injuries | |
| | |
| Other **contributory causes** of importance: None | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/16/34 193.
Where did injury occur? S. Main E. of S. Side Hwy 16 (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway 81
Manner of injury Car Accident
Nature of injury Fracture of S. Femur & Leg

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis K. Cuppett M. D.
(Address) Soda Springs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91332

Registration District No. 82
Primary Registration District No. 7159 Local Registrar's No. 55
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Walton

(a) Residence. No. Cleveland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Arthur Walton

6. DATE OF BIRTH (month, day, and year)
May 23rd, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 22 | 6 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** -
10. Date deceased last worked at this occupation (mo. and yr.) 11/2/34
11. Total time (years) spent in this occupation 7 days

12. BIRTHPLACE (city or town) (State or country) Afton, Wyo

MOTHER FATHER
13. NAME Richard Anglysen
14. BIRTHPLACE (city or town) (State or country) Ut

MOTHER
15. MAIDEN NAME -------- Anderson
16. BIRTHPLACE (city or town) (State or country) Ut.

17. INFORMANT Arthur Walton
(Address) Cleveland, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Cleveland Ida Date 11-9, 1934

19. UNDERTAKER Hendricks,
(Address) Preston, Idaho

20. FILED 11/9, 1934 Dr. Russell Tigert
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9/ 193

22. I HEREBY CERTIFY, That I attended deceased from 11/5/34, 193..., to 11/9/34, 193....
I last saw her alive on 11/9/34, 193...: death is said to have occurred on the date stated above, at 2:40 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Left Lobar Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: None | |
| | |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Ellen Russell Tigert, M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cariboo

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 8-2

Primary Registration District No. 7159

DO NOT WRITE IN THIS SPACE

State File No. 91333

Local Registrar's No. 52

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helga Jane Craven

(a) Residence. No. Rupert, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

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## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Child |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) April 1, 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 7 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Paul Idaho

FATHER

13. NAME Wiley Craven

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Mamie Shelton

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Idaho Memorial Soda Springs Ida

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Rupert Idaho Date 10/9, 1934

19. UNDERTAKER Dunphy Payne
(Address) Rupert Idaho

20. FILED 10/9, 1934 Dr Russell Funk
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/5/34, 193..., to 10/9/34, 193...
I last saw h[illegible] alive on 10/8/34, 193...: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, bilateral | |
| Acute Appendicitis | |
| | |
| | |
| | |

Other contributory causes of importance: None

Name of operation Appendectomy Date of 10/5/34
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Helga K Craven Jr, M.D.
(Address) Soda Springs Ida

RECEIVED NOV 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91334

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 43

(No. ) 161

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laurance Lowder.

(a) Residence. No. Burley-Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 29-1934

| 7. AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| | | / | 14 hrs. 5 min. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) /

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER

13. NAME Elmer Francis Lowder

14. BIRTHPLACE (city or town) (State or country) Bountiful Utah

MOTHER

15. MAIDEN NAME Frances Leola Burn

16. BIRTHPLACE (city or town) (State or country) Basin Idaho

17. INFORMANT (Address) C. F. Lowder Burley-Ida

18. BURIAL, CREMATION OR REMOVAL
Place Delco-Ida Date 11/3, 1934

19. UNDERTAKER (Address) W. E. Johnson & Martin Verf McCardell

20. FILED 10/31, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934, to Oct. 30, 1934.

I last saw him alive on Oct. 30, 1934; death is said to have occurred on the date stated above, at 5:45 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Weakness of Heart with | |
| Pulmonary Thrombosis | |
| causing failure of Pul | |
| monary circulation | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Premature birth | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. T. Moulton, M. D.

(Address) Burley

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91335

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lutie Engmalls

(a) Residence. No. 217 East 1st St. St. Burley Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Engamells

6. DATE OF BIRTH (month, day, and year) April 25th 1866

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** house wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Oct. 28th

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME John Humphries.

14. BIRTHPLACE (city or town) (State or country) Dont Know.

MOTHER

15. MAIDEN NAME Lucy Dont Know.

16. BIRTHPLACE (city or town) (State or country) New York State.

17. INFORMANT (Address) James Engamells. Burley Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 10-31-1934

19. UNDERTAKER (Address) J. S. Turner Burley Ida.

20. FILED Oct. 31, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934, to Oct. 30, 1934.
I last saw her alive on Oct. 30, 1934: death is said to have occurred on the date stated above, at 5:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch. myocarditis | 1925 |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteio Sclerosis | |

Name of operation None. Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Hugh E. Ikan, M. D.

(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] DEC 1

**PLACE OF DEATH**
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91336

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Rose Hamilton

(a) Residence. No. Delco. Ida. St. 51
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 26-1919

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 14 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

MOTHER | FATHER

13. NAME Reginald B. Hamilton

14. BIRTHPLACE (city or town) (State or country) Park City Utah

15. MAIDEN NAME Alice McLaws

16. BIRTHPLACE (city or town) (State or country) Oakley Ida.

17. INFORMANT (Address) Reginald B. Hamilton Delco Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Delco Ida. Date 9/7/..., 1934

19. UNDERTAKER (Address) D. E. Johnson Mortuary Jerry McCulloch

20. FILED 9/8/..., 1934 ...Laura Greco... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-31..., 1934, to 9-4-..., 1934
I last saw him alive on 9-4..., 1934 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Rheumatic Fever | 8-20-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Bronchial Pneumonia | 9-3 |
| Pericarditis | 9-2-34 |
| | |

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [redacted] M. D.
(Address) [redacted]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91337

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 80
(No. Burley Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eleanor D. Staley

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Stephen B. Staley
6. DATE OF BIRTH (month, day, and year): March 18 1855
7. AGE: Years 79 Months 7 Days 27 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mr. Home of Daughter
10. Date deceased last worked at this occupation (mo. and yr.): 11/4/34
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balderson Ontario Canada

MOTHER
13. NAME: Andrew Allen
14. BIRTHPLACE (city or town) (State or country): Canada

FATHER
15. MAIDEN NAME: Jennett Patterson
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mrs. R. E. Wheelan N. Miller Ave, Burley Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Ida. Date: 11/17, 1934
19. UNDERTAKER (Address): D. C. Johnson Burley Idaho.
20. FILED: 11/14, 1934 Laura Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/14 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934, to Nov. 14, 1934.
I last saw h[illegible] alive on Nov. 14, 1934.: death is said to have occurred on the date stated above, at 2:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10-28-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Arteriosclerosis | 6 yrs. |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. W. Reilly, M. D.
(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91338

Registration District No.
Primary Registration District No. Local Registrar's No. 106
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina Noer

(a) Residence. No. St. Mylan, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 75 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records; State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Nov. 26 1934

19. UNDERTAKER F. A. Billberg, Hosp. Mtrdr.
(Address) State Hosp. No. Orofino - Idaho

20. FILED 11-27, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to November 24 1934.
I last saw her alive on Nov. 24, 1934; death is said to have occurred on the date stated above, at 8 10 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Paranoid condition | |
| | |
| | |

Name of operation None. Date of
What test confirmed diagnosis? Thys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Ben Howell McKelvey M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91339

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 105

(No. State Hospital North) 90

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David M. Wilson.

(a) Residence. No. ..... St. Juliaette, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unascertained

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER FATHER

13. NAME: Unascertained

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Unascertained

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Records: State Hospital North Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston Ida Date: 11-19, 1934

19. UNDERTAKER (Address): Breyer Wann Co. Lewiston Ida

20. FILED 11-20, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1934, to Nov. 19, 1934

I last saw him alive on Nov. 19, 1934; death is said to have occurred on the date stated above, at 5.20 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular heart disease | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Manic-depressive psychosis | |
| | |
| | |

Name of operation: None Date of: .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury: .....

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John Dorrie McKelway M. D.

(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91340

Registration District No. 90

Primary Registration District No. 7187

Local Registrar's No. 104

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Turner

(a) Residence. No. ..... St. Lewiston, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Naught

6. DATE OF BIRTH (month, day, and year) November 4, 1836

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 98 | 0 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Shoe maker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Des Moines (State or country) Iowa

FATHER

13. NAME Turner

14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Clarkston Date 11-17, 1934

19. UNDERTAKER Brauer Wash Co (Address) Lewiston Idaho

20. FILED 11-16, 1934. W. A. Thacker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Nov. 14, 1934.

I last saw him alive on Nov. 14 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. ..... | |
| Senility | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senile psychosis | 15 yrs. |
| | |
| | |

Name of operation None Phys. Signs. Date of.....

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John Irvine McKelvey M. D.

(Address) Orofino - Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nezperce
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91341

Registration District No. 96
Primary Registration District No. 2167 Local Registrar's No. 103
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

915

2. FULL NAME Robert Anderson

(a) Residence. No. Weisgerber Block St. Lewiston - Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Anderson
6. DATE OF BIRTH (month, day and year): May 6th 1855 Buried Colored
7. AGE: Years 79 | Months -0- | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Samuel Anderson
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Nancy Barnett ~~Anderson~~
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT (Address): Records: State Hospital North Orofino, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 11/9, 1934
19. UNDERTAKER (Address): Brosey - Adams Co. Lewiston, Idaho
20. FILED 11-14, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 9 1934
22. I HEREBY CERTIFY, That I attended deceased from December 28 1933, to Nov. 9, 1934.
I last saw him alive on Nov. 9, 1934; death is said to have occurred on the date stated above, at 5.45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General arteriosclerosis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senile psychosis | |
| | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:
(Signed) John Lowe McKelway M. D.
(Address) Orofino - Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91342

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 101
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. C. Packwood

(a) Residence. No. ..... St. Lapwai - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 1 yrs. 1 mos. ? dys. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 86 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME Elisha Packwood

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Pauline Packwood

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Records: State Hospital North

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 11-11 1934

19. UNDERTAKER L. P. Merchant
(Address) Clarkston Wash

20. FILED 11/9, 1934. N. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from September 14 1933, to Nov. 8, 1934.
I last saw him alive on Nov. 8, 1934; death is said to have occurred on the date stated above, at 7:20 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General arteriosclerosis | |
| Other **contributory causes** of importance: Senile psychosis | 4 yrs. |

Name of operation. None Date of.....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Francis Mooney, M. D.
(Address) Orofino - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91343

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. -99-

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Iva Mc Allister

(a) Residence. No. Weippe Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Femal | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Mc Allister

6. DATE OF BIRTH (month, day, and year) Oct 22 -1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 0 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER'S FATHER

13. NAME William Ball

14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER'S

15. MAIDEN NAME Bettie Holliday

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT James Mc Allister
(Address) Weippe Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Idaho Date Nov 9 1934

19. UNDERTAKER W. A. Shaw
(Address) Orofino Idaho

20. FILED Nov 8 34, 193... W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1.30P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Droped dead while working | |
| Valvor heart dease | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. A. Shaw Loc. Reg. 190-2787 M. D.
(Address) ... Orofino. Ida .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91344

**PLACE OF DEATH**
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 100

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles N. Mackey

(a) Residence. No. Orofino Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kleta Mackey

6. DATE OF BIRTH (month, day, and year) July 8th 1880

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 54 | 3 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Dentist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1934
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) Clay County Ill.
(State or country)

FATHER
13. NAME —
14. BIRTHPLACE (city or town) —
(State or country)

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Kleta Mackey
(Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date Nov. 8 1934

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 11-8, 1934. W. H. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1934, to 11-6, 1934.
I last saw him alive on 11-6, 1934: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma | |
| of tongue | Unknown |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) J. H. Johnson M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91345

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 98
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard A. Hamilton

(a) Residence. No. Orofino Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angaline Hamilton

6. DATE OF BIRTH (month, day, and year) July 3 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 4 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Printer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Printer's Work

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 27-34

11. Total time (years) spent in this occupation .15

12. BIRTHPLACE (city or town) Logan
(State or country) Kansas

FATHER

13. NAME Milo Hamilton

14. BIRTHPLACE (city or town)
(State or country) Unascertained

MOTHER

15. MAIDEN NAME Florence Alvord

16. BIRTHPLACE (city or town)
(State or country) Unascertained

17. INFORMANT Mrs. R. A. Hamilton
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date Nov. 5, 1934

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 11-5, 1934. H. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 193.4, to Nov. 3, 193.4.
I last saw h alive on Nov 3, 193.4: death is said to have occurred on the date stated above, at 1.0 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypernephroma | Nov. 1934 |
| Hypernephroma of Kidney (Left) | |
| Metastasis of Lung | |

Other **contributory causes** of importance:

Name of operation Nephrectomy Date of 11/2/34
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. J. Hoffmann, M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91346
State File No.

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 102

(No. Burns Hospital Orofino)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Carol Brandt

(a) Residence. No. Cecil Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 4 - 1934

7. AGE — Years | Months | Days: 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Orofino Idaho

FATHER

13. NAME: Maurice Brandt

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Gertrude Jones

16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT (Address): Maurice Brandt Cecil Ida

18. BURIAL, CREMATION OR REMOVAL
Place Central Ridge Date Nov 11, 1934

19. UNDERTAKER (Address): Orofino Mortuary Orofino Ida

20. FILED 11-11, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1934, to Nov. 10, 1934

I last saw him alive on 10-11, 1934.: death is said to have occurred on the date stated above, at 9:15 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Not known - Probably | |
| Toxemia from Kidneys | |
| No Post mortem also | |
| Signs of Hydro Cephalus | |

Other **contributory causes** of importance:

| | |
|---|---|
| Mother has Nephritis | |
| | |
| | |

Name of operation ~ Date of ~

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~ Date of injury .., 193.
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ~
Manner of injury ~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. H. Clarkson M. D.
(Address) Orofino Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 8 1934

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 91347

**PLACE OF DEATH**

County of Custer

City of Challis

Registration District No. 108

Primary Registration District No. 2186

Local Registrar's No. 182

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Le Roy Gardner

(a) Residence. No. St.

(Usual place of abode.) Challis Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occured yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 5 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 4. | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Challis, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Lester Gardner

11. BIRTHPLACE OF FATHER (city or town) Idaho Falls
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Eva Hattie Compiss

13. BIRTHPLACE OF MOTHER (city or town) Cascade
(State or County) Idaho

14. Informant Lester Gardner
(Address) Challis Idaho

15. Filed Nov 9, 1934 Edna M. Kinney
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Nov (Month) 9 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934, to Nov 9, 1934, that I last saw him alive on Nov 6, 1934, and that death occurred, on the date stated above, at 7 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Do not Know Staff Childe was delivered by Mid Forceps

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Robertson, M. D.

Dec 5, 1934 (Address) Chaffin, Idaho

19. Place of Burial, Cremation, or Removal: Challis Idaho — Date of Burial: Nov. 10 1934

20. Undertaker: Reliable — Address: Challis Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91348

**PLACE OF DEATH**
County of Custer
City of Clayton
Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 185
(No. 118a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Cora Burton
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem. | White | Married |

5a. *If married, widowed, or divorced*
HUSBAND of (or) WIFE of Roy Ira Burton

6. DATE OF BIRTH (month, day and year) Nov. 2 - 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | — | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Black Pool Idaho

PARENTS

10. NAME OF FATHER David S. Morgan
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spanish Fork, Utah
12. MAIDEN NAME OF MOTHER Celine M. Lewis
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Henry's Fork Wyoming

14. Informant (Address) Roy Ira Burton (Clayton Idaho)

15. Filed Dec. 3d, 1934 Elma M. Kenney Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. Dec (Month) 30 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26 1934, to Nov 30 1934,
that I last saw her alive on Nov 28 1934,
and that death occurred, on the date stated above, at 5 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

embolus
Pulmonary Embolus
following Surgery for strangulated
Femoral Hernia incarcerated
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Femoral hernia
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Nov 26
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. L. Kelley M. D
Dec 5 1934 (Address) Challis Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Clayton, Idaho. | Dec. 2 1934 |
| 20. Undertaker | Address |
| Gladys Davies | Ida Falls. |

**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.**
**N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.**
**Exact statement of OCCUPATION is very important. See instructions on back.**
**MARGIN RESERVED FOR BINDING**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91349

**PLACE OF DEATH**
County of Custer
City of Challis

Registration District No. 10
Primary Registration District No. 2186
Local Registrar's No. 184
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Samuel Vegas

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | Anglo-Saxon | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 70 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " "

14. Informant Emmett Sandhurst (Address) Challis Idaho

15. Filed Nov 30, 1934 Edna McKenney Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 23 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 19..., to Nov 29, 1934
that I last saw him alive on Nov 22, 1934
and that death occurred, on the date stated above, at 24 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis and Bronchitis
Bronchitis (duration) 20 yrs. mos. ds.
CONTRIBUTORY (Secondary) myocarditis 10 yrs
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. S. Hurley, M. D.
12/6 1934 (Address)

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Challis Idaho. | Nov 24 1934 |
| 20. Undertaker | Address |
| Gladys Gennies | Ida Falls |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91350

**PLACE OF DEATH**

County of Custer
City of Challis
Registration District No. 108
Primary Registration District No. 2156
Local Registrar's No. 185
(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Earl Kimball Dodge

(a) Residence. No. ..... St. .....
(Usual place of abode.) Challis Idaho (If nonresident give city or town and State.)
Length of residence in city or town where death occured 42 yrs. 7 mos. 12 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hazel G. Dodge

6. DATE OF BIRTH (month, day and year) March 26, 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day: |
|---|---|---|---|---|
| | 42 | 7 | 12 | ..... hrs. or 46 min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter + paper hanger
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Challis
(State or country) Idaho

PARENTS

10. NAME OF FATHER Fulton Dodge
11. BIRTHPLACE OF FATHER (city or town) Guttafield,
(State or Country) Maine
12. MAIDEN NAME OF MOTHER Grace D. Kimball
13. BIRTHPLACE OF MOTHER (city or town) Stanton La Platte
(State or County) Nebraska

14. Informant (Address) Hazel G. Dodge Challis, Idaho

15. Filed Nov 10, 1934 Elva McKenney Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 8 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1934, to Nov 6, 1934, that I last saw him alive on Nov. 8, 1934, and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) C. L. Kirtley, M. D.
Dec 5, 1934 (Address) Challis, Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Challis, Idaho. | Nov. 10 1934 |
| 20. Undertaker | Address |
| Gladys Parsons | Idaho Falls |

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Elmore

City of Glenns Ferry Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 35

Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE
91351
State File No.

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvel Joseph Workman

(a) Residence. No. (Usual place of abode) Glenns Ferry Idaho

Length of residence in city or town where death occurred. yrs. 1 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 21 - 1915

7. AGE: Years 19 | Months 1 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME Alexander W. Workman

14. BIRTHPLACE (city or town) (State or country) Nampa Ida

MOTHER

15. MAIDEN NAME Fern Jessie White

16. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

17. INFORMENT (Address) Mrs. L. Wyllie

18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Ida Date Nov 24, 1934

19. UNDERTAKER (Address) H. C. Thacker Mt Home Idaho

20. FILED Nov 24, 1934 Mrs Mary Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 9:30 a.m. Nov 21, 1934, to 11:50 a.m. Nov 21, 1934

I last saw him alive on Nov 21, 1934; death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Basilar fract. of skull | Nov 21 |
| Fracture of pelvis | " " |
| " " femur | " " |
| Internal injuries | " " |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 21, 1934

Where did injury occur? Glenns Ferry Elmore Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Automobile accident

Nature of injury Skull fracture, pelvic fracture

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John W. Rogers, M.D.

(Address) Glenns Ferry Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91352

## CERTIFICATE OF DEATH

**PLACE OF DEATH**
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 21
(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James W. Watkins

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Widower. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 9-30-1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 67 | 1 | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ..... (State or country) Kansas.

PARENTS

10. NAME OF FATHER Amas Watkins
11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Kansas
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) ..... (State or County) —

14. Informant Lewis A. Collins (Address) Nampa, Idaho

15. Filed Nov 7, 1934 [signature] Registrar.

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 (Month) — 5 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-2—, 1934, to 11-5—, 1934
that I last saw h~~im~~ alive on 11-5—, 1934
and that death occurred, on the date stated above, at 9.30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hemoplegia

(duration) 4 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Cacemona of Cecum
(duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) J. E. Evans, M. D.
11-7—, 1934 (Address) Mtn. Home Ida

| 19. Place of Burial, ~~Cremation~~, or Removal | Date of Burial |
|---|---|
| Glenns Ferry | 11/8 1934 |
| 20. Undertaker | Address |
| D. S. Zacher | Mt. Home Ida |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

DEC 1934

PLACE OF DEATH
County of Franklin
City of (or) Town of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 91353

Local Registrar's No. 28

161a

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bart Edward Bowles

(a) Residence. No. Preston St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 13 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Orvil E. Bowles

14. BIRTHPLACE (city or town) (State or country) Fairview Id.

MOTHER

15. MAIDEN NAME Retta Hobbs

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Kate Bowles Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Utah Date Nov 15, 1934

19. UNDERTAKER NONE (Address)

20. FILED Dec 6, 1934 G. W. Straley Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934, to Nov. 14, 1934
I last saw him alive on Nov 14, 1934, death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity. | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. Arundell Budge M.D.
(Address) Lewiston Utah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91354

Registration District No.
Primary Registration District No. Local Registrar's No. 27

(No. Preston Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Chapman Bosworth

(a) Residence. No. Preston St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 60 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of James Bosworth

6. DATE OF BIRTH (month, day, and year) Mar 5 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Wm Chapman

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Racheal Watson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Lavill Hanson Preston

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Nov 16 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Dec 8, 1934 G. W. Stokes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1934, to 11-13, 1934

I last saw h[illegible] alive on 11-13, 1934; death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Brights Disease | 1931 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. P. Leuba, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91355

**PLACE OF DEATH**
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 24

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maria Gertrude Thomas

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of D P Thomas

6. DATE OF BIRTH (month, day, and year) July 4 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 50 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hydepark Ut.

FATHER

13. NAME Geo Andrew Griffiths

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Thurman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) D.P.Thomas Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Nov 8, 34

19. UNDERTAKER M.W.Hendricks
(Address) Preston Idaho

20. FILED Dec 8, 1934 G.W. Stoker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1934, to 11-6, 1934

I last saw her alive on 11-5, 1934; death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | 10-29-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Radicle Hysterectomy Jan 1934
& Drain

Name of operation Complete Hysterectomy, Date of 10-29-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. D. Cuttle, M. D.

(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 25

DO NOT WRITE IN THIS SPACE
State File No. 91356

(No. Preston Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Philando Perkins Packer

(a) Residence. No. Franklin Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Verasa Packer

6. DATE OF BIRTH (month, day, and year) Nov 24 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 67 | II | I2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin

FATHER

13. NAME James Packer

14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Cecilia Perkins

16. BIRTHPLACE (city or town) (State or country) Frankli

17. INFORMENT (Address) Verasa Packer Franklin Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Date Nov 9 34

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Dec 8, 1934 G. W. Stokes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6 34

22. I HEREBY CERTIFY, That I attended deceased from 11-5-34, to 11-6, 1934

I last saw h alive on 11-6, 1934; death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis & Mesenteric artery | 11-5-34 |

Other contributory causes of importance:

Name of operation Laparotomy Date of 11-5-34

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. R. Ellis, M. D.
(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 3119

DO NOT WRITE IN THIS SPACE

State File No. 91357

Local Registrar's No. 26

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

95

2. FULL NAME Jennie Sopiah E. Fryer

(a) Residence. No. Preston St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. J. Fryer

6. DATE OF BIRTH (month, day, and year) Apr 11 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | 6 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minkcreek Idaho

FATHER

13. NAME Peter E. Erickson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Sopiah Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Ethel Neely Salt Lake City Utah

18. BURIAL, CREMATION, OR REMOVAL Place Minkcreek Idaho Nov 14 193 4

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Dec 8, 1934 G. W. Stutler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1934, to 11-10, 1934

I last saw h[illegible] alive on 11-10, 1934: death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Complication | |
| of teeth | 11-3-34 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. R. Valley, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2114

DO NOT WRITE IN THIS SPACE
State File No. 91358

Local Registrar's No. 7

(No. 99)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph William Golightly

(a) Residence. No. Preston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mable Chatterton Golightly

6. DATE OF BIRTH (month, day, and year) Oct 1 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 56 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Garage Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Joseph Wm Golightly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Millicent Williams

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) LaRue Robinson Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Id. Date Nov 28, 34

19. UNDERTAKER M. W. Hendricks (Address) Preston Id.

20. FILED Dec 8, 1934 G. W. Stutz Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-22 193

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1934, to 11-22, 1934, last saw h[illegible] alive on 11-22, 1934; death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 11-22-34 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) A. R. Peiler, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91359

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 30

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Duward Gerald Larsen

(a) Residence. No. Preston Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 17 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Duwrad G Larsen

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Edith Bowman

16. BIRTHPLACE (city or town) (State or country) Lewiston Utah

17. INFORMENT (Address) Edith B. Larsen Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Utah Date Nov 30, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Id.

20. FILED Dec 8, 1934 G. W. Stutes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1934, to Nov 28, 1934
I last saw him alive on Nov 28, 1934: death is said to have occurred on the date stated above, at 6 PM m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (Lobar | Nov 19 |
| Suppurative Otitis Media | Nov 23 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. R. Gaitley M. D.
(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91360

**PLACE OF DEATH**
County of Franklin
City of Dayton

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 31

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joyce Ella Wooley

(a) Residence. No. Dayton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 19 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 2 | 7 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton Idaho

FATHER
13. NAME Ezra F. Wooley
14. BIRTHPLACE (city or town) (State or country) Preston Idaho

MOTHER
15. MAIDEN NAME Ella Bosworth
16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Ella B. Wooley Dayton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Nov 17 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Nov 8, 1934 G. W. Shaw Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hit by a passing auto | |
| as she attempted to | |
| cross the street | |
| Neck broken, cut in forhead | |
| Other contributory conditions: | |
| also at base of scull. | |
| right leg broken at ankle | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. Haney, M. D.
(Address) Coroner Preston Ida

DEC 19 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Fremont

City of Parker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91361

Registration District No.

Primary Registration District No. Local Registrar's No. 158

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dell Alva Hanks

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days | If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) Parker
(State or country)

13. NAME Sidney A. Hanks Jr.

14. BIRTHPLACE (city or town) Haden Idaho
(State or country)

MOTHER

15. MAIDEN NAME Marva Rydalch

16. BIRTHPLACE (city or town) Oakley Idaho
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Oct 22 1934

19. UNDERTAKER
(Address)

20. FILED 12-8-, 1933 Sarah B. Mussel
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-21-, 1934, to 10-21-, 1934.

I last saw him alive on 10-21-, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..,193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Rutherford M. D.

(Address) Hexburg, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Fremont
City of Egin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91362

Registration District No.
Primary Registration District No.
Local Registrar's No. 157

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Max James Campbell

(a) Residence. No. Egin Idaho St. Egin Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 21-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | — | — | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Egin

FATHER
13. NAME James E. Campbell
14. BIRTHPLACE (city or town) (State or country) Victor Idaho

MOTHER
15. MAIDEN NAME Clara D. Tuckey
16. BIRTHPLACE (city or town) (State or country) Egin Idaho

17. INFORMENT (Address) James E. Campbell Route #2 St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date 12/7, 1934

19. UNDERTAKER W. M. Hanner (Address) St. Anthony Idaho

20. FILED 12-11, 1934 Sarah B. Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934, to Dec 5, 1934.
I last saw h/M alive on Dec 5, 1934: death is said to have occurred on the date stated above, at 10:45 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute dilatation of stomach | 12-3-34 |
| | 2 days |
| Other contributory causes of importance: | |
| inanition | 12 days |

Name of operation none Date of
What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

12/16/34 (Signed) Louis A. Rich, M. D.
(Address) Rexburg Idaho

DEC 13

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91363
State File No.

Registration District No.

Primary Registration District No. Local Registrar's No. 156

(No. 880)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Hannah Brower

(a) Residence. No. St. Anthony Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johnnath H. Brower

6. DATE OF BIRTH (month, day, and year) Nov. 1st, 1863

7. AGE: Years 71 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME John Hinks
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Helen Ramsell
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Gladys Welch St. Anthony Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 12/3/34

19. UNDERTAKER (Address) M. M. Hansen St. Anthony, Idaho.

20. FILED Dec 5, 1934 Sarah B. Mund Registrar
12-5

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2nd, 1934, to Dec. 2nd, 1934.
I last saw h[illegible] alive on Dec. 2, 1934; death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Acute Gastritis | |
| | |
| | |

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193 —
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? not If so, specify
(Signed) P. M. Kelly M. D.
(Address) St. Anthony, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 7

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91364

County Ada
City or Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Derrell Thompson Godfrey

(a) Residence. No. ..... Emmett Idaho St. .....
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 4 - 1931

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 3 | 10 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER

13. NAME Orville Godfrey

14. BIRTHPLACE (city or town) .....
(State or country) Utah

MOTHER

15. MAIDEN NAME Elizabeth Thompson

16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMANT Elizabeth Godfrey
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 11/30, 1934

19. UNDERTAKER C. D. Buckner
(Address) Emmett Idaho

20. FILED 11/30, 1934 J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-28-, 193 4, to 11-28-, 193 4.
I last saw him alive on 11-28, 193 4; death is said to have occurred on the date stated above, at 7:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I only saw this child a few minutes before death. He had a Bronchio Pneumonia with a marked Gaseous distention of Bowels and stomach causing almost sudden death. | |
| Other **contributory causes** of importance: | |
| possibly acute dilitation of stomach | |

Name of operation none Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. Reynolds, M. D.
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91365

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. 38

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Elaine Owens

(a) Residence. No. ..... Emmett Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 14, 1928

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 6 | — | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett Idaho
(State or country)

MOTHER/FATHER

13. NAME Hugh Owens

14. BIRTHPLACE (city or town) Clinton Illinois
(State or country)

MOTHER

15. MAIDEN NAME Dora Allen

16. BIRTHPLACE (city or town) Nevada
(State or country)

17. INFORMANT Hugh Owens
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date Nov 23 1934

19. UNDERTAKER C D Buchanan
(Address) Emmett Ida

20. FILED 11-23-, 1934 J L Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Birth, 1928, to Nov 21, 1934.

I last saw her alive on Nov 20, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Congenital Syphilis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Hydrocephilic Condition
Head was enormous in size
Membrains ruptured causing water to lose and meningitis followed

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J L Reynolds M. D.

(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91367

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Dunn

(a) Residence. No. Garbridge St. Nevada
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna M. Dunn

6. DATE OF BIRTH (month, day, and year) Jan 7 - 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 64 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Butcher & Grocer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) England
(State or country)

FATHER

13. NAME Charles Dunn

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Clara O'Neill

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT W. Edward Dunn
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Star Idaho Date 11/28, 1934

19. UNDERTAKER C. D. Buckendorf
(Address) Emmett Idaho

20. FILED 11-26, 193 4 J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23-, 1934, to 11-25-, 1934.

I last saw him alive on 11-25-, 1934: death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| with Edema | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Urines Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. D. Crumrine, M. D.

(Address) Emmett

RECEIVED DEC 7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91368

**PLACE OF DEATH**

County of Gem

City of Emmett

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John W. Bowman

(a) Residence. No. Emmett Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 h

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Bowman

6. DATE OF BIRTH (month, day, and year) Dec 6 - 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairfield Idaho

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Sweeden

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT Owen Bowman

(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Emmett Ida. Date 11-27 1934

19. UNDERTAKER C.O. Buckendahl

(Address) Emmett Idaho

20. FILED 11-28 1934 R. K. Rupp Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) 11/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20., 1934., to Nov. 25., 1934. I last saw him alive on Nov. 25 1934.; death is said to have occurred on the date stated above, at 9.....m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| Chronic Nephritis | |
| Arterio Sclerosis | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. W. Bergmann M. D.

(Address) Emmett Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED DEC 7

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91369

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Godfrey

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Florence Godfrey

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 10 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) 21 spent in this occupation .....

12. BIRTHPLACE (city or town) North Ogden (State or country) Utah

MOTHER FATHER

13. NAME Joseph Godfrey

14. BIRTHPLACE (city or town) ~~Sc~~ England (State or country)

15. MAIDEN NAME Sarah Price

16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT Orville Godfrey (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Nov 7, 1934

19. UNDERTAKER C. D. Buckenyum (Address) Emmett

20. FILED 11-5-, 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-20, 193X, to Nov-5-, 193X.
I last saw ~~him~~ alive on Nov-X, 193X.: death is said to have occurred on the date stated above, at 6-30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infected Bladder | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Hypertrophy of Prostate | |
| | |

Name of operation Supra-pubic puncture Date of 11-3-34

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. Reynolds M. D.
(Address) Emmett Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gooding
City of 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91370

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 295

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Margaret Ann Snider

(a) Residence. No. 1 Gooding Ida R.F.D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Milton Snider

6. DATE OF BIRTH (month, day, and year) Jan 11th 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 78 | 8 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hardinsburg Kentucky

FATHER
13. NAME Thos. Wilson
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. O. H. Schlaefer Gooding Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 9-16, 1934

19. UNDERTAKER (Address) S. Phelps Twin Falls Ida

20. FILED 9/20, 1934 J. H. Cranmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14-1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to Sept. 14, 1934
I last saw he alive on 9-12, 1934; death is said to have occurred on the date stated above, at 11 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 15 Yrs ago |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic nephritis | ? |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Cranmell M. D.
(Address) Gooding Ida

RECEIVED DEC 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91371

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 296

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Burgess

(a) Residence. No. Gooding Idaho St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Burgess

6. DATE OF BIRTH (month, day, and year): Apr 3 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 7 | 27 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Des Moines Iowa

FATHER
13. NAME: Benjaman F Burgess
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Martha Smith
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Dora Burgess

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Sealand Date 12-2-, 1934

19. UNDERTAKER: A.B. Thompson
(Address) Gooding

20. FILED 11-30, 1934 J.H. Connell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-30 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1934, to 11-30, 1934

I last saw alive on 11-30, 1934; death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 11-20- |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J.H. Connell, M.D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2683
(No. Our Lady of Consolation Hosp.)

File No. 33
Registered No. 91372

1. PLACE OF DEATH

County of Idaho.
City of Cottonwood.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Fred Enoking

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)

6. DATE OF BIRTH: July (Month) 26 (Day) 1 (Year)

7. AGE: 68 Yrs. 7 Mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stock holder
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oldenburg, Germany

10. NAME OF FATHER: Mr Frederick Enoking

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Annie Nemings

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Enoking
(Address) Kootenaiville, Idaho.

15. Filed Nov. 24 1934 — V. V. Dix, Local Registrar, for B. H.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 23. (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1934, to Nov. 23 1934, that I last saw h.... alive on Nov. 23 1934, and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary): Senile Dementia

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) Wesley F. Orr M. D.

11/23 1934 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kootenaiville Idaho — DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Glenn Funeral Home — ADDRESS: Grangeville, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

RECEIVED DEC 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91373

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 22
(No. at Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mathias E. Duclos 50
(a) Residence. No. Cottonwood, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 24 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 72 | 8 | 29 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retire
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER
13. NAME Matt Duclos
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Winkelmann
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Dominic Duclos
(Address) Cottonwood Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date ....., 1934

19. UNDERTAKER Glenn Allen
(Address) Grangeville

20. FILED Dec 24, 1934 W. H. Orr
per EH Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Nov 23, 1934.
I last saw him alive on Nov 20, 1934; death is said to have occurred on the date stated above, at 5:40 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma of lung | Aug - 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Healey F. Orr, M. D.
(Address) Cottonwood Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91374

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 24

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Mary Seubert

(a) Residence. No. Cottonwood, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mathais Seubert

6. DATE OF BIRTH (month, day, and year)
June 27, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 4 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem
(State or country) S. D.

MOTHER FATHER

13. NAME John Aichlmayr

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Euisebic Bierl

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mathias Seubert
(Address) Cottonwood, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood, Date 11/20, 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 11-20, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1934, to 11-17, 1934.
I last saw h[illegible] alive on 11-17, 1934; death is said to have occurred on the date stated above, at 11P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| | |
| Chronic Valvular | |
| Insufficency | |
| Other **contributory causes** of importance: | |
| | |
| Nephritis (Chronic | |
| interstitial | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. D. Shumaker, M. D.
(Address) Grangeville, Ida.

FORM V. S. No. 5-25 M. 1-19

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. Our Lady of Consolation Hospital)

File No.

Registered No. 91875

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Miss Marie Wieder

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: July (Month) 27 (Day) 1918 (Year)

7. AGE: 16 Yrs. 3 Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Grangeville Ida

10. NAME OF FATHER: Fred H. Wieder

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Eva Crea

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucille Wieder Andrews

(Address) Grangeville Ida

15.

Filed Oct 27 1934

V. Z. Doe
per B. Z. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 27 (Day) 1934 (Year) 1917

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1934 to Oct. 26 1934 that I last saw her alive on Oct. 26 1934 and that death occurred on the date stated above, at 4:05 A.M.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) Yrs. mos. 4 ds.

Contributory (Secondary) Follicular Tonsillets

(Duration) yrs. mos. 5 ds.

(Signed) B. Chipman M. D.

10 28 1934 (Address) Grangeville Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grangeville Ida — DATE OF BURIAL: 10-28 1934

20. UNDERTAKER: Hardcastle Mrd — ADDRESS: Grangeville Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91376

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Wicks

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Brooks

6. DATE OF BIRTH (month, day, and year): Oct 8, 1849

7. AGE: Years 85 Months 1 Days ----- If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 1930

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: W. H. Wicks
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 11/8, 1934

19. UNDERTAKER: H. R. Merchant
(Address) Clarkston, Washington

20. FILED 12-1, 1934 B. Chipman (M.D.)
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to Nov. 4, 1934
I last saw h— alive on Nov. 4, 1934 death is said to have occurred on the date stated above, at 3:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 4-10-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis & Interstitial Nephritis | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) B. Chipman M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91377

Registration District No. 103
Primary Registration District No. 2161 Local Registrar's No. 116

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abraham L. Slichter

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Slichter

6. DATE OF BIRTH (month, day, and year) Dec. 26, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retire Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Dan Slichter

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Sam Slichter Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 10/24, 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 12-1..., 1934 B. Chapman
Registrar. By

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22 1934

22. I HEREBY CERTIFY, That I attended deceased from October 19., 1934., to October 22nd, 1934.
I last saw him alive on October 22 1934.: death is said to have occurred on the date stated above, at 9.30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetic Gangrene | Sept. 1934 |
| | |
| Paralysis Agitans | 1929 |
| Diabetes | 1930 |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....
(Signed) J. D. Shumaker M. D.
(Address) Grangeville, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Idaho
City of Dixie

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91378

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 117

(No. At Home Near Dixie)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Seed

(a) Residence. No. Dixie, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). unknown
(State or country)

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Dr. Boyd
(Address) Elk City, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dixie Date 11/7 1934

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 12-1 1934 B. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/2, 193.., to ....., 193....
I last saw her alive on 11/2, 1934.: death is said to have occurred on the date stated above, at 3 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 11-2-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ... B. Chapman, M. D.
(Address) ... Grangeville, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE
State File No. 91379

Local Registrar's No. 18 14

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabella J. Smith

(a) Residence. No. Grangeville St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/21/1839

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 94 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): La Porte Indiana

13. NAME: John Dysard

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Esther X

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Geo J Smith

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date NOV 27 1934

19. UNDERTAKER (Address): O A Hancock Grangeville Idaho

20. FILED Dec 7, 1934 B Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9/1934

22. I HEREBY CERTIFY, That I attended deceased from 11-4-, 1934, to 11-9-, 1934

I last saw her alive on 11-9-1934; death is said to have occurred on the date stated above, at 7-50 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 1930 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE
91380
State File No.

19
Local Registrar's No. 120

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Daisy Gertrude Beaver

(a) Residence. No. .... Grangeville St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wm Beaver

6. DATE OF BIRTH (month, day, and year): 8/10/1880

7. AGE: Years 54 | Months 3 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Cedar Rapids Ida.

MOTHER OR FATHER

13. NAME: Josie Lister

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Addie Lester

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mr Chamberlin Grangeville, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place: Grangeville Date: 12/5, 1934

19. UNDERTAKER (Address): C. A. Hancock Grangeville

20. FILED Dec 7, 1934 B. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/2/1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934 to Dec 2, 1934

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyemia | |
| Carbuncle | |
| Chronic Nephritis | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Endocarditis | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. D. Weber M. D.

(Address) Grangeville Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

Name of Institution

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91381

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 12P

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James Robertson. 1887

(a) Residence. No. ..... Grangeville Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Robertson.

6. DATE OF BIRTH (month, day, and year): Oct 11 1888 1887

7. AGE: Years 47 46; Months 1; Days 23; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, weaver, sawyer, bookkeeper, etc.**: Bridge Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Dec 4-34
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Minn.

FATHER

13. NAME: James Robertson
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Matilda Dubry
16. BIRTHPLACE (city or town) (State or country): Minn

17. INFORMANT (Address): Ruth Robertson

18. BURIAL, CREMATION OR REMOVAL
Place: Pomeroy Wash. Date: Dec 7, 1934

19. UNDERTAKER (Address): O. A. Hayward Grangeville Ida.

20. FILED Dec 7, 1934 H. B. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental | |
| Fractured Skull | |
| R. Arm. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury 12-4-1934
Where did injury occur? Selway Falls
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury. Tree fell & crushed body
Nature of injury. Fractured skull

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify. Falling tree

(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

RECEIVED DEC 26 1934

91351

Pomeroy Wash.
Dec. 24, 1934.

Dear Sir:-

Will you please send me a copy of the death certificate of William James Robertson who was killed by accident on Meadow Creek near Grangeville.

There was an error made ~~as~~ at the time of birth. He was born in the year 1887 not 1888 as stated. I'm sorry I made an ~~false~~ error but I did. Can it be corrected?

Yours Very Truly
(Mrs) W. J. Robertson
Pomeroy Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91382

**PLACE OF DEATH**
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 121

(No. Grangeville Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Arden Bentley

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Bentley

6. DATE OF BIRTH (month, day, and year): 8/13/1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Westmoreland Kansas

FATHER

13. NAME: Orrey Bentley

14. BIRTHPLACE (city or town) (State or country): Pittsburg Ills.

MOTHER

15. MAIDEN NAME: Bidsey Johnson

16. BIRTHPLACE (city or town) (State or country): Springfield Ills.

17. INFORMENT (Address): John G Bentley Grangeville Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Date Nov 28, 1934

19. UNDERTAKER: Hancock
(Address) Grangeville

20. FILED Dec. 7, 1934 B Chipman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11/26/1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov 26, 1934
I last saw him alive on Nov 20, 1934: death is said to have occurred on the date stated above, at 6.30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Carcinoma | Aug 1933 |

Other contributory causes of importance:
Exploratory operation. Inoperable at that time.

Name of operation: Gastro-enterostomy Date of: June 9-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91383

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beth Irene Noreene.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. M. | W | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

FATHER

13. NAME Aurthur Noreene.

14. BIRTHPLACE (city or town) Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Estella Mae Radford.

16. BIRTHPLACE (city or town) Ririe, Ida.
(State or country)

17. INFORMANT John E. Radford
(Address) Cuyaz, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 11/22, 193 4

19. UNDERTAKER None.
(Address)

20. FILED 11/27, 1934. A. E. Eberhardt
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 193 4

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1934., to Nov. 21, 193 4.

I last saw ~~he~~ alive on Nov. 19 193 4.; death is said to have occurred on the date stated above, at 5: A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | Nov. 19, 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Respiratory failure | Nov. 21, 1934 |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) J. Harper Colley, M. D.
(Address) Rigby, Idaho

DEC 12 [illegible]

**PLACE OF DEATH**

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91384

Registration District No. 98

Primary Registration District No. 2176 Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Estella May Noreen. 100 a

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred, 18 yrs. 5 mos. 9 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced (or) WIFE of Arthur Alfred Noreen.

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 18 | 8 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ririe, Ida.

FATHER

13. NAME John Edward Radford.

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Eva A. Peeples.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Arthur A. Noreen
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Ida. Date 11/26 1934

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Ida.

20. FILED 11-24-1934 A. E. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1934, to 11/23/, 1934.
I last saw h[illegible] alive on 11/23, 1934: death is said to have occurred on the date stated above, at 8:[illegible] m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 11/19/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cardiac failure | 11/23/34 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) J. Harper Gulley M. D.
(Address) Rigby, Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91385

Registration District No. 98

Primary Registration District No. 2176 Local Registrar's No. 59

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adrian Jackson Brown. 91

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Florence Jane Brown.

6. DATE OF BIRTH (month, day, and year) May 30, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 5 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Building.

10. Date deceased last worked at this occupation (mo. and yr.) June 193.

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME William Wesley Brown.

14. BIRTHPLACE (city or town) (State or country) N. Carolina.

MOTHER

15. MAIDEN NAME Thankful D. Smith.

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Delay Brown
(Address) Ririe, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Ogden, Utah Date 11/25, 1934

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Ida.

20. FILED 11/27 1934 A. E. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1931 to Nov 21, 1934

I last saw him alive on Nov 21, 1934; death is said to have occurred on the date stated above, at 1:15A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis. | |
| Chronic Myocarditis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Arteriosclerotic Nephritis | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abbot M. D.

(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91386

Registration District No. 48

Primary Registration District No. 2176 Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Moses Clark.

(a) Residence. No. Rigby Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 10 - 1865

7. AGE — Years: 69. Months: Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Utah

FATHER

13. NAME Peter Barber Clark.

14. BIRTHPLACE (city or town) ..... (State or country) Scotland.

MOTHER

15. MAIDEN NAME Artimicia Calawson.

16. BIRTHPLACE (city or town) ..... (State or country) Ill.

17. INFORMANT Charles A. Clark (Address) Lima, Montana

18. BURIAL, CREMATION OR REMOVAL
Place Cedar Butte Date Nov 23 1934

19. UNDERTAKER Vern Kelly (Address) Rexburg Idaho

20. FILED 11-22-, 1934 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 20 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 ....., 1933., to Nov 20 ....., 1934.
last saw h alive on Nov 18., 1934: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | Years ago |
| Cardiac Dilatation | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Anderson, M. D.

(Address) Rigby

DEC 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91387

**PLACE OF DEATH**
County of Jerome
City of Jerome

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. ) 131
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William John Moreland.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mattie Moreland

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Guthrie Center
(State or country) Iowa.

FATHER
13. NAME James Moreland.
14. BIRTHPLACE (city or town) Ireland.
(State or country)

MOTHER
15. MAIDEN NAME Mary Horton
16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMENT Mattie Moreland
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Jerome Date Nov 29, 1934

19. UNDERTAKER D. A. S'H engaven
(Address) Jerome, Idaho

20. FILED 11/28, 1934 C. F. Zeller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Nov. 27, 1934
I last saw h alive on Nov. 27, 1934; death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Prostates | |
| Chronic cystitis with | |
| ascending infection | |
| to Kidneys. (Chronic | |
| Interstitial Nephritis) | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. Local Registrar's No.

DO NOT WRITE IN THIS SPACE
State File No. 91388

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mide Elmira Hack

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs 9 mos. 18 ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced (or) WIFE of Fred L. Hack

6. DATE OF BIRTH (month, day, and year) Feb 14 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 9 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reba Me.

FATHER

13. NAME Jacob Main

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Fred Hack Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date Dec 5, 1934

19. UNDERTAKER D. A. L'Heureux (Address) Jerome. Idaho

20. FILED 12/4/34 1934 C. F. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Dec. 2, 1934
last saw h alive on Dec. 2, 1934: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Emaciation due to Chronic Melancholia. | |
| Duodenal Ulcer of long standing | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas F. Zeller M. D.
(Address) Jerome, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91389

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Cline

131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Cline

6. DATE OF BIRTH (month, day, and year): June 5 1849

7. AGE — Years: 85 — Months: 5 — Days: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Woods

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): West Virginia

FATHER

13. NAME: Do not know

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mrs. Ollie Walker Spirit Lake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Spirit Lake Ida Date 11/25, 1934

19. UNDERTAKER (Address): Cassidy Funeral Home Coeur d'Alene Ida

20. FILED Nov. 19, 1934 A. C. Spooner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to Nov. 18, 1934.
I last saw him alive on Nov. 18, 1934.; death is said to have occurred on the date stated above, at 8:20 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1) Uremia | |
| 2) arteriosclerosis | |
| 3) Chronic Hem. Nephritis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation 0 Date of -

What test confirmed diagnosis? -. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) John W. Schon, M. D.

(Address) Spirit Lake, Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91390

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

Registration District No.

Primary Registration District No. Local Registrar's No. 284

(No. ) (if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sophie Bygaard

(a) Residence. No. C.A. Robbes St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Clark Bygaard

6. DATE OF BIRTH (month, day and year) Oct. 2 1847

7. AGE: Years 86 87 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER / FATHER

13. NAME Don't Know Sweeden

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Don't Know Sweeden

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT A. Rehard Bygaard
(Address) 317 Hutton Bldg Spokane

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Smiths Co. Spokane Wash Date Sept. 11 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 11, 193. E.L. Spohn M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-8 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28, 193.., to ....., 193....
I last saw her alive on July 28 1934 death is said to have occurred on the date stated above, at 8.9 ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis & | |
| myocardial failure - | |
| Probable Carcinoma of | |
| the Stomach | |
| | |

Other **contributory causes** of importance:

Name of operation None Date of 0

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Edward V. Greenwood M.D.
(Address) Coeur d'Alene, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 23 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91391

## PLACE OF DEATH

County of Kootenai
City of Coeur d' Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 282

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Hartwell

(a) Residence. No. 17th and St. Maries St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chloie

6. DATE OF BIRTH (month, day, and year) 7 8 1888

7. AGE: Years 46 | Months 2 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Log Unloader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lafferty Trans. Co.
10. Date deceased last worked at this occupation (mo. and yr.) 9/12/34
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME Albert James Hartwell
14. BIRTHPLACE (city or town) (State or country) U.S.
15. MAIDEN NAME Anna Schultz
16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Mrs. Chloie Hartwell (Address) C.D.A.

18. BURIAL, CREMATION OR REMOVAL Forest Cem. Place... Coeur d' Alene Date 9/16., 1934

19. UNDERTAKER ..... The Mooney Mortuary (Address) Coeur d' Alene

20. FILED 9-18-, 1934 C. L. Upton, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/12 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ did not deceased from ....did not see...., 193...., to ....., 193....
I ~~last saw~~ did not see him alive on ...9-12, 1934.: death is said to have occurred on the date stated above, at 4:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| .....Drowning..... | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-12-1934
Where did injury occur? Coeur d' Alene Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....Conductor.....
Manner of injury....Drowning.....
Nature of injury....Drowning.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....None.....

(Signed) ..... C. H. Reed ..... M. D.
(Address) Coeur d' Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Dr. Horning

DO NOT WRITE IN THIS SPACE

State File No. 91392

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 283

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Grace Lee Kiger

46

(a) Residence. No. Rathdrum St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E.W. Kiger

6. DATE OF BIRTH (month, day, and year) 11 7 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 9 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

13. NAME Newton Patterson

14. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

15. MAIDEN NAME Josie Arnold

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT E.W. Kiger
(Address) Rathdrum

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest C.D.A. Date 9-6, 1934

19. UNDERTAKER Mooney Mortuary
(Address) C.D.A.

20. FILED 9-18-, 1934 E.L. Sporhm M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/5/1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to Sept 5, 1934.
I last saw her alive on Sept 4, 1934: death is said to have occurred on the date stated above, at 4 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of ampulla region of Gall bladder | 4 months |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic cholecystitis | 3 yrs. |
| | |
| | |

Name of operation Exploratory laparotomy
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H.C. Horning M.D.
(Address) Rathdrum Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 23 [illegible]

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91393

County of Kootenai
City of C. D'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 285

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella C. Blose

(a) Residence. No. 1221 Sherman St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W | Widow |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John T. Blose

6. DATE OF BIRTH (month, day, and year) 1 11 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 8 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whitesberg Penn.

FATHER

13. NAME John Irwin

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sarah Hindman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. T. Clair Williamson
(Address)

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place. Kalispell Mont. Date 10-11..., 193.4

19. UNDERTAKER Cassidy Funeral Home
(Address) C. D'Alene Idaho.

20. FILED 10-9-, 193.4 E. L. Rpohn M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8/34 193

22. I HEREBY CERTIFY, That I attended deceased from 10/3/34....., 193...., to 10/8/34....., 193....
I last saw her alive on 10/8/34., 193...: death is said to have occurred on the date stated above, at 4:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1921 |
| Intra-Cranial Hemorrhage | 1930 |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation..... Date of.....
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Dr. H. Henson M. D.
(Address) Coeur d'Alene Idaho

RECEIVED NOV 23

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91394

County of Kootenai
City of Coeur D' Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 286
(No. Coeur D' Alene Homes of the Aged)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred E. Green

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3, 1844

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 90 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sea Captain

10. Date deceased last worked at this occupation (mo. and yr.) Unknown

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Norway

17. INFORMANT Coeur D' Alene Homes (Address) Coeur D' Alene, Ida.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Portland Ore. Date 10/15/1934

19. UNDERTAKER Mooney Mortuary (Address) Coeur D' Alene, Idaho

20. FILED Oct. 15, 1934 E. T. Upton, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH 1934

21. DATE OF DEATH (month, day and year) Oct. 13 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1934, to Oct. 13, 1934
I last saw him alive on Oct. 12 1934 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchopneumonia | 10-12-34 |
| Acute dilatation of the heart | 10-12-34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Hamilton A. Syverson M.D.
(Address) Coeur d'Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91395

**PLACE OF DEATH**

County of Kootenai
City of Coeur d' Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 287

(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Irene Nordlind

(a) Residence. No. Dessert Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------
6. DATE OF BIRTH (month, day, and year): 10--31---1910
7. AGE: Years 23 | Months 11 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Nurse
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1933
11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Montana

FATHER
13. NAME: Wm. T. Nordlind
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Anna Nordwall
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Mrs. Wm. T. Nordlind, Judith Gap, Mont

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place. Harlowton, Mont Date 10/25, 1934

19. UNDERTAKER (Address): Mooney Mortuary, Coeur d'Alene

20. FILED Oct. 24 1934 E. L. Upham M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/23/34

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to 10/23, 1934.
I last saw her alive on 10/20, 1934.; death is said to have occurred on the date stated above, at 9.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis (mitral Stenosis.) | 1930 |

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. M. Madsted M. D.
(Address) Coeur d'Alene Ida

RECEIVED NOV 23 1934 Sooky

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91396
State File No.

**PLACE OF DEATH**

County of Kootenai
City of Coeur D' Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 288

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Youngman

(a) Residence. No. 1016 Wallace Ave. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

74a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Nov. 17, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 76 | II | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Russia

FATHER

13. NAME Konrad Konschu

14. BIRTHPLACE (city or town) .... (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .... (State or country) Germany

17. INFORMANT Geo. J. Hartman
(Address) Coeur D' Alene, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Forest Cemetery Date 10/14 193..

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Ida.

20. FILED 11-24-, 1934 E. L. Updike, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from May ....., 1934., to Oct. 11....., 193.4..
I last saw h. e alive on Oct. 11..., 193.4.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 2 yrs |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Myocarditis | |
| Hypertension | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Sam Lemake ....., M. D.
(Address) 412 Lake side ave
Coeur d' Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91397

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 289

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abbie Sullivan

(a) Residence. No. 839 - 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced (or) WIFE of: Dennis Sullivan
6. DATE OF BIRTH (month, day, and year): 1857 2-23
7. AGE: Years 77 | Months 7 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): July 1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gorham N.H.

FATHER
13. NAME: ——— Morse
14. BIRTHPLACE (city or town) (State or country): N.H.

MOTHER
15. MAIDEN NAME: ——— Gould
16. BIRTHPLACE (city or town) (State or country): Don't Know.

17. INFORMANT (Address): Sumner Redmont

18. BURIAL, CREMATION OR REMOVAL
Forest - Place Coeur d'Alene Date 10-4 1934

19. UNDERTAKER (Address): Cassady Funeral Home Coeur d'Alene, Idaho

20. FILED 10-24 1934 E. L. Apsley M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-1 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934 to Sept. ....., 1934.
I last saw h[er] alive on Sept. 29 1934; death is said to have occurred on the date stated above, at 5 ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cerv. Uteri. | Before Jan - 34. |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation: None Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J M Heisler M D
(Address) Coeur d'Alene, Idaho

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 25

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91398

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 290

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Jammell

(a) Residence. No. 805 Young Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1932 - 9 - 16

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | 0 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d Alene
(State or country) Ida.

MOTHER FATHER

13. NAME Samuel E. Jammell

14. BIRTHPLACE (city or town) Bluffton
(State or country) Ind

15. MAIDEN NAME Mary Beckwith

16. BIRTHPLACE (city or town) Park City
(State or country) Mont

17. INFORMANT Mrs. S.E. Jammell
(Address) Coeur d Alene

18. BURIAL, CREMATION OR REMOVAL
Forest - Place Coeur d'Alene Date 10-13, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 10-24, 1934 C. L. Yoakum M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1934, to Oct 14, 1934.

I last saw him alive on Oct 12, 1934: death is said to have occurred on the date stated above, at 11 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Lobar Pneumonia | |
| Consolidation L. Lobe | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.

(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] RECEIVED NOV

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91399

County of Ada
City of Boise

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 291

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo Mantell

(a) Residence. No. 1321 Lakeside St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

65 h

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Katherine
6. DATE OF BIRTH (month, day, and year): 3-16-1880
7. AGE: Years 54 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lumberman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: & Carpenter
10. Date deceased last worked at this occupation (mo. and yr.): 1932
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
13. NAME: Joseph Mantell
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Sarah Walsh
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Mrs. L. Mantell (Address): Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: St Thomas Cem Boise, Ida. Date: 10-16 1934

19. UNDERTAKER: Mooney Mortuary (Address): Boise, Ida.

20. FILED Oct. 30, 1934 E. L. Sparks, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1933, to Oct. 13, 1934. I last saw him alive on Oct 13, 1934: death is said to have occurred on the date stated above, at 11:20 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins Disease | 1 |
| C | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) A. M. Hunter, M. D.
(Address) Coeur d'Alene

RECEIVED NOV 2 5

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9140

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 292

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Karras

(a) Residence. No. Cougar Gulch St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: 55; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Woodsman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Ohio Match
10. Date deceased last worked at this occupation (mo. and yr.): July 1934
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Greece

MOTHER FATHER
13. NAME: John Karras
14. BIRTHPLACE (city or town) (State or country): Greece
15. MAIDEN NAME: Ellen
16. BIRTHPLACE (city or town) (State or country): Greece -

17. INFORMANT (Address): Wm Spanos
18. BURIAL, ~~CREMATION OR REMOVAL~~: Coeur d'Alene
Place Forest Cemetery Date 9-30-, 1934
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida
20. FILED 10-30-, 1934. E. L. Apsha, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22nd, 1934, to Sept. 25th, 1934
I last saw him alive on Sept. 25th, 1934; death is said to have occurred on the date stated above, at 12 Noon
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer - Generalized | |
| Abdominal | at least |
| | 6 mo. - |
| Other **contributory causes** of importance: | Probably |
| | 14 mo. |

Name of operation: None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury: None
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify .....
(Signed) E. L. Apsha M.D. M. D.
(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91401

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 294

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Elsworth Phillips

(a) Residence. No. St. (Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. 6 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mina Phillips

6. DATE OF BIRTH (month, day and year) December 4 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 9 | 8 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Owned own farm.

9. BIRTHPLACE (city or town) (State or country) Youngstown Ohio

PARENTS

10. NAME OF FATHER John Phillips

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Do not know

12. MAIDEN NAME OF MOTHER Mary Cooke

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn

14. Informant Myrna Phillips.
(Address) Harrison Idaho

15. Filed 10-30-1934 E. L. Spotts M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 12 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1933, to Sept 1934, that I last saw him alive on March - 1933, and that death occurred, on the date stated above, at 8 40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure & attend

(Signed) E. L. Spotts, M. D.

9/13, 1934 (Address) St Maries

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Harrison, Idaho | Sept. 14 1934 |
| 20. Undertaker | Address |
| Cassedy Funeral Home | Coeur d'Alene |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91402

## PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 295

(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Amanda Christina Asplund

(a) Residence. No. 818 Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of C. W. Asplund

6. DATE OF BIRTH (month, day, and year) 5-28-1887

7. AGE — Years: 52 | Months: 3 | Days: 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nels Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT C. W. Asplund
(Address) C'd'A.

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Forest Cem. Coeur d'Alene Date 9-24 1934

19. UNDERTAKER Mooney Mortuary
(Address) C'd'A

20. FILED 10-30-1934 E. L. Sporn Jr. D
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-21 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24 1934 to Sept. 21, 1934
I last saw her alive on Sept 21, 1934 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1931 |
| Hypertension (arteriosclerotic) | 1932 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Uremia | 1 week ago. |
| U. Coma | 2 days ago |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1934.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. W. Asplund, M. D.
(Address) Coeur d'Alene Ida

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bon

City of Dist

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91403

Registration District No. 30

Primary Registration District No. 1650 Local Registrar's No. 296

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Erickson

(a) Residence. No. 11 Hayden Lake Detroit
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Erickson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown Sweden

17. INFORMANT (Address) E. A. Erickson

18. BURIAL, CREMATION OR REMOVAL Place Cave Grove Date Oct. 1, 1934

19. UNDERTAKER Passedy
(Address) Coeur d'Alene, Ida.

20. FILED Oct 3 1934. E. L. Hopkins M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1934 to Sept. 28, 1934
I last saw him alive on Sept 28, 1934; death is said to have occurred on the date stated above, at 9 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure | |
| Decompensation | 1 yr. |
| | |
| | |
| Other contributory causes of importance: | |
| Hypertension | Years |
| Chronic Nephritis | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in ~~industry, in home~~, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. Hopkins M. D.
(Address) Coeur d'Alene, Idaho.

Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91404

**PLACE OF DEATH**

County of Kootenai

City of Coda

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 297

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abbie M. Reed

(a) Residence. No. 1053 A St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Fred J. Reed

6. DATE OF BIRTH (month, day, and year): Feb 21 1888

7. AGE: Years 46 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Kans.

MOTHER FATHER

13. NAME: D D Harraun

14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Sarah Grey

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Fred J. Reed Coda Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Forest Date: 9/30 1934

19. UNDERTAKER (Address): Mooney Mort. Coeur d'Alene Ida.

20. FILED 10-30- 1934 E. L. Upton M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934, to Sept. 26th, 1934
I last saw her alive on 26th Sept. 1934: death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchiectasis | January |
| Chronic Interstitial nephritis | 1934 |
| Chronic Hepatitis | Result of |
| Myocardial Insufficiency | injury |
| | Sustained in |
| Other **contributory causes** of importance: | auto. mach. |

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1934.
Where did injury occur? Colville, Washington - Jan. 1934.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury Injured rib
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. N. Sturges M. D.
(Address) Coeur d'Alene, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

(215)

Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91405

## PLACE OF DEATH

County of Kootenai

City of C d'A

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 298

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glen R. Nyman

(a) Residence. No. 812 St Maries Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Nov 3 1927

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 6 | 10 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Coeur d'Alene Idaho

MOTHER FATHER

13. NAME: Carl R Nyman

14. BIRTHPLACE (city or town) (State or country): Finland

15. MAIDEN NAME: Jennie Hoglund

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): C. R. Nyman Coeur d'Alene Ida

18. BURIAL, CREMATION OR ~~REMOVAL~~

Place: Forest Cemetery Date: 9/30, 1934

19. UNDERTAKER (Address): Mooney & Mortuary Coeur d'Alene Ida

20. FILED 10-30-, 1934 E. L. Apsley M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1934, to Sept 27, 1934.

I last saw him alive on Sept 27, 1934; death is said to have occurred on the date stated above, at 10:45 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Purulent Infection, Septicemia | 9/24/34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Gunshot penetrating wound - Rt Thigh (Accidental) | 9/20/34 |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. L. Apsley M. D.

(Address) Coeur d'Alene Ida

Lakeside Hosp

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Cda

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91406

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 299

(No. Lakeside Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dinnsford Chaffins

(a) Residence. No. 1402 Cda Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Chaffins

6. DATE OF BIRTH (month, day, and year): Sept 21, 1895

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 39 | 0 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Home Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ft Dana Neb

MOTHER FATHER

13. NAME: Michael Savage

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Kinney

16. BIRTHPLACE (city or town) (State or country): Wash.

17. INFORMANT (Address): Frank Chaffins Cour d Alene

18. BURIAL, CREMATION OR REMOVAL

Place: St Thomas Date: Oct 1, 1934

19. UNDERTAKER (Address): Mooney Mort Cour d Alene Ida

20. FILED 10-30-, 1934. E. L. Upton, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-27 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to Sept 27, 1934.

I last saw he alive on Sept 27 1934; death is said to have occurred on the date stated above, at 1 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolerus | Sept 27/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Myocarditis | 2 yrs. |
| Nephritis | |
| | |

Name of operation Cesarean Date of Sept 18/34

What test confirmed diagnosis? Clinical Were an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Sue Lepeke, M. D.

(Address) 402 Lakeside Ave

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Rathdrum R.F.D.#1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91407

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 300

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Ellen Robeson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Samuel Robeson

6. DATE OF BIRTH (month, day, and year) 1863 - 4 - 22

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 8-27-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... Ohio
(State or country)

FATHER

13. NAME John Carter

14. BIRTHPLACE (city or town) ..... Don't Know
(State or country)

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) ..... " "
(State or country)

17. INFORMANT Lee Robeson
(Address) Rathdrum Idaho

18. BURIAL, CREMATION OR REMOVAL Place Coeur d' Alene Ida. Date 9-8, 1934
Forest

19. UNDERTAKER Sarsedy Funeral Home
(Address) Coeur d' Alene, Idaho

20. FILED 10-30-, 1934 R. L. Upohn, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-6 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ last sick deceased from
Did not see ....., 193..., to ....., 193....
I ~~last saw~~ saw her alive on 9-6..., 1934.: death is said
to have occurred on the date stated above, at 1 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... E. H. Reed Coroner M. D.

(Address) Coeur d Alene Ida

RECEIVED NOV 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91408

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 302

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Marie Eskes

(a) Residence. No. ..... St. Worley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1925-3-21

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 9 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Worley

FATHER

13. NAME Herman Eskes

14. BIRTHPLACE (city or town) (State or country) Rockford Ill

MOTHER

15. MAIDEN NAME Blanche Loe

16. BIRTHPLACE (city or town) (State or country) Kirksville Mo

17. INFORMANT Blanch Eskes
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rockford Cem Mich Date 10-26, 1934

19. UNDERTAKER .....
(Address) Fairfield Wn

20. FILED 11-1, 1934 E. L. Groh M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1934, to Oct 26, 1934.

I last saw her alive on Oct 26 1934; death is said to have occurred on the date stated above, at 1:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Paralysis | |
| Diphtheria | 10 days |

Other **contributory causes** of importance:

Name of operation Tracheotomy Date of Oct 25

What test confirmed diagnosis? Bacteriological Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Groh, M. D.
(Address) Coeur d'Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 23 1934

Dr. Ten Brook.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91409

## PLACE OF DEATH

County of Kootenai

City of Post Falls R. F. D.

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 303

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Briggs

(a) Residence. No. N. of Allan Tracts. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Louise E.

6. DATE OF BIRTH (month, day, and year) 11 17 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 9 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation ...30

12. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER FATHER

13. NAME Wm. Briggs

14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME Alice Dunphy

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Mrs. Louise E. Briggs
(Address) Allan, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Thomas Cem. Coeur d' Alene Date 9/11 1934

19. UNDERTAKER The Mooney Mortuary C.D.A.
(Address)

20. FILED 11-1-, 193.4 E. L. Yoder, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8/34 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1934 to Sept. 8, 1934

I last saw him alive on Sept. 8, 1934; death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Biliary Calculi | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) G. L. Ten Brook M. D.

(Address) Post Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91410

Registration District No. 30

Primary Registration District No. 1080 Local Registrar's No. 304

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John G. Erickson

(a) Residence No. 813 St. Maries Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 67 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 18, 1865

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 69 | 2 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Aug. 1934

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER FATHER

13. NAME: [illegible] Erickson

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Walter A. Erickson Seattle, Wn

18. BURIAL, CREMATION OR REMOVAL
Place: Forest Date: 10/2, 1934

19. UNDERTAKER (Address): Mooney Mortuary Coeur d'Alene, Idaho

20. FILED 11-1-, 1934 E. I. Sporlin, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of pylorus | |

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harvey J. Lange, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91411

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 305

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME Edith Cammell

(a) Residence. No. 805 Young Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1923 - 8 - 23

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 11 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cat Selkirk Manf.

MOTHER FATHER

13. NAME Samuel E. Cammell

14. BIRTHPLACE (city or town) (State or country) Bluffton Ind.

15. MAIDEN NAME Mary Beekwith

16. BIRTHPLACE (city or town) (State or country) Park City Mont.

17. INFORMANT (Address) Mrs. E. E. Cammell C'd'A.

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 10-20 1934

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 11-2-, 1934 E. L. Hopkins, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10-, 1934, to Oct 20, 1934

I last saw h~~e~~r alive on 10-14, 1934; death is said to have occurred on the date stated above, at 4 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis pulmonary | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. L. Hopkins, M. D.

(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Post-Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91412

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 306

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lovina J. McGregor

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W | Widowed |

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Morris McGregor

6. DATE OF BIRTH (month, day, and year) 1852-10-9

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Waterloo
(State or country) Mo.

MOTHER FATHER

13. NAME Wilson Halley

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Dont-Know

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT C. W. McGregor
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Forest Place Coeur d'Alene Date 11-1, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 11-2-, 1934 E. L. Spokane M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1934 to Oct 30, 1934

I last saw her alive on —, 193-: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation — Date of —
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193-
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —
(Signed) C. W. McGregor M. D.
(Address) Post Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91413

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 307

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen N. Barnum

(a) Residence. No. 1109 - Coeur d'Alene Ave. St. 10
(Usual place of abode)
Length of residence in city or town where death occurred, yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of W — Barnum

6. DATE OF BIRTH (month, day, and year) 12-23

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 85 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME — Smith

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Ward R. Hawk Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL
Forest - Place Coeur d'Alene Date 10-21, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. FILED 11-2, 1934 E. L. Lyons, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Oct. 19, 1934.
Last saw h. alive on Oct. 19, 1934: death is said to have occurred on the date stated above, at 12:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | Oct. 18. 34 |
| | |
| | |
| | |

Other **contributory causes** of importance:
Chronic Myocardial Degeneration ?
Chronic interstitial nephritis ?

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edwin Ellwood M. D.
(Address) Coeur d'Alene Ida.

RECEIVED NOV 28 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91414

PLACE OF DEATH
County of Kootenai
City of Lane

Registration District No. 30
Primary Registration District No. 1650 Local Registrar's No. 308

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Felardeau 1882

(a) Residence. No. ..... St. Puyallup, Wash.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of ----
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 26, 1908

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 25 | 8 | 27 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Michigan

FATHER
13. NAME Joseph Felardeau
14. BIRTHPLACE (city or town) ..... (State or country) Canada

MOTHER
15. MAIDEN NAME Ella Sandille
16. BIRTHPLACE (city or town) ..... (State or country) Wisconsin

17. INFORMANT Mrs. Ella ~~Bouchard~~ (Address) Puyallup, Wash.

18. BURIAL, CREMATION OR REMOVAL St. Thomas Cemetery Sept. 26
Place... Coeur d'Alene Date....., 193..

19. UNDERTAKER Cassady Funeral Home (Address) Coeur d'Alene, Idaho

20. FILED 11-2-, 1934. E. L. Apsley, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-23 1934

22. I HEREBY CERTIFY, That I attended deceased from did not ....., 193...., to ....., 193....
I ~~last saw~~ did not see him alive on 9-23., 1934.: death is said to have occurred on the date stated above, at 12:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tree fell on house crushing deceased's head | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury..193.
Where did injury occur?... Lane, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home
Manner of injury... Tree fell on house
Nature of injury... Crushed head

24. Was disease or injury in any way related to occupation of deceased?... No If so, specify.....
(Signed) ..... E. L. Reed Coroner, M. D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91415

## PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 309

(No. 501 Garden)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Libbie L. Weeks

(a) Residence. No. Walton Gardens St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas A. Weeks

6. DATE OF BIRTH (month, day, and year) 4-22-1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 59 | 6 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

MOTHER FATHER
13. NAME Joseph Weis
14. BIRTHPLACE (city or town) Bohemia
(State or country)
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) Bohemia
(State or country)

17. INFORMANT Thomas A. Weeks
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wn. Date 11-3, 1934

19. UNDERTAKER Mooney Mortuary
(Address)

20. FILED 11-2-, 1934. E. L. Yoder, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 193.. to 193..
I last saw h... alive on ....., 193.. death is said to have occurred on the date stated above, at 8:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died not attending this Case but probably died of Ca of stomach | |
| Other **contributory causes** of importance: Gallbladder trouble | 6 Mo. |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury No
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) E. L. Yoder, M. D.
(Address) .....

RECEIVED NOV 23

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91416

PLACE OF DEATH
County of Kootenai
City of Athol

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 310

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Brackin

88 b

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W. | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edith Brackin

6. DATE OF BIRTH (month, day, and year) May 6 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 5 | 29 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10 yrs. ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Isaac Brackem
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Rebecca Kelley
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Edith Brackin Athol Ida.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Coeur d'Alene Ida. Date 11-7, 1934
19. UNDERTAKER Cossaart Funeral Home (Address) Post Falls Ida.
20. FILED 11-15-, 1934 E. L. Sparks, M. D. Registrar. By E.S.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 5 1934
22. I HEREBY CERTIFY, That I attended deceased from —, 193—, to —, 193—.
I last saw h— alive on —, 193—: death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocardial failure | Sudden |
| Died Suddenly | Dec. |

Other contributory causes of importance:
Previous health seemed good.
Possibly acute gastric condition brot it on.

Name of operation none Date of —
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify no
(Signed) J. H. Sturges, M. D.
(Address) Coeur d'Alene Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91417

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 312

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Catherine Blumberg 90

(a) Residence. No. 1 N. 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Friend Blumberg

6. DATE OF BIRTH (month, day, and year) 3-13-1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 7 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Oct-25-1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

MOTHER/FATHER

13. NAME Munson Beemer

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Margaret ——

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Charlie Munson Blumberg

18. BURIAL, CREMATION OR REMOVAL
Forest Place Mt. View Cemetery Date Nov 8, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene

20. FILED 11-15-, 1934. E. L. Sparks, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1934, to 11-6-, 1934.

I last saw her alive on 11-5-, 1934; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute intestinal obstruction | |
| Ca Rectum | |

Other **contributory causes** of importance:

| | |
|---|---|
| Uremia accompanied with hypostasis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. H. Fuller, M. D.

(Address) Coeur d'Alene Ida

Wood.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of C d'A

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91418

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 293

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Lemmon

(a) Residence. No. Blackwell Add. St. 160

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 19, 1934

7. AGE — Years: 0 — Months: 0 — Days: 0 — If LESS than 1 day, hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

MOTHER

13. NAME Arthur Lemmon

14. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

15. MAIDEN NAME Gustafson

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Arthur Lemmon Post Falls Ida

18. BURIAL, CREMATION OR REMOVAL Place Forest Cemetery Date 9/20, 1934

19. UNDERTAKER (Address) McCrory Mortuary Coeur d'Alene Ida.

20. FILED 10-30-, 1934 E. L. Apotheker M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1934, to Sept. 19, 1934.

I last saw him alive on Sept. 19, 1934: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia neonatorum | Sept. 19. 34. |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Prolapse of umbilical Cord | Sept. 19. 34 |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John Gilfoot M. D.

(Address) Coeur d'Alene Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9141

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 250

**PLACE OF DEATH**
County of Kootenai
City of Coeur d'Alene
Harrison
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl R. Guenther

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Elizabeth Guenther

6. DATE OF BIRTH (month, day and year) 1886 - 12 - 14

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 6 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Disabled veteran
(b) General nature of industry, business, or establishment in which employed (or employer) not able to work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Edward H. Guenther
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Cleveland Ohio.
12. MAIDEN NAME OF MOTHER Anna Rayer.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa

14. Informant Virgil Guenther
(Address) Harrison, Idaho

15. Filed 7-16-, 1934. E. L. Sparks M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 (Month) 3 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from , 19, to , 19
that I ~~last saw~~ did not see him alive on 7-3-, 1934
and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:
Gunshot Wound

(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) E. H. Teed Coroner, M. D.
7-6-, 1934 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Harrison. Idaho | 7-7 1934 |
| 20. Undertaker Carredy Funeral Home | Address Harrison Ida |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenia

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91422

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 281

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1826

2. FULL NAME Edgar Benson

(a) Residence. No. Burke Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mail order clerk

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Montgomery Ward

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 3 weeks.

12. BIRTHPLACE (city or town). Burke Idaho
(State or country)

MOTHER FATHER

13. NAME Gust Benson

14. BIRTHPLACE (city or town). Sweeden
(State or country)

15. MAIDEN NAME Betsy Lind

16. BIRTHPLACE (city or town). Norway
(State or country)

17. INFORMANT . C. D. Richard
(Address) 1224 N Stone

18. BURIAL, CREMATION OR REMOVAL Spokane ~~Wash~~
Place Wallace Idaho Date Sept. 13 1934

19. UNDERTAKER . Casseday Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 9-14 1934 E. L. Spokane Wash.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8 ....., 1934., to 9-8 ....., 1934.

I last saw him alive on 9-8 ..., 1934. death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile accident producing skull fracture | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-8 1934

Where did injury occur? 1 Mile N. Russ Post Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Highway

Manner of injury Automobile turned over

Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. H. Hurd M. D.

(Address) Avondale Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91423

Registration District No. 61

Primary Registration District No. 101 Local Registrar's No. 79

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Mary Cornwall

(a) Residence. No. 304 S. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mason A. Cornwall

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richland Co. Wis.

MOTHER FATHER

13. NAME Andrew Olson

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Henrietta Westrum

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mason Cornwall
(Address) Moscow, Idaho

18. BURIAL, [illegible]
Place Moscow Date 11/21, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 11/21, 1934 [signature]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934, to 11/18, 1934

I last saw her alive on 11/15, 1934: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| T | |
| Hypostatic pneumonia | |
| | |
| | |

Other **contributory causes** of importance:

Fracture surgical neck of left femur

Name of operation Screw Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Injury in home.

Manner of injury .....

Nature of injury Fracture Hip. Left.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. O. Cawston, M. D.

(Address) Moscow Idaho

Mail or Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

~~WASHINGTON~~ Idaho STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 91424

File No. 57

Registered No. 5

PLACE OF DEATH

County of Latah

City or Town of ~~Potlatch~~

Registration Dist. No. 65 (No. ____, ____ St.; ____ Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Mrs Bennett Palmer

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

## Personal and Statistical Particulars

3 Sex: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (Write the word): Married

6 Date of Birth: July (Month) 31 (Day) 1854 (Year)

7 Age: 80 yrs. 3 mos. 12 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 Occupation
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry, business or establishment in which employed (or employer): ____

9 Birthplace (State or country): Iowa

PARENTS

10 Name of Father: Alfred Bennett Palmer

11 Birthplace of Father (State or country): Iowa ~~Not Known~~

12 Maiden name of Mother: Mary Shoff

13 Birthplace of Mother (State or country): Wisconsin ~~Not Known~~

14 The above is true to the best of my knowledge

(Informant) Catherine Palmer (Wife)

(Address) Flanglen Wash R.F.D.

15 Filed Nov 15, 1934 W. J. Thompson Registrar.

## Medical Certificate of Death

16 Date of Death: 11 (Month) 12 (Day) 34 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 12, 1934, that I last saw him alive on Nov 12, 1934, and that death occurred, on the date above, at 1:15 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. ____ mos. 11 ds.

Contributory (Secondary) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) F. D. Leedy M. D.

____, 1934 (Address) Flanglen Wash.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death 4 yrs. ____ mos. ____ ds. In the State ____ yrs ____ mos.

Where was disease contracted, if not at place of death? At place of death

Former or usual residence ____

19 Place of Burial or Removal: Farmington Wash | Date of Burial: 11-14 1934

20 Undertaker: J M Thayer | Address: Farmington Wash

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91425

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 80

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alexander Murphy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yr 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cecil Murphy

6. DATE OF BIRTH (month, day, and year) June 30, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Barber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own shop.

10. Date deceased last worked at this occupation (mo. and yr.) 11/14/34

11. Total time (years) spent in this occupation 20 yr.

12. BIRTHPLACE (city or town) (State or country) Pembina, N. Dakota

FATHER

13. NAME Arthur W. Murphy

14. BIRTHPLACE (city or town) (State or country) Ontario, Canada

MOTHER

15. MAIDEN NAME Margaret Storey

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs. Cecil Murphy, Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Nov. 23, 1934

19. UNDERTAKER (Address) H. R. Short, Moscow, Idaho

20. FILED 11/20, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-29-, 1934, to 11-19-, 1934

I last saw him alive on 10-18, 1934; death is said to have occurred on the date stated above, at 3:45 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyemia | |
| Acute nephritis | |
| Complete anuria | |
| Acute Cholangitis | |
| & Jaundice | |

Other **contributory causes** of importance

| | |
|---|---|
| Acute Thrombo-phlebitis | |
| Terminal uremia | |
| & toxemia | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Joseph E. Nelson M. D.

(Address) Moscow, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 83

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 91426

2. FULL NAME Maria Elizabeth Hawkins

(a) Residence. No. 111 E. D St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel A. Hawkins

6. DATE OF BIRTH (month, day, and year): Nov. 7, 1866

7. AGE: Years 68 | Months | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Monticello Iowa

FATHER

13. NAME: Francis Whittemore

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Elizabeth Lott

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Louis Boas Moscow, Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Emmett, Ida. Date 12/1/ 193 4

19. UNDERTAKER (Address): H.R. Short Moscow, Ida

20. FILED 11/30 193 4 Harry Imhoff Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30 193 4

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 193 4, to Nov. 30, 193 4.

I last saw h[er] alive on Nov. 30, 193 4; death is said to have occurred on the date stated above, at 1:25 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Nov. 20/1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Several previous attacks of apoplexy | Two years. |

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so specify

(Signed) J. Earl Limbaugh, M. D.
(Address) Moscow, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91427

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 82

(No. 609 W. 8th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME James Ulysses Levin

(a) Residence. No. ..... St. Mountain View, Calif.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Grace Levin

6. DATE OF BIRTH (month, day, and year): Dec. 11, 1880

7. AGE: Years 54 | Months 11 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Mountain View Calif.

FATHER

13. NAME: Joel Levin

14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Mary Swall

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Mrs. Lee Brannan Moscow, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Mountain View, Cal. Date: 11/26 193 4

19. UNDERTAKER (Address): H.R. Short Moscow, Idaho

20. FILED 11/26, 1934 Harry Enhorst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1934 only, 193.... to ....., 193....
I last saw him alive on Nov. 25, 1934; death is said to have occurred on the date stated above, at 12:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 1 year ago. |
| General Debility | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....
(Signed) Harry Enhorst M. D.
(Address) Moscow, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91428

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Randall

(a) Residence. No. 1005 E. 6th. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John E. Randall

6. DATE OF BIRTH (month, day, and year)
June 20, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 5 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bethany, Mo.
(State or country)

FATHER

13. NAME William W. Wheeler

14. BIRTHPLACE (city or town) .....
(State or country) Indiana

MOTHER

15. MAIDEN NAME Surenia Taylor

16. BIRTHPLACE (city or town) .....
(State or country) Kentucky

17. INFORMANT Mattie Randall
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 11/24, 1934

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 11/23, 1934 Harry Eckhoust
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/20 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1934, to 11-20, 1934.

I last saw her alive on 11-20, 1934.; death is said to have occurred on the date stated above, at 8 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio Vascular Renal Dis | ? |
| Congestive Heart failure | 11-34 |
| Arteriosclerosis | ? |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cerebro-Vascular Accident | Aug 1933 |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edward N. Dunn, M. D.

(Address) Moscow, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91429

Registration District No. 60

Primary Registration District No. 10 11 Local Registrar's No. 78

(No. County Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chris Hanson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth 14 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 18, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** common laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Denmark

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ..... (Address) County Home

18. BURIAL, CREMATION OR REMOVAL

Place Moscow Date 11/13 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 11/8, 193 4 Mary Cathcart Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1-33, 193..., to 11-7, 1934.

I last saw him alive on Aug. 6, 1934; death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Prostate with metastasis to spine, ileum, etc | 1932 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hydrometer + hydro nephrosis | |
| | |

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? no Date of injury .., 193.

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph R. Wilson M. D.

(Address) Moscow, Ida.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91430

**PLACE OF DEATH**
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
(No. )

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

164

**2. FULL NAME** James Laing

(a) **Residence.** No. St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Jan 22-1838

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 100 | 10 | 0 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~New York~~ Canada

PARENTS
10 NAME OF FATHER Not Known
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant W I Bellomy
(Address) Troy Ida

15 Filed Nov 23, 1934 Lucy M Pickard Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 22- 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1934, to Nov. 22, 1934
that I last saw him alive on Nov. 22, 1934
and that death occurred, on the date stated above, at 10:30 P.m.
The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Chas. A. Meyer, M. D.
Nov. 23 1934 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Bulah cem | Nov 25- 1934 |
| 20. Undertaker | Address |
| John J. Pickard | Troy Ida |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 14

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91431

**PLACE OF DEATH**

County of Latah

City of Potlatch

Registration District No. 64

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Carl S. Johnson

(a) Residence. No. St. Spokane Wash,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumber Jack

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Woods

10. Date deceased last worked at this occupation (month and year) Dec, 1934

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Jon Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME C. Jensen

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT Jennie Carlson
Address 3888 19th, Avenue East Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Wash, Date Dec, 10, 1934

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash,

20. FILED Dec. 10th, 1934 Jno. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6th, 1934, to Dec. 7th, 1934

I last saw him alive on Dec. 7th, 1934; death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | 1932 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Genuine jaundice | |
| | |

Name of operation Laparotomy Date of Dec 6

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify F. C. Gibson, M.D.

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91432

**PLACE OF DEATH**
County of Latah
City of Near Harvard, Ida.
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Leinhard

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Leinhard

6. DATE OF BIRTH (month, day, and year) 12/12-1843

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 90 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Joseph Leinhard

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Anna Schank

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Mrs. Andy Mael, Pullman, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Idaho Date 11/25-, 1934

19. UNDERTAKER D. D. Kimball
(Address) Palouse, Wash.

20. FILED Nov 25th, 1934 J. W. Thompson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1934, to Nov 23rd, 1934
I last saw him alive on Nov 16th, 1934; death is said to have occurred on the date stated above, at 3:45 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1930 |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. W. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 17 1934

RECEIVED OCT 17 1934

PLACE OF DEATH

County of Lincoln

City of Dietrich

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
91433
State File No.

Local Registrar's No. 23

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph C Kepford 88 yr

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 28-1854

7. AGE — Years: 80 — Months: 8 — Days: 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME John Kepford.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Hoak

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) C N Kepford.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER A. E. Thompson
(Address) Ben. H. Boright

20. FILED 10/15, 1934 J. L. Fuller Registrar
By Ammon Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-6-, 1934, to , 193

I last saw him alive on 10-6-, 1934; death is said to have occurred on the date stated above, at 9-am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91434

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 63
(No. ) 101a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Rufi

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) Rexburg Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gottlieb Rufi
6. DATE OF BIRTH (month, day, and year): October 12th 1866
7. AGE: Years 68 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 20 days ago
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER/FATHER
13. NAME: Mr. Rall
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Alma Rausch Rexburg Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Rexburg Cemetery Date: 12-6, 1934
19. UNDERTAKER (Address): Wm. J. Kelly Rexburg Idaho
20. FILED 12-6-, 1934 J. Wyoming Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/4 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1934, to Dec 4, 1934.
I last saw her alive on Dec 3, 1934; death is said to have occurred on the date stated above, at 1:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 11-23-34 |

Other **contributory causes** of importance:
Senility

Name of operation: none Date of:
What test confirmed diagnosis? symptoms Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? none Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
12/5/34 (Signed) Louis A Kiehl M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91435

Registration District No. 100

Primary Registration District No. 2128 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Augusta Anderson Marler

(a) Residence. No. 41 Thornton Idaho. St. .....
(Usual place of abode) Thornton Idaho. (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Allen Marler.

6. DATE OF BIRTH (month, day, and year): Sept. 27 - 1902.

7. AGE: Years 32. Months 1 Days 21. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Thornton, Ida.

MOTHER OR FATHER

13. NAME Alvin Anderson.

14. BIRTHPLACE (city or town) (State or country): Utah.

15. MAIDEN NAME Nettie Thornton.

16. BIRTHPLACE (city or town) (State or country): Idaho.

17. INFORMANT (Address): Ora Anderson Thornton Ida.

18. BURIAL, CREMATION OR REMOVAL. Place Cedar Butte Date Nov. 21-1934

19. UNDERTAKER (Address): Wm. J. Miller Rexburg Ida.

20. FILED 12-6, 1934 J. R. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 18- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1934, to Nov 18, 1934.

I last saw he alive on Nov 18, 1934: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Extensive burns of body from Kerosene accidental | 11-18-1934 |

Other **contributory causes** of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 11/18 1934

Where did injury occur? Thornton Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. home

Manner of injury Extensive burns

Nature of injury occurred while lighting fire in stove

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11/19/34 (Signed) Louis A. Rich M. D.

(Address) Rexburg Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91436

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 61
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick Safael Conward

(a) Residence. No. ..... Burley ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Tramwell Conward

6. DATE OF BIRTH (month, day, and year) Feb 5 1890

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 44 | 1 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... Agriculturist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 11-16-34

12. BIRTHPLACE (city or town) (State or country) Lando Ark

FATHER
13. NAME Chas Wenward
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Flanner Rebecca
16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT (Address) Anna Conward Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 12-3, 1934

19. UNDERTAKER (Address) A. L. Temple Burley Ida

20. FILED 12-4, 1934 E. P. Clemens Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-30 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-6-, 1934, to 11-30, 1934.
I last saw h— alive on 11-30, 1934; death is said to have occurred on the date stated above, at 10:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broken Compensation | |
| Aortic + Mitral regurg. | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91437

Registration District No. 19

Primary Registration District No. 2016 Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Vinson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margie Vinson

6. DATE OF BIRTH (month, day, and year): May 16 1867

7. AGE: Years 67 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER FATHER

13. NAME: Levi Vinson

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Mc Cluse

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Margaret Vinson Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date ....., 193..

19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho

20. FILED: Sept 10, 193.4. W. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 193.4., to Sept 8, 193.4.

I last saw him alive on Sept 3 193...: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Gall Bladder & Stones | Sept 5 34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Acute Appendix | Sept 4 34 |
| Chronic Myocarditis | |

Name of operation: Gall Bladder Drainage & Appendectomy Date of: Sept 5 34

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. C. Jones, M. D.
(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE

State File No. 91438

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Jacob Henry Slatter

(a) Residence No. Lenard, / St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa M. Slatter

6. DATE OF BIRTH (month, day, and year): Dec. 22, 1875

7. AGE: Years 58 | Months 10 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm
10. Date deceased last worked at this occupation (mo. and yr.): Nov 21, 1934
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): New York City, New York

MOTHER FATHER

13. NAME: Jacob Henry Slatter
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Jacob H. Slatter

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 11-24, 1934

19. UNDERTAKER (Address): John J. Pettyjohn Pratt & Son

20. FILED 11-24, 1934. B. F. Neahr
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 p m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | |
| (Instantaneous death) | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis? Circumstance Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

DEC 13 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nezperce

City of Cameron

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91439

Registration District No. 63

Primary Registration District No. 2143 Local Registrar's No. 4

(No. 88 15)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Olday

(a) Residence. No. Cameron St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: White
4. Color or Race: Male
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Olday

6. DATE OF BIRTH (month, day, and year): Sept 7 1848

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 2 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Herman Bluhm Cameron Ida

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Cameron Ida Date Nov 13, 1934

19. UNDERTAKER (Address): John J Packard Troy Idaho

20. FILED Nov 13, 1934 W. W. Watt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932.., to Nov...10...., 193.4.

I last saw him alive on Nov. 10., 193.4: death is said to have occurred on the date stated above, at 6.50 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | ? |
| Chronic myocarditis | ? |
| Prostatic hypertrophy | 10 yrs. |
| with obstruction | 1 |

Other **contributory causes** of importance:

Name of operation Prostatic resection. Date of June 1934

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) R. E. Hamilton, M. D.

(Address) Kendrick, Idaho

RECEIVED DEC

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of NezPerce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91440

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 204

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 L

2. FULL NAME Mrs Myrtle Stevens

(a) Residence. No. 1002 3rd Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 16 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deer Lodge Montana

FATHER

13. NAME James Estell

14. BIRTHPLACE (city or town) (State or country) Kansas City Kansas

MOTHER

15. MAIDEN NAME Mame Lewangood

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Miss Edith Stevens Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 12/30/34 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED Dec 1, 1934 J. M. Lyle Registrar.
By L. Lyle

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1934, to Nov 27, 1934

I last saw her alive on Nov 27, 1934; death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumococcus meningitis | |

Other contributory causes of importance:

| | |
|---|---|
| Pan sinusitis & upper Respiratory infection | |

Name of operation None Date of —

What test confirmed diagnosis Spinal Fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul G. Haney M. D.

(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91441

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 201

(No. St. Joseph)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME William Edward Schlieper

(a) Residence. No. ..... St. Kooskia, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Hemphill

6. DATE OF BIRTH (month, day, and year) 17, August 1885

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 49 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calhoun Co Illinois

FATHER

13. NAME Charles Schlieper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachal Winegland

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs W E Schlieper
(Address) Kooskia, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia, Idaho Date 11/27 1934

19. UNDERTAKER H R Merchant
(Address) Clarkston Washington

20. FILED 11/26, 1934. J. M. Lytle Registrar.
by G

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1934, to Nov. 25, 1934.
I last saw him alive on Nov 25 1934: death is said to have occurred on the date stated above, at 9.15 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated appendix | Nov 4 |
| General Peritonitis | 1934 |
| General sepsis | |

Other **contributory causes** of importance:

Name of operation Appendectomy Date of Nov 19-34
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. E. Broadbent, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1227

Primary Registration District No. 76

DO NOT WRITE IN THIS SPACE
State File No. 91442

Local Registrar's No. 200

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

1886

2. FULL NAME Richard Broadbent

(a) Residence. No. St. Weiser, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Forest Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. C. C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Civilian Conservation Corps Lewiston, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Weiser, Ida. Date , 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Nov. 26, 1934 L. M. Lyle by E. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from See Reverse, 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Nov. 24 |
| Pulmonary Hemorrhage | Nov. 24 |
| Secondary to automobile accident suffered on | Nov. 24, 1934 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov. 24 1934

Where did injury occur? Highway near Grangeville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public

Manner of injury Automobile accident

Nature of injury Crushed chest + bullfrac

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. H. Shaughnessy, M. D.

(Address) Lewiston, Ida.

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91443

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 99
(No. 1103 8th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel C. Kelley

(a) Residence. No. 508 - 4th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): June 24th 1880.

7. AGE: Years 54 | Months 4 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Nurse
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): London England

FATHER
13. NAME: Henry W. Childs
14. BIRTHPLACE (city or town) (State or country): Brighton England

MOTHER
15. MAIDEN NAME: Janet Gillon
16. BIRTHPLACE (city or town) (State or country): Edenborough Scotland

17. INFORMANT (Address): Lionel Kelley Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 11/24, 1934

19. UNDERTAKER (Address): Brown-Gamp Co. Lewiston Idaho

20. FILED Nov 24, 1934. J. M. Lyle Registrar. by D

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1934, to Nov 23, 1934.
I last saw her alive on Nov 23, 1934: death is said to have occurred on the date stated above, at 6:00 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Stomach | May 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Intestional Obstruction | Nov 15-34 |
| | |

Name of operation None Date of
What test confirmed diagnosis? X Ray as there an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Broadcock, M. D.
(Address) Lewiston Idaho

RECEIVED

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91444

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 198

(No. Somerville Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Percy Simonson 31

(a) Residence. No. Somerville Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 9th 1916.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 18 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** U. S. Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Comeroy
(State or country) Wash.

FATHER

13. NAME Chas Simonson

14. BIRTHPLACE (city or town) The Dalles
(State or country) Oregon

MOTHER

15. MAIDEN NAME Olga Widmore

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Chas. O'Kaffman
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Comeroy Utah Date 11/22, 1934

19. UNDERTAKER Brosius-Wasmuth Co.
(Address) Lewiston Idaho

20. FILED Nov. 21, 1934. L. M. Lyle
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934., to Nov. 19., 1934.

I last saw him alive on Nov. 14, 1934.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | ? |

Other **contributory causes** of importance:

Name of operation No Date of.....

What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. M. Lyle M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91445

## PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1209

Primary Registration District No. 96 Local Registrar's No. 197

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur D. Stacy

(a) Residence. No. 600 3rd Ave St. 118

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lois Stacy

6. DATE OF BIRTH (month, day, and year): Nov 18 1864.

7. AGE: Years 69 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocer

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): San Francisco California

FATHER

13. NAME: Geo. W. Stacy

14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER

15. MAIDEN NAME: Emily A. Granger

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Mrs. Stacy, Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Lewiston Idaho Date: Nov 16th 1934

19. UNDERTAKER (Address): Bozorth-Wagner Co. Lewiston Idaho

20. FILED Dec. 5, 1934. J. M. Doyle Registrar. by E

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 4th, 1934, to Nov 13, 1934.

I last saw him alive on Nov 13, 1934; death is said to have occurred on the date stated above, at 11:25 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post operative shock-Valvular heart disease with heart block | |
| Strangulated Right Inguinal Hernia with abscess formation (omentum) | 3 days |

Other **contributory causes** of importance:

| | |
|---|---|
| Right Inguinal Hernia | 30 yrs |
| Valvular heart disease | 7 yrs |
| Arthritis | 7 yrs |

Name of operation Hemorrhoidectomy (Date of Nov 12-34)

What test confirmed diagnosis? Clinical Symptoms & Operative findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No or specify .....

(Signed) E. R. White, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

Braddock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91446

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 996 Local Registrar's No. 19 b

(No. 819 - 7th St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver A. Dudley

(a) Residence. No. 819 - 7th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Dudley

6. DATE OF BIRTH (month, day and year) March 20th 1860

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 74 | 7 | 18. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Me.

FATHER

13. NAME John Dudley

14. BIRTHPLACE (city or town) (State or country) Me.

MOTHER

15. MAIDEN NAME Dorcas Nathaway

16. BIRTHPLACE (city or town) (State or country) Me

17. INFORMANT Elsie Dudley
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 11/15, 1934

19. UNDERTAKER Brown-Wagner Co.
(Address) Lewiston Idaho

20. FILED Dec. 1, 1934. L. M. Lytle Registrar.
by E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 193 4, to Nov. 18, 193 4.

I last saw him alive on Nov. 18, 193 4; death is said to have occurred on the date stated above, at 7:10 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | 1934 |
| General | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | Nov. 10 |
| Cardiac Failure | 1934 |
| | |

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Brandon M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91447

**PLACE OF DEATH**
County of Nezperce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 26 Local Registrar's No. 1 95

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Alena Kelly

(a) Residence. No. Opportunity Wasgington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Highland, Illinois

FATHER

13. NAME Joseph Moser

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Anna Zimmerma

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Dr. J. T. Moser Lewiston, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Spokane, Wash. Date Nov. 8, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary (Address)

20. FILED Nov 8, 1934 J. M. Lyle Registrar. By C.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to November 7, 1934
I last saw her alive on November 7, 1934: death is said to have occurred on the date stated above, at 5:30 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gangrenous Appendicitis | Nov 5 1934 |
| Other contributory causes of importance: Acute General Peritonitis | Nov 6 1934 |

Name of operation appendectomy Date of Nov 6-1934
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Broadbent, M. D.
(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC [redacted]

Braddock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91448

## PLACE OF DEATH

County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 194

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles E Beery

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora Hower

6. DATE OF BIRTH (month, day, and year)
August 2, 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Decautor
(State or country) Indiana

FATHER

13. NAME Joe D Beery

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Martha Nickolas

16. BIRTHPLACE (city or town) Indania
(State or country)

17. INFORMANT J. D. Beery Jr
(Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn. Date 11/8., 1934

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED 11/15., 1934 J. M. Hyde Registrar.
By G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5., 1934., to Nov. 6., 1934.

I last saw him alive on Nov. 6., 1934.; death is said to have occurred on the date stated above, at 1 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of Coronary Artery | Nov 5 1934 |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Braddock, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. Dr Harvey

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91449

Registration District No. 1099

Primary Registration District No. 16 Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1611

2. FULL NAME Infant Son Mr & Mrs Jas Lavoie

(a) Residence. No. 2719 Cleaveter ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 23-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, 19 hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston Idaho
(State or country)

FATHER

13. NAME James Lavoie

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Ellen Haude

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Jas. Lavoie Lewiston Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida Date 10-26, 1934

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED 11/2, 1934 J. M. Lyle
By — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-24-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934, to Oct 23, 1934

I last saw him alive on Oct 24, 1934; death is said to have occurred on the date stated above, at 7:08 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Infant 7 mo. Pregnancy | |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul G. Harvey, M. D.

(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91450

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Infant Grummond S Simons

(a) Residence. No. Winchester, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/17/34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Idaho

FATHER

13. NAME G.S.Simons

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Maude Raymer

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT (Address) G.S.Simons Winchester, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date 10/27/34 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address)

20. FILED 11/22, 1934 J. M. Lyle Registrar.
by G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/25/34 193

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1934, to 10-25-34, 193

I last saw him alive on 10-25, 1934; death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 10-24-34 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) K. H. Collins, M. D.

(Address) Craigmont Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

91451

State File No.

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 193

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert Moses Moore

(a) Residence. No. St. Stites, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sara L. Moore

6. DATE OF BIRTH (month, day, and year): January 26th 1881.

7. AGE: Years: 53 Months: 9 Days: 8 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Stock Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Davenport Iowa

FATHER

13. NAME: Albert Moore

14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER

15. MAIDEN NAME: Mary Moser

16. BIRTHPLACE (city or town) (State or country): Rhode Island Illinois

17. INFORMANT (Address): Sara L. Moore Stites Idaho

18. BURIAL, CREMATION OR REMOVAL: Place: Kooskia, Idaho Date: 11/5, 1934

19. UNDERTAKER (Address): Brown-Wamp Co. Lewiston Idaho

20. FILED Nov. 8, 1934 J. M. Lake Registrar. by C. C.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1934, to Nov. 4, 1934.

I last saw him alive on Nov 3, 1934: death is said to have occurred on the date stated above, at 1:15 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypernephroma R. Kidney | 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Injury to back | 1934 |
| | |

Name of operation L. nephrectomy microcheie Date of Oct 31-34

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? Stites Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. On the farm

Manner of injury. Fell & struck L. Back

Nature of injury. 2 ribs fracture Bruise

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify. Fell while working

(Signed) Dr. Breneman, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Johnson

## PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91453
State File No.....

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 293

(No. North 20th Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson Jones

(a) Residence. No. 8234 Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 27th, 1934

7. AGE — Years: — Months: — Days: — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

FATHER

13. NAME Leo F. Jones
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Marie Graham
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Leo F. Jones (Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parkston Wash. Date 11/28, 1934

19. UNDERTAKER Bronger-Wagner Co. (Address) Lewiston Idaho

20. FILED Dec. 3, 1934 J. M. Doyle Registrar. By

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1934, to Nov. 27, 1934.

I last saw him alive on Nov. 27, 1934; death is said to have occurred on the date stated above, at 11:50 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth, 6½ months | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Paul W. Johnson M. D.
(Address) Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9145

**PLACE OF DEATH**
County of Nez Perce
City of Gifford

Registration District No. 92
Primary Registration District No. 2170
(No. )

Local Registrar's No. 55

(If death occurred in a hospital or institution, give its name instead instead of street and number.) 90

**2. FULL NAME** Nancy J. Imley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) No record

| 7 AGE | Years | Months | Days | If LESS than 1 day, or | hrs. min. |
|---|---|---|---|---|---|
| | 75 | — | — | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) No

PARENTS
10 NAME OF FATHER No record
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER No record
13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant
(Address)

15 Filed 11-11, 1934 E. E. Watts
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov (Month) 11 (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10-1, 1934, to 11-11, 1934, that I last saw her alive on Nov 2, 1934, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilitation of the heart
(duration) yrs. 1 mos. 10 ds.
CONTRIBUTORY (Secondary) Chronic Bronchitis
(duration) 15 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) E. E. Watts, M. D.
11-11, 1934 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Lookout Idaho | 11-12 1934 |
| 20. Undertaker None | Address |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Owyhee

City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

91455

State File No.....

Registration District No. 107

Primary Registration District No. 2185

Local Registrar's No. 19

164

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME William D. Kelley

(a) Residence. No. Homedale Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20 - 1844

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 90 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME John D. Kelley

14. BIRTHPLACE (city or town) (State or country) Kent.

MOTHER

15. MAIDEN NAME Harriett Jerald

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT (Address) W. H. Kelley Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 12-13-1934

19. UNDERTAKER (Address) Peckham Caldwell Ida

20. FILED 12-13-1934 G. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11/1934

22. I HEREBY CERTIFY, That I attended deceased from 12-11....., 1934., to 12-11....., 1934.

I last saw him alive on 12-11...., 1934: death is said to have occurred on the date stated above, at 12-20 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| General debility, | ..... |
| due to old age. | ..... |
| ..... | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... G. A. Marsh M. D.

(Address) ..... Homedale Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Owyhee
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 107
Primary Registration District No. 2125

DO NOT WRITE IN THIS SPACE
State File No. 01456

Local Registrar's No. 18

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verna Grace Taylor

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8-1927

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | 1 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Culdesac (State or country) Ida

FATHER

13. NAME W. H. Taylor

14. BIRTHPLACE (city or town) Blithedale (State or country) Mo.

MOTHER

15. MAIDEN NAME Ollie Mae Lowery

16. BIRTHPLACE (city or town) Whitebird (State or country) Ida.

17. INFORMENT (Address) W. H. Taylor Homedale, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Fruitland Date Nov. 27, 1934

19. UNDERTAKER None (Address)

20. FILED Nov. 27, 1934 T. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-26-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1934, to Nov. 26, 1934

I last saw her alive on Nov. 26, 1934; death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post scarletinal Dropsy | |
| Bronchio Pneumonia | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. A. Marsh, M.D.

(Address) Homedale, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 28 [illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91457

County of Gooding
City of Bonnedale

Registration District No. 107
Primary Registration District No. 2185 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nora Mabel Shipley

(a) Residence. No. Bonnedale St. 19 W
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of R. S. Shipley

6. DATE OF BIRTH (month, day and year) July-24-1882

7. AGE — Years: 52 | Months: 4 | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Council Bluffs, Iowa

FATHER

13. NAME Joseph L. Tracy
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Ruth Ewing
16. BIRTHPLACE (city or town) (State or country) McGaffey, Missouri

17. INFORMANT (Address) R. C. Shipley Bonnedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gannon Hill Cem. Date 11-27 1934

19. UNDERTAKER (Address) C. V. Buckles Caldwell Ida

20. FILED Nov. 27, 1934 T. A. Marsh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-25 1934

22. I HEREBY CERTIFY, That I attended deceased from June xx, 1934, to Nov. 25, 1934.

I last saw her alive on Nov. 24, 1934: death is said to have occurred on the date stated above, at 12.30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| Exanition | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| From causes due to the Climacteric | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. A. Marsh, M. D.
(Address) Bonnedale

MARGIN RESERVED FOR BINDING

E PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should te CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Owyhee

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91458

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 136

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie E Davey

(a) Residence. No. Oreana, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/18/~~67~~ 72

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Minn.
(State or country)

MOTHER FATHER

13. NAME Lindberg

14. BIRTHPLACE (city or town) Sweden
(State or country)

15. MAIDEN NAME Peterson

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT J. L. Davey
(Address) Oreana, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 11/18., 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED Dec. 3., 1934. Lydia A. Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 193.1., to 11-14, 1934.

I last saw her alive on 11-5, 1934.; death is said to have occurred on the date stated above, at 9:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | 11-11-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| High blood pressure | |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Horton M. D.
(Address) Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette Ida

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91459

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 65

(No. 160 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Dale Pommier

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 19 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Plymouth Ida
(State or country)

FATHER

13. NAME Robert Dale Pommier

14. BIRTHPLACE (city or town) Nampa Ida
(State or country)

MOTHER

15. MAIDEN NAME Mildred Cole

16. BIRTHPLACE (city or town) New Plymouth Ida
(State or country)

17. INFORMANT Robert L. Pommier
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 11/24 1934

19. UNDERTAKER Peterson Furniture
(Address) Payette

20. FILED 11/24 1934 J. C. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1934, to Nov. 23, 1934.
I last saw him alive on Nov. 23 1934. death is said to have occurred on the date stated above, at 2:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart disease | Nov 19 1934 |

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred M. Popma M. D.
(Address) New Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91460

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Albert H. Lammert

(a) Residence. No. 103 North 6th Payette, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Addie Peck Lammert

6. DATE OF BIRTH (month, day, and year) Aug 18 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 3 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER

13. NAME John Lammert

14. BIRTHPLACE (city or town) La Cross
(State or country) Minn

MOTHER

15. MAIDEN NAME Esther Kappler

16. BIRTHPLACE (city or town) Uknown
(State or country)

17. INFORMANT Addie Lammert
(Address) Payette, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sydney Neb Date Nov. 28, 1934.

19. UNDERTAKER Glenn C. Landon
(Address) Payette, Idaho.

20. FILED 11/25, 1934 H. E. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 23 1934,

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1934., to Nov. 23, 1934.
I last saw him alive on Nov. 23, 1934.; death is said to have occurred on the date stated above, at 6.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicaemia | Cannot say |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pyorrhoea of long standing | |
| | |

Name of operation Appendectomy Date of Sept. 19
What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) G. C. Paxton, M. D.
(Address) Payette, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91461

Registration District No. 4

Primary Registration District No. 1008. Local Registrar's No. 64.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

151

2. FULL NAME Hanna Gellerman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | W. | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fred Gellerman

6. DATE OF BIRTH (month, day, and year) July 12 - 1844

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 90 | 4 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hanover Germany

FATHER

13. NAME Dredge

14. BIRTHPLACE (city or town) (State or country) Bremen Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) D. R. Booth Ontario Ore

18. BURIAL, CREMATION OR REMOVAL
Place Vale Date 11-22 193 4

19. UNDERTAKER Peterson Furniture
(Addre )

20. FILED 11/21/34 193... J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 19 193 4

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 193 4, to Nov. 19, 193 4.

I last saw h[illegible] alive on Nov. 19 193 4: death is said to have occurred on the date stated above, at 3 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrenous stomatitis | 10/29/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. R. Woodward M. D.

(Address) Payette Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 1 - 1934

**PLACE OF DEATH**
County of Payette
City of Fruitland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 91462

Local Registrar's No. 63

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Webster Rich

(a) Residence. No. Fruitland St. Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 M

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie McCrite Rich

6. DATE OF BIRTH (month, day, and year) Sept 2 - 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Guthrie Center Iowa.

FATHER

13. NAME Lewis M. Rich
14. BIRTHPLACE (city or town) (State or country) Guthrie Center Iowa.

MOTHER

15. MAIDEN NAME Ulilah Russell
16. BIRTHPLACE (city or town) (State or country) Rock Island Ill.

17. INFORMANT (Address) Mrs Ira Dowell Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 11-15, 1934

19. UNDERTAKER (Address) Glenn C. Saunders Payette Idaho

20. FILED 11/16/34 193.... J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934, to Nov 12, 1934.
I last saw him alive on Nov 11, 1934; death is said to have occurred on the date stated above, at 7:25 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | Nov 10, 1934 |

Other **contributory causes** of importance:

Name of operation None Date of ....
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify. Heavy lifting
(Signed) Ralph W. Pepmeier M. D.
(Address) Fruitland Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Fruitland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91463

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence Wilbi Smith

(a) Residence. No. Fruitland St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah J. Smith

6. DATE OF BIRTH (month, day, and year): July 5 - 1869

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York City N.Y.

FATHER

13. NAME: John Smith

14. BIRTHPLACE (city or town) (State or country): not known

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): R.F.D. Samuel L. Smith Ontario, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 11-7-1934

19. UNDERTAKER (Address): Glenn C. Landis Payette Idaho

20. FILED 11/16/34 193... J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1934., to Nov. 4, 1934.

I last saw him alive on Oct. 25, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fall from load of hay | 9-10-34 |
| Causing Brain and Cord injury | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/10 1934

Where did injury occur? On his farm
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry

Manner of injury Fell from load of hay

Nature of injury Injury to Brain and Cord

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Regular work

(Signed) C. C. Parton M. D.

(Address) Payette Idaho

DEC 14

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91464

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Warren J. W. Farland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah M. Farland

6. DATE OF BIRTH (month, day, and year) Jan 29 - 1837

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 97 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tabing (State or country) New York

MOTHER FATHER

13. NAME Robert M. Farland

14. BIRTHPLACE (city or town) Edinburgh (State or country) Scotland

15. MAIDEN NAME Rebecca Cook

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT (Address) W. J. M. Farland

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 12/13/1934

19. UNDERTAKER Peterson Funeral Co.
(Address) Payette

20. FILED Dec 13, 1934 J. C. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1934, to Dec 11, 1934.

I last saw him alive on Dec 10 1934: death is said to have occurred on the date stated above, at 11:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | 1933 |
| Prostatism | 1922 |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reford Bozman M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91465

**PLACE OF DEATH**
County of Bingham
City of New Plymouth
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 60

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence D. Nelson

(a) Residence. No. New Plymouth St.
(Usual place of abode)
Length of residence in city or town where death occurred. / yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17-1913

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 21 | 4 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colo.

FATHER
13. NAME L. E. Nelson
14. BIRTHPLACE (city or town) (State or country) Colo. "

MOTHER
15. MAIDEN NAME Emma Parker
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Ernest L. Nelson N. P. Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Ontario Date 11/4, 1934

19. UNDERTAKER R. L. Robinson
(Address) Ontario Ore.

20. FILED 11/10/34, 193 J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1934, to Nov 2, 1934.
I last saw him alive on Nov. 2, 1934: death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sub-acute nephritis | Sept 1934 |
| (Cause unknown) | |

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Orland M. Potsma, M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, IN INK. Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
UNFADING INK—THIS IS A PERMANENT RECORD.

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91458

Registration District No. 20

Primary Registration District No. 2072 Local Registrar's No. 43

(No. About ½ mile east of Bannock Creek near Hi-way
(If death occurred in a hospital or institution, give its name instead of street and number) No. 30

2. FULL NAME Frank Woodard Phelps

(a) Residence. No. Arbon, Idaho. St. 90
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosie Phelps

6. DATE OF BIRTH (month, day, and year)
Aug. 23 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 45 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 28

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedar Vale,
(State or country) Kansas

MOTHER FATHER

13. NAME Jasper Phelps

14. BIRTHPLACE (city or town)
(State or country) Kansas

15. MAIDEN NAME Foudray

16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Rosie Maree Phelps
(Address) Arbon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date 12/2, 193 4

19. UNDERTAKER A. W. Davis.
(Address) Am. Falls, Idaho.

20. FILED 12/2, 193 4 Genevieve Hook
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 28 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Weak heart, over exertion and exposure. | |
| impanelled a coronors jury and the above verdict is what was brought in. The man was on his | |

Other **contributory causes** of importance:
way home and run out of gas after walking several miles trying to get some layed down in the snow Was found the next morning.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. W. Davis M. D.
Coroner.
(Address) Am. Falls, Ida.

DEC 18

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of A.M.Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91467

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 41

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Alta Kerney

(a) Residence. No. Two Miles West of American Falls St. on Ranch
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Kerney

6. DATE OF BIRTH (month, day, and year)
March 22 1887

7. AGE — Years: 47 | Months: 7 | Days: 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trenton,
(State or country) Nebraska

MOTHER / FATHER

13. NAME Warner

14. BIRTHPLACE (city or town)
(State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Charles Kerney

17. INFORMANT
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date Nov. 3 1934

19. UNDERTAKER A. W. Davis.
(Address) AM. Falls, Ida.

20. FILED Nov. 3, 1934. Genevieve Nott
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-1 1934

22. I HEREBY CERTIFY, That I attended deceased from October 7., 1934., to November 1, 1934.
I last saw her alive on Nov 1 1934.: death is said to have occurred on the date stated above, at 11:25a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fibrocyst (Uterine) | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation Hysterectomy. Date of 10-30-34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) W. Fogan M. D.
(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 25

Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE

State File No. 91468

Local Registrar's No. 42

(No. 7 5 6)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Kramer

(a) Residence. No. ..... St. American Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-14-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

FATHER

13. NAME Gustave Ewald Kramer

14. BIRTHPLACE (city or town)
(State or country) Washington

MOTHER

15. MAIDEN NAME Julia M. Dubbs

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT Gustav Ewald Kramer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER.....
(Address)

20. FILED Dec 1, 1934 Genevieve Nock
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1934, to 10-14, 1934

I last saw him alive on 10-14, 1934 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) T. G. Logan M. D.

(Address) American Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

DEC 13 [redacted]

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 91469

Local Registrar's No. 64

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Herbert Thompson

(a) Residence. No. 316 Maple St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

199

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Violet Thompson

6. DATE OF BIRTH (month, day, and year) July 30, 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 41 | 3 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| Nov. 17, 1934 | 6 yrs |

12. BIRTHPLACE (city or town) (State or country) Dix Vanwert, Ohio

FATHER

13. NAME John H. Thompson

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Annie Laurie McClish

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Carl C. Norton, ....

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Medimont Idaho Date Nov 21, 1934

19. UNDERTAKER (Address) M. E. Thornhill Kellogg Idaho

20. FILED Dec. 10, 1934 Thos. Hewitt Brade Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 9:31 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage Cerebral | Nov 17 1934 |
| Contributory | |

Other contributory causes of importance:

Blow on head

Name of operation None Date of ....

What test confirmed diagnosis? ....

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 17, 1934

Where did injury occur? Public Billiard Room
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Billiard Room

Manner of injury Blow on head

Nature of injury Hemorrhage Brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ....

(Signed) M. Mowry Coroner M.D.

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 91470

Local Registrar's No. 63

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effie Tracy

(a) Residence. No. 6 (Usual place of abode) Kellogg Ida St.

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Tracy

6. DATE OF BIRTH (month, day, and year): May 4 1875

7. AGE — Years: 59 — Months: 6 — Days: 26 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Couchdyk Penn

FATHER

13. NAME: Jos Woodman

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): Mrs. Agnes Robinson

18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg Ida. Date 11/15, 1934

19. UNDERTAKER (Address): P. A. Grant Kellogg Ida

20. FILED Dec. 10, 1934 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Nov 13, 1934

I last saw her alive on Nov 11, 1934; death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tertiary Syphilis | |

Other contributory causes of importance: Alcoholism.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 13 [redacted]

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 91471

Local Registrar's No. 62

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME George Franklin Bitner

(a) Residence. No. Wardner Hospital St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W. | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Elizabeth Bitner

6. DATE OF BIRTH (month, day, and year) March 16, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 77 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Biglersville
(State or country) Penn.

FATHER

13. NAME Henry Bitner

14. BIRTHPLACE (city or town)
(State or country) Penn

MOTHER

15. MAIDEN NAME Nancy

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMENT
(Address) W. H. Bitner Kellogg Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Spokane, Wash. Date Nov 9, 1934

19. UNDERTAKER M. L. Thornhill
(Address) Kellogg Idaho

20. FILED Dec 10, 1934 Mrs. Helen McBride
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1934, to Nov. 6, 1934

I last saw ~~him~~ alive on Nov. 6, 1934; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (hypostatic) | Nov. 3, 1934 |

Other contributory causes of importance:

| | |
|---|---|
| Fracture upper Rt. ribs | Nov. 2, 1934 |
| fracture Rt. tibia (head) | " " |
| fracture Rt. wrist (Colles) | " " |

Name of operation Date of

What test confirmed diagnosis? X Rays Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-2 1934

Where did injury occur? Kellogg, Idaho, Shoshone
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Automobile street here

Manner of injury

Nature of injury Fractures as above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Glenn McElyea, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91472

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 30

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Amy Alexander

(a) Residence. No. 67 River St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Married. |

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of J R Alexander

6. DATE OF BIRTH (month, day, and year) Sept. 22 - 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 1 | 12. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Redmond.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) C. A. Noland Missoula Mont.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Missoula Mont. Shipped Nov 7, 1934

19. UNDERTAKER (Address) C. A. Bover (Bover Mtd Co.) Wallace Idaho.

20. FILED Nov 5, 1934 John Bover Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1934, to Nov 4, 1934

I last saw h~~er~~ alive on Nov 4, 1934; death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Valvular Heart | 1914 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Senility | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) James R Reed, M. D.

(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91473
State File No.....

Registration District No. 70
Primary Registration District No. 9011 Local Registrar's No. 31
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME Benjamin Joseph Carrigan
(a) Residence. No..... St. Little Market
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Born in Idaho

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mrs. Ben J. Carrigan

6. DATE OF BIRTH (month, day, and year)
Dec 24, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 10 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER/FATHER
13. NAME Joseph Carrigan
14. BIRTHPLACE (city or town) Ironf
(State or country)
15. MAIDEN NAME Ironf
16. BIRTHPLACE (city or town) Ironf
(State or country)

17. INFORMANT Wm. Carrigan
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Nov 4, 1934

19. UNDERTAKER M. E. Thornhill
(Address) Kellogg Idaho

20. FILED Nov 3, 1934 John F. Boyer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934, to Oct 31, 1934
I last saw ~~him~~ alive on Oct 31, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Oct 28-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chr. arteriosclerosis | |
| Cirrhosis of liver | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ..... M. D.
(Address) Wallace Idaho

DEC 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91474

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 32

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Anna L. Hayden

(a) Residence. No. Burke Ida St. Burke Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Married. |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William A Hayden

6. DATE OF BIRTH (month, day, and year) April 23-1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) William S Hayden Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Nov 7, 1934

19. UNDERTAKER (Address) J. A. Bower (ward Undle) Wallace Ida.

20. FILED Nov 6, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Nov 3rd, 1934

I last saw h alive on, 193: death is said to have occurred on the date stated above, at 4.20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Coma | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Amputation 2 toes left Leg. Diabetes Gangrene | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 10

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9147 5

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 33

(No. Co Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Mike Besso

(a) Residence. No. Wallace Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Co Hospital Records Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Mem. Date Nov. 14, 1934

19. UNDERTAKER (Address) J. A. Bevan (Woodland Co) Wallace Ida.

20. FILED Nov 13, 1934 John Bevan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1934, to Nov 7th, 1934

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary T.B. | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Engelhardt, M. D.

(Address) Kellogg Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

• MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9147

Registration District No. 70

Primary Registration District No. 701 Local Registrar's No. 35

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

887

2. FULL NAME Elizabeth Arbour

(a) Residence. No. Montauna Polaris Mine St. Montauna Polaris Mine

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Archie Arbour

6. DATE OF BIRTH (month, day, and year) March 18 - 1887

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 46 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER FATHER

13. NAME Peter Grismer

14. BIRTHPLACE (city or town) (State or country) Ohio.

15. MAIDEN NAME Veronica Karsina

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Geo Grismer
(Address) Wallace Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Idaho Date Nov 12 1934

19. UNDERTAKER J.G. Burr (Ward and Co)
(Address) Wallace Idaho

20. FILED Nov 12 1934 John Burr
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1934 to Nov 10 1934

I last saw h[illegible] alive on Nov 10, 1934 death is said to have occurred on the date stated above, at 10 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Apoplexy | 3 yrs |
| Arteriosclerosis | |
| Other contributory causes of importance | |

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. McTavish

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91477

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 34

(No. Wallace Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Hendrickson

(a) Residence. No. Canyon Ave. Wallace Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Selma Hendrickson

6. DATE OF BIRTH (month, day, and year) Dec -22- 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Henry Hendrickson

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Anna Matson

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Mrs Selma Hendrickson Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Nov 11, 193[illegible]

19. UNDERTAKER (Address) J A Bower Ward and Co Wallace Idaho

20. FILED Nov 10, 193[illegible] John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 7 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934, to Nov 7, 193[illegible]

I last saw h[illegible] alive on Nov 7, 193[illegible]: death is said to have occurred on the date stated above, at 11 22 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Nov 1 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Pauline Fleeks M. D.

(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91478

Registration District No. 70
Primary Registration District No. 1911 · Local Registrar's No. 56
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Abby Coffey Burke

(a) Residence. No. ... St. Wallace
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 56 yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: William Burke

6. DATE OF BIRTH (month, day, and year): May 2-186[illegible]

7. AGE — Years: 73 | Months: 6 | Days: 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Jeramich Coffey
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Bridget Clifford
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Mrs Margaret Talley, Missoula, Mont.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Wallace Date: Nov. 13, 1934

19. UNDERTAKER (Address): B & W Parstell, Wallace Ida

20. FILED: Nov 9, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Nov 10, 1934
I last saw her alive on Nov 9, 1934, death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Years |
| Uraemia | |
| | |

Other contributory causes of importance: Medical Treatment Refused

Name of operation: None Date of
What test confirmed diagnosis: None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Dr. M. W. Ervin M.D.
(Address) Wallace Ida

DEC 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91479

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 57

(No. About 2 miles north on East Eagle creek
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel McFarland Stairs

(a) Residence. No. East Eagle Creek St. Idaho 170
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | widowed |

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE~~ of Martha Jennie Stairs

6. DATE OF BIRTH (month, day, and year) Feby 22 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 69 | 8 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent, in this occupation

12. BIRTHPLACE (city or town) (State or country) New Brunswick Canada

FATHER
13. NAME Stairs
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT Harvey Allen Stairs (Address) Wallace Idaho
18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Spokane Wash Date Nov 16, 1934
19. UNDERTAKER Edwin Marshall (Address) Wallace Idaho
20. FILED Nov 12, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 13 1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 1934, to Nov 13, 1934, last saw ~~him~~ her on ..., 1934, death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows: Date of onset

Heart Disease
Chronic Myocarditis
Senile Decay
Contributory (secondary) causes of importance:
Heart Disease
Senile Decay

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? Stones Eagle creek
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gunshot Wound Head
Nature of injury Self inflicted

27. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) M. O. Wright Coroner
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91480

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 38

(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John David O'Rourke

(a) Residence. No. Burke Idaho St. Burke Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2 - 1917

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 17 | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burke Idaho

FATHER

13. NAME George O'Rourke

14. BIRTHPLACE (city or town) (State or country) New Foundland

MOTHER

15. MAIDEN NAME Frances Barker

16. BIRTHPLACE (city or town) (State or country) New Foundland

17. INFORMENT (Address) Geo. O'Rourke Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Nov 26, 1934

19. UNDERTAKER (Address) J. A. Buer (undertaker) Wallace Ida.

20. FILED Nov 25, 1934 John Buer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 1:10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicaemia | 9 days |
| Cellulitis | |

Other contributory causes of importance: Acute Lymphangitis Left Leg, Edema of Lungs, Cellulitis of Perineum

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M.D.

(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91481

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 40

(No. Residence ; If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Loretta Devlin English. 46

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sylvester English
6. DATE OF BIRTH (month, day, and year): Oct 2 - 1893.
7. AGE: Years 41 | Months 1 | Days 26 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ida.

FATHER
13. NAME: Tom Devlin.
14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER
15. MAIDEN NAME: Not Known.
16. BIRTHPLACE (city or town) (State or country): Ida.

17. INFORMENT (Address): Sylvester English. Wallace Idaho.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Mt Hope Wash. Date: Dec 1, 1934
19. UNDERTAKER (Address): J. A. Bower (ward und Co) Wallace Idaho.
20. FILED Nov 30, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 28 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows: (Date of onset)

a Pneumonia
b Acute Lobar
c Grippe
d
Contributory Influenza

Other contributory causes of importance:
Alcoholism Chr

Name of operation: — Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Thos. W. Eng. Coroner M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Avery

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91482

Registration District No. 127

Primary Registration District No. 2400

Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A Sterling

(a) Residence. No. ..... St. Alberton, Montana
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louisa Sterling

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 48 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Locomotive Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oscallasa
(State or country) Iowa

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) ✓
(State or country)

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMENT Louisa Sterling (wife)
(Address) Alberton, Montana

18. BURIAL, CREMATION, OR REMOVAL
Place Evanston, Iowa Date 11/30, 1934

19. UNDERTAKER Marsh & Powell
(Address) Missoula, Montana

20. FILED Nov. 30, 1934 C C Bracy
Registrar

✓ No information

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 22, 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Oct. Nov. 22d, 1934, to ....., 193..

I last saw him alive on Nov. 22, 1934; death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac dilatation | Nov. 22/34 |

Other contributory causes of importance:

| | |
|---|---|
| Acute indigestion | |

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C C Bracy, M. D.

(Address) Avery, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Teton

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 11

DO NOT WRITE IN THIS SPACE

State File No. 91483

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John T. Clark

(a) Residence. No. ..... Driggs Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Matilda Pearson Clark

6. DATE OF BIRTH (month, day, and year): Oct 10-1862

7. AGE: Years 69 | Months — | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Janitor of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: High School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa.

FATHER

13. NAME: Michael Clark.

14. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

MOTHER

15. MAIDEN NAME: Mary Powers

16. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

17. INFORMENT (Address): Wm L. Killpack Driggs, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Driggs, Ida Date: 10/26/ 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Ida

20. FILED 10-27-1934 Alice M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-24-34, 193..., to 10-24-34, 193...

I last saw him alive on 10-24-34, 193...: death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10-24-34 |

Other contributory causes of importance: ?

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.

10-25-34 (Address) Driggs, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91484

PLACE OF DEATH
County of Teton
City of

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 13

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Grosecloss

(a) Residence. No. Teton Co., Ida. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Caucasian
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Jan. 28, 1855

7. AGE — Years: 79 | Months: 9 | Days: 16 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rancher + Prospector
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Des Moines, Iowa

PARENTS

10. NAME OF FATHER: Peter Grosecloss
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Indiana
12. MAIDEN NAME OF MOTHER: Helena Sophia Andersson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Sweden

14. Informant: Chas. Grosecloss
(Address): Driggs, Idaho

15. Filed 11-15-, 1934 Alice M. Greene Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 14 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct-24-34, 1935 to Nov. 14, 1934
that I last saw h~~im~~ alive on August, 1934
and that death occurred, on the date stated above, at 4.45 a.m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Senile arteriosclerosis
(duration) 15 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) L. E. Peters, M. D.
11/14, 1934 (Address) Driggs, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. —

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Bates Cemetery | 11/16 1934 |
| 20. Undertaker | Address |
| W. M. Hansen | St Anthony Idaho |

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91485

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marian Head

(a) Residence. No. 612 - Broadway St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 1 mos 8 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Estella Head

6. DATE OF BIRTH (month, day, and year): July 17 1855

7. AGE — Years: 79 — Months: 3 — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Railroad

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Employee

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER FATHER

13. NAME: David Head

14. BIRTHPLACE (city or town) (State or country): David [illegible]

15. MAIDEN NAME: Lavina Rauch

16. BIRTHPLACE (city or town) (State or country): Northumberland

17. INFORMANT (Address): Mabel A. Leonard Burke

18. BURIAL, CREMATION OR REMOVAL — Place: Burke Date: 11/10 1934

19. UNDERTAKER (Address): Craven D. Johnson Burke

20. FILED 11-14 1934 — H. Murphy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1934, to 11-8 1934.

I last saw deceased alive on 11-8 1934; death is said to have occurred on the date stated above, at 4:25 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 11-8-34 |
| | |
| | |
| | |

Other **contributory causes** of importance: Arteriosclerosis

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury? no 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** No injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Berry M. D.

(Address) Burke Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91486

County of Twin Falls
City of Burley
P F D 1

Registration District No. 39
Primary Registration District No. 2081
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orion Kenneth Hendrickson

(a) Residence. No. 425 - 7th st Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 21st. 1934
7. AGE — Years: — Months: 1 — Days: 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Burley Idaho

MOTHER/FATHER
13. NAME: Clifford Hendrickson
14. BIRTHPLACE (city or town) (State or country): Greensburg Indiana
15. MAIDEN NAME: Pearl Minnie Rockey
16. BIRTHPLACE (city or town) (State or country): Rupert Idaho

17. INFORMANT (Address): Clifford Hendrickson Burley
18. BURIAL, ~~CREMATION~~ OR REMOVAL. Place: Burley Date: Nov 7, 1934
19. UNDERTAKER (Address): Evans & Johnson Burley
20. FILED Nov. 14, 1934 (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 6 1934
22. I HEREBY CERTIFY, That I attended deceased from 11-3-34, to 11-6-34
I last saw him alive on 11-6-34, death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unable to determine. Probable injury during birth or dystocia in labor. | At birth. |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo Evans, M. D.
(Address) Burley, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91487

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 238

(No.) Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Madison Hudson

(a) Residence. No. Castleford, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Hudson
6. DATE OF BIRTH (month, day, and year): Feb. 17 -- 1876
7. AGE: Years 58; Months 8; Days 29; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Employed by
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Twin Falls Canal Co. as Laborer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Arkansas

MOTHER FATHER
13. NAME: Jacob Hudson
14. BIRTHPLACE (city or town) (State or country): Arkansas.
15. MAIDEN NAME: Lucinda Hawor
16. BIRTHPLACE (city or town) (State or country): Arkansas

17. INFORMANT (Address): Mrs. J. M. Hudson Castleford Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 11/18, 1934
19. UNDERTAKER (Address): Evans & Johnson Buhl
20. FILED 11/21, 1934 Elizabeth O. Smith Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/27/34, 193..., to 11/15/34, 193....
I last saw h. imalive on 11/15, 193.4: death is said to have occurred on the date stated above, at 10:15 mP
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis chronic with | about |
| hypertension | 2-3 yrs. |
| Other **contributory causes** of importance: | |
| Acute nephritis with uremia, | 11/5/34 |

Name of operation none Date of
What test confirmed diagnosis? clinical and blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) A. Duncan C. W. Hammond, M. D.
(Address) Twin Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91488

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 234

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo W. Crawford

(a) Residence. No. [illegible] Twin Falls St. 1015 Sent.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 30 1854

7. AGE: Years 80 | Months 6 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Crawford

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME McGinnis

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) J. W. Crawford Twin Falls

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Date Nov 14 1934

19. UNDERTAKER (Address) E. E. Drake Twin Falls

20. FILED 11/16, 1934 Elizabeth J. Smith Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934., to Nov 12, 1934.

I last saw him alive on Nov 12., 1934.; death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Nov 5-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Bronchitis | |

Name of operation..... Date of.....

What test confirmed diagnosis?.. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Charles R. Scott, M. D.

(Address) Twin Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91489

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 237

(No. Twin Falls Co. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Raymond Howells

(a) Residence. No. Hansen, Idaho Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20. 1923

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 11 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakley, (State or country) Idaho

FATHER

13. NAME R. B. Howells

14. BIRTHPLACE (city or town) Oakley, (State or country) Idaho

MOTHER

15. MAIDEN NAME Della Fawcett

16. BIRTHPLACE (city or town) Bloomington, (State or country) Utah

17. INFORMANT (Address) R. B. Howells Hansen, Idaho Route #1

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Ida. Date 11/20, 1934

19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls, Idaho

20. FILED 11/20, 1934. Elizabeth J. Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17-1934

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1934, to Nov. 17, 1934.

I last saw him alive on Nov. 17, 1934: death is said to have occurred on the date stated above, at 6:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart failure during | 11-17-34 |
| retrival of ide anesthetic | |

Other **contributory causes** of importance:

| | |
|---|---|
| Surgical Shock | |

Name of operation Appendectomy Date of 11-17-34

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Russell Flanery, M. D.

(Address) Twin Falls, Idaho,

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
State File No. 91490

Primary Registration District No. 2085 Local Registrar's No. 236

(No. Twin Falls, Idaho Route #2)
(If death occurred in a hospital or institution, give its name instead of street and number)

1094

2. FULL NAME Hazel Marie Hills

(a) Residence. No. Twin Falls Route #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Felame | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20-132

7. AGE 2 Years | 5 Months | 28 Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho.

MOTHER FATHER

13. NAME Fred A. Hills

14. BIRTHPLACE (city or town) Aberdine
(State or country) South Dakota

15. MAIDEN NAME Glada Clemans

16. BIRTHPLACE (city or town) Aberdine
(State or country) South Dakota.

17. INFORMANT Fred A. Hills
(Address) Twin Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date ....., 193..

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Ida.

20. FILED 11/17..., 1934. Elizabeth J. Smith
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13..., 1934., to Nov. 16..., 1934.
I last saw h[illegible] alive on Nov. 14, 1934.: death is said to have occurred on the date stated above, at 4. AM. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic Sore Throat | Nov 8 |
| | |
| | |
| | |

Other **contributory causes** of importance:
Terminal Pneumonia & Toxemia

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. R. Wright M. D.
(Address) 323 Shoshone N. [illegible]

DEC 10 [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91491
State File No.....

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 235

(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minerva M. Allen

(a) Residence. No. 427 - Elm St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct - 7 - 1861

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Thomas Geary

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Jane Wise

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Mrs. F. B. Carson
(Address) 427 - Elm St.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Twin Falls Date 11-15, 1934

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 11/16, 1934. Elizabeth J. Smith
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1934, to Nov. 13, 1934.
I last saw her alive on Nov. 13, 1934; death is said to have occurred on the date stated above, at 12:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gangrenous Gall Bladder Vs. General Peritonitis | Nov. 11-1934 |
| Other **contributory causes** of importance: Bronchio - Pneumonia - at lower | Nov. 11-1934 |
| Chr. Cholecystitis | 25 yrs. ago |

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Charles B. Reymer M. D.
(Address) Twin Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91492

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 733

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merle Sibbett Dingel

(a) Residence. No. 335 4th Ave. E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. Allyn Dingel

6. DATE OF BIRTH (month, day, and year) Jan., 1st, 1908

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 26 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

FATHER

13. NAME Harland E. Sibbett

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Harriett Daniels

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) M. Allyn Dingel 335 4th Ave. E.

18. BURIAL, ~~CREMATION~~ Place Twin Falls Date 11-14, 1934

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 11-28, 1934 H. Crumpacker Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Nov. 12, 1934.
I last saw her alive on Nov. 12, 1934 death is said to have occurred on the date stated above, at 11:15 m. A.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Yellow atrophy of Liver | Oct 1-1934 |
| Broncho Pneumonia | Oct 10-1934 |

Other **contributory causes** of importance:

Name of operation Appendectomy Date of Oct. 1/34
What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Wilson, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91493

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 234

(No. 127 --6Th. St. East)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beverly C. Conner

(a) Residence. No. 127--6Th St. East St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct.16-1931

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 3 | 0 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho.

FATHER

13. NAME J.D. Conner

14. BIRTHPLACE (city or town)
(State or country) Mo.

MOTHER

15. MAIDEN NAME Eula Williams

16. BIRTHPLACE (city or town)
(State or country) Okla.

17. INFORMANT Mrs. J.D Conner
(Address) Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Nov.13-34

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 11-28-34 193.. J.D. Plumbley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov.10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov.8, 1934, to 11-11, 1934.

I last saw her alive on 11-11, 1934; death is said to have occurred on the date stated above, at 9.45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Inspiration Auto intoxication | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Double lobar pneumonia | |
| | |
| | |

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193.
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ~
(Signed) S.C. Phillips, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91494

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 231

(No. Twin Falls RFD.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Leroy Stephens

(a) Residence. No. Twin Falls RFD. St.

(Usual place of abode)

Length of residence in city or town where death occurred: 14 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 15 | 5 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School Boy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ely (State or country) Nev.

FATHER

13. NAME W.L. Stephens

14. BIRTHPLACE (city or town) ?????? (State or country)

MOTHER

15. MAIDEN NAME Lydia Wick

16. BIRTHPLACE (city or town) Ill. (State or country)

17. INFORMANT Emma Wick (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Nov. 12 1934

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho.

20. FILED Nov-28 1934 J.E. Humphrey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1934, to Nov. 11, 1934

I last saw h— alive on Nov. 10, 1934: death is said to have occurred on the date stated above, at 7 AM.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Uremic Poisoning | Not known |
| (Nephritis) | |

Other **contributory causes** of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D.W. Wilson M. D.

(Address) Twin Falls Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

11-1

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
91495
State File No. .....

Local Registrar's No. 229

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cecelia May McFarland

(a) Residence. No. ..... Hansen, Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman McFarland

6. DATE OF BIRTH (month, day, and year) Feb., 7th, 1915

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 19 | 9 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kimberly (State or country) Idaho

FATHER

13. NAME Archie Quesnell

14. BIRTHPLACE (city or town) ..... (State or country) Minnesota

MOTHER

15. MAIDEN NAME Anna Martell

16. BIRTHPLACE (city or town) ..... (State or country) Minnesota

17. INFORMANT Mrs. Anna Quesnell (Address) Kimberly, Idaho, R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place. Twin Falls Date. 11-12, 193.4

19. UNDERTAKER White Mortuary, Inc., (Address) Twin Falls, Idaho.

20. FILED. Nov. 26. 193.4 J. O. Humphrey Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-9 193.4

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 193.4, to Nov. 9, 193.4

I last saw h.. alive on Nov. 9, 193.4; death is said to have occurred on the date stated above, at 1:30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Eclampsia | 11/9/34 |

Other **contributory causes** of importance:

Pregnancy abt 7 mo Gestation

Name of operation. Instrumental delivery Date of 11/9/34

What test confirmed diagnosis? Clin. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... No If so, specify.....

(Signed) J. R. Davis M. D.

(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91496

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 228

(No. Twin Falls, Route 2.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Frederick Taddiken

(a) Residence. No. Twin Falls, Idaho. Route 2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXXXXXXXXXXX

6. DATE OF BIRTH (month, day, and year)
May 3, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 6 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)... Germany
(State or country)

MOTHER FATHER

13. NAME ##########

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME ##########

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Hattie McCoy
(Address) Twin Falls, Ida. -Route 2

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Twin Falls Cem. Date 11/10-1934

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Ida.

20. FILED Nov-26, 1934. J. G. Humphreys Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/6- 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1934., to 11-6, 1934.

I last saw him alive on 11-6, 1934.: death is said to have occurred on the date stated above, at 3:10a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatism To Chest, left | 2 weeks |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pneumonia, pleurisy | 1 week |
| Traumatic, acute | |
| | |

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, ~~or homicide~~? accident Date of injury, about Oct 15- 1934

Where did injury occur? his ranch Twin Falls City
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. on his ranch

Manner of injury fell thru cellar door

Nature of injury Traumatism To Chest

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) Duncan L. Alexander M. D.

(Address) Twin Falls, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91497

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 227

(No. 644--Main North.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward E. Williams

(a) Residence. No. 644--Mian North, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Ruth Williams

6. DATE OF BIRTH (month, day, and year) Apr. 16-1860

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 6 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem
(State or country) Iowa

MOTHER FATHER

13. NAME Ben B. Williams

14. BIRTHPLACE (city or town) Ohio
(State or country)

15. MAIDEN NAME Martha E. Masden

16. BIRTHPLACE (city or town)
(State or country) Pa.

17. INFORMANT Orlo Williams
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Nov. 6 193 4

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED Nov. 7, 193 4 Geo. C. Talley, M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 3rd 34

22. I HEREBY CERTIFY, That I attended deceased from about 1913..., 193...., to 11/3....., 193 4..
I last saw him alive on 11/3....., 193 4: death is said to have occurred on the date stated above, at 12.25 m. PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis agitans | 20 years ago. |
| Other **contributory causes** of importance: | |
| Acute respiratory infection | 3. days. |

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury.., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Duncan A. Alexander M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91499

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 226

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rudolph O. Holmes

(a) Residence. No. Harrison 121 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruby Holmes

6. DATE OF BIRTH (month, day, and year)
August 31, 1899

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 35 | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shell Lake
(State or country) Wisconson

FATHER

13. NAME John Holmes

14. BIRTHPLACE (city or town) Swedem
(State or country)

MOTHER

15. MAIDEN NAME No information

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Ruby Holmes
(Address) Harrison 121

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Nov. 6 1934.

19. UNDERTAKER H. C. Phillips
(Address) Twin Falls, Box 721

20. FILED Nov. 7 1934. Geo. C. Halley M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1934, to Nov. 2, 1934.

I last saw h alive on Nov. 2, 1934. death is said to have occurred on the date stated above, at 10:25 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | 10/28/34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Infection of Tissues of R.T. Fork Arm | 10/15/34 |
| | |

Name of operation a Date of

What test confirmed diagnosis Cl. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. R. Dawson, M. D.
(Address) J. Kimberly Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91499

## PLACE OF DEATH

County Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 225

(If death occurred in a hospital or institution, give its name instead of street and number) (No. )

2. FULL NAME Ollie Driscoll

(a) Residence. No. Mail Cabins 7 1/2 mile St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 4 1910
7. AGE: Years 24 | Months 5 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Okla

FATHER
13. NAME: J J Enoch
14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER
15. MAIDEN NAME: Dora Boyd.
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): Mrs Enoch Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place. Filer Date Nov 5., 1934

19. UNDERTAKER (Address): F E Drake Twin Falls

20. FILED Nov. 7, 1934 Geo. C. Talley M.D
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1934., to Nov. 1st, 1934.
I last saw her alive on Nov. 1st 1934.; death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation | |
| D Pneumonia | |
| Mitral regurgitation | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Flu | |
| Childbirth. | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? —. Date of injury., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) C A Enoch M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
91500
State File No.

Local Registrar's No. 224

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annabelle Harshbarger

(a) Residence. No. Filer, Idaho (Usual place of abode) St. Twin Falls County Hospital (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21, 1920

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 14 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Filer, Idaho

MOTHER FATHER

13. NAME J. T. Harshbarger
14. BIRTHPLACE (city or town) Clinton (State or country) Missouri
15. MAIDEN NAME Ida Bell Hildebrand
16. BIRTHPLACE (city or town) Harrisonville (State or country) Missouri

17. INFORMANT J. T. Harshbarger (Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Filer Date 11/12, 1934

19. UNDERTAKER Evans & Johnson (Address) Twin Falls Idaho

20. FILED Nov. 26, 1934 J. B. Everhart Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1934, to 11/10, 1934
I last saw her alive on 11/10, 1934; death is said to have occurred on the date stated above, at 5 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Abscess | 4 days |
| (1st Infection 7 yrs. ago) | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Mastoiditis with re-infection of operative cavity | 3 yrs. |

Name of operation Mastoid Date of 11-8-34
What test confirmed diagnosis? operation - X-Rays Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Duncan & Hermann M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91501

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 242

(No. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Blumett

(a) Residence. No. Filer St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 21 34

7. AGE Years — Months — Days — If LESS than 1 day, hrs. or min. 1 min

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER / FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Clara B Blumett

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Mrs. B Blumett Filer Ida

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Date Nov 26, 193 4

19. UNDERTAKER (Address) T E Drape Twin Falls

20. FILED 11-26-34 193... J. O. Cumbaa Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1934, to 11-22, 1934

I last saw him alive on 11-22, 1934 death is said to have occurred on the date stated above, at 3.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |

Other **contributory causes** of importance:

| | |
|---|---|
| Central Haemorrhage | |

Name of operation ——— Date of ———

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ——— Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Russell Heaps M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91504

Registration District No.

Primary Registration District No. Local Registrar's No. 251

(No. Blue Lakes Blvd. No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vale Hartley

(a) Residence. No. Blue Lakes Blvd. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May.15-1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho.

MOTHER FATHER

13. NAME B.E. Hartley

14. BIRTHPLACE (city or town) (State or country) Idaho.

15. MAIDEN NAME Pearl Miller

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMANT (Address) Mrs B.E. Hartley Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Date Dec.4, 1934

19. UNDERTAKER (Address) S.C. Phillips Twin Falls, Ida.

20. FILED Dec. 5, 1934 J.W. Pumphrey Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec.2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1934, to Dec. 2, 1934.
I last saw him alive on Dec. 2, 1934.; death is said to have occurred on the date stated above, at 3.30 PM.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma upper jaw and palate. | About Nov 1 |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O.A. Brake, M. D.
(Address) 322 Shoshone St. N.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

Registration District No.....

DO NOT WRITE IN THIS SPACE
State File No. 91505

Primary Registration District No. 1085 Local Registrar's No. 25.0

(No. 527 4th Ave N)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura E. Webb

(a) Residence. No. Ogden, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of W. G. Webb

6. DATE OF BIRTH (month, day, and year) August 20, 1854

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Ogden~~ Salt Lake, Utah

MOTHER FATHER

13. NAME Vincent Shurtleff.

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. W. Evans
(Address) Twin Falls, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL to
Place Ogden, Utah Date 12/6/, 1934

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Ida

20. FILED Dec 5, 1934 J. O. Thompson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934., to Dec 5, 1934.

I last saw ~~he~~ she alive on Oct 20, 1934.: death is said to have occurred on the date stated above, at 8. a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial | |
| Nephritis | Unknown. |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Uremia | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) R. W. Wilson M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91506

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 249

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joshua Cooper

(a) Residence. No. Filer, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 5 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Jasper county, Iowa

FATHER

13. NAME Joseph Cooper

14. BIRTHPLACE (city or town) Adaire (State or country) Kentucky

MOTHER

15. MAIDEN NAME Catherine Gesprord

16. BIRTHPLACE (city or town) ..... (State or country) Kentucky

17. INFORMANT ....W. F. Stradley..... (Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Filer, Ida..... Date. Dec. 4 1934

19. UNDERTAKER ...Stanley C. Phillips.... (Address) Twin Falls, Box 221

20. FILED Dec 4 —, 1934. ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ...11-29....., 1934., to 11-29....., 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6.20 AM.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| Acute Dilatation of the Heart | 11-29-34 |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: Lobar Pneumonia | 11-26-34 |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. F. Parkinson, M. D.

(Address) Filer, Idaho

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MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91507

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 248

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mrs. Wren H. Whitaker,

(a) Residence. No. 295 Lois Street, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
[redacted] WIFE of R. H. Whitaker

6. DATE OF BIRTH (month, day, and year) Oct. 3, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tipton, (State or country) Mo.

MOTHER

13. NAME L. A. Hood,

14. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT R. H. Whitaker,
(Address) 295 Lois St.,

18. BURIAL, CREMATION, REMOVAL
Place Twin Falls Date 12-5-34

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED Dec. 4, 1934 J. P. Humphrey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Dec. 1, 1934
I last saw her alive on Dec. 1, 1934: death is said to have occurred on the date stated above, at 10:10 m. P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease, | years, |
| with Hypertension | |
| Other **contributory causes** of importance: | |
| Myocardial failure | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. W. Wilson, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC [illegible]

#2,12,15,17 amended 07-18-07 ns

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91508

## PLACE OF DEATH

County of Twin Falls
City of Filer

#6 amended 08-28-07 ns

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 249

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Armintie)

2. FULL NAME Katherine Moorhead

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27, 1932 Mar 27 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 8 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho (State or country)

MOTHER FATHER

13. NAME W W. Moorehead Moorehead
14. BIRTHPLACE (city or town) Ill (State or country)

MOTHER

15. MAIDEN NAME Burdell Vordel Converse
16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT Mrs W W Moorehead (Address) Moorhead

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date Dec 3, 1934

19. UNDERTAKER F E Drake (Address) Twin Falls

20. FILED Dec 3, 1934 J. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1934, to 11-27, 1934.
I last saw her alive on 11-27, 1934: death is said to have occurred on the date stated above, at 1.00 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | 11-27-34 |
| Cardiac Failure | Sudden |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Diphtheria | 11-22-34 |
| | |

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) G. F. Parkinson, M. D.
(Address) Filer Ida

RECEIVED
VITAL STATISTICS
2007 JUL 16 AM 10:49

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington } ss
County of King

Certificate No. 34-91508
Date Filed December 10, 1934

The undersigned does solemnly swear that certain facts on the certificate of death (Birth, Death, Marriage, etc.)
for Katherine Moorhead (Name on Original Certificate) who died (Was Born, Died, etc.) on November 27, 1934 (Date of Event)
in Filer (Twin Falls Co.) (Place of Event)
are erroneous or were omitted.

| ITEMS TO BE CORRECTED | FROM | TO |
|---|---|---|
| Line 2 Deceased middle name | not listed | Armintie |
| Line12 Father's surname | Moorehead | Moorhead |
| Line 15 Mother's first name | Verdel | Burdell |
| Line 17 Informant's surname | Moorehead | Moorhead |

Subscribed and sworn to before me this 12th day of July, 2007
Notary Public, [signature]
Residing at Kirkland
My commission expires May 9, 2010
(Seal)

PATRIZIA YATES
NOTARY PUBLIC
STATE OF WASHINGTON
COMM. EXP. MAY 09, 2010
#4324

Carolyn J Moorhead
Signature of Applicant
11811 TH AVE NE
Street Address, City, State and Zip
KIRKLAND, WASHINGTON 98034

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WA } ss
County of King

(Must be completed ☐ )
(Is not necessary ☒ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of July, 2007
Notary Public, [signature]
Residing at
My commission expires
(Seal)

Signature of Applicant
Street Address, City, State and Zip

07-10-07

RECEIVED

AUG 23 2007

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington } SS
County of King

Certificate No. 34-91508

Date Filed December 10, 1934

The undersigned does solemnly swear that certain facts on the certificate of death (Birth, Death, Marriage, etc.)

for Katherine Armintie Moorhead (Name on Original Certificate) who died (Was Born, Died, etc.) on November 27, 1934 (Date of Event)

in Filer (Twin Falls Co.) (Place of Event)

are erroneous or were omitted.

| ITEMS TO BE CORRECTED | FROM | TO |
|---|---|---|
| Line 6 Child's date of birth | March 27, 1931 | March 27, 1932 |
| AGE AT DEATH | 3 YRS 8 MO | 2 YRS 8 MO |

Subscribed and sworn to before me this 20th day of August, 2007

Notary Public, + Ronald D Schmidt

Residing at King County

My commission expires 4-18-2010 (Seal)

RONALD D. SCHMIDT NOTARY PUBLIC STATE OF WASHINGTON COMM. EXP. APRIL 18, 2010

+ Evelyn J Markland
Signature of Applicant

14324 118TH AVE NE KIRKLAND WASH 98034
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐ )

(Is not necessary ☒ )

State of } SS
County of

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

08-16-07

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 91509

Registration District No. 2085

Primary Registration District No. 246 Local Registrar's No.

(No. Twin Falls, Idaho. Route #3)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Louisa Cullison

131

(a) Residence. No. Twin Falls, Ida. Route # 3 St.
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 21-1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Edina
(State or country) Mo.

FATHER

13. NAME Joe Ryan

14. BIRTHPLACE (city or town)
(State or country) Irland

MOTHER

15. MAIDEN NAME Susanna Tomlinson

16. BIRTHPLACE (city or town)
(State or country) KY.

17. INFORMANT ...Harry Dietrich...
(Address) Twin Falls, Ida R 3

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec. 2 4

19. UNDERTAKER ...S.C.Phillips...
(Address) Twin Falls, Idaho.

20. FILED Dec-1-, 1934 ...J. Armstrong...
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ..Sept..24..., 193 3/4, to Nov..30....., 193 4/4
I last saw her alive on Nov. 30, 193 4/4: death is said to have occurred on the date stated above, at 8.45 mAM.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio | |
| Arteriolar renal disease | |
| Terminal Heart failure | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? S.P. exam. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ...O. A. Brake..., M. D.
(Address) 322 Shoshone st. N...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91510

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 245

(No. Transient Patient Twin Falls

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Stuart

(a) Residence. No. Transient Hotel St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Redford

6. DATE OF BIRTH (month, day, and year): November 18, 1847

7. AGE — Years: 87 | Months: mo | Days: 10 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bangor Maine

FATHER

13. NAME: Frank Stuart

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Viola St. Lloyd Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Twin Falls Date: 12/3/1934

19. UNDERTAKER (Address): Evans & Johnson Inc Twin Falls Idaho

20. FILED 12-1-34 193... J. M. Humphrey Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28 193+

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ On 11/28....., 193+., to ....., 193....

I last saw him alive on 11/28....., 193+.: death is said to have occurred on the date stated above, at 6 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Undetermined | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Senility | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) C. D. Weaver M. D.

(Address) Twin Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 4 1934

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

Registration District No.

DO NOT WRITE IN THIS SPACE
91511
State File No.

Primary Registration District No. 2085

Local Registrar's No. 244

(No. U. S. Highway #93)
(If death occurred in a hospital or institution, give its name instead of street and number)

1. 187C

2. FULL NAME Arnold Ebeling

(a) Residence. No. Tourist Hotel St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Lula Ebeling

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Butcher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME C. H. Ebeling

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT James Hayes
(Address) Twin Falls, Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Snohomish, Wn. Date Dec. 1, 1934

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Ida.

20. FILED 11-30-34, 193... J. A. Templeman Jr.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28/ 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h~~im~~ on Nov. 29, 193.4 death is said to have occurred on the date stated above, at 11:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from jugular & carotid of right side of neck | |
| | |

Other **contributory causes** of importance

| | |
|---|---|
| Cuts caused by broken glass in front end of auto | |

Name of operation None. Date of.....

What test confirmed diagnosis? ~~Clinical~~ or an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury.., 193.
Where did injury occur? U. S. Highway 93
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Place
Manner of injury... Accidental
Nature of injury... Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify.

(Signed) Edwright Filer Co. Coroner M. D.
(Address) Twin Falls County

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91512

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 240

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. McKinster

(a) Residence. No. Avant Hotel St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 3-1861

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 0 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Ind.
(State or country)

FATHER

13. NAME No Inf.

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME No Inf.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Ray McKinster
(Address) Kimberly Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Nov. 20 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida

20. FILED 11/22, 1934. Elizabeth L. Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1934, to Nov. 18, 1934

I last saw him alive on Nov. 18 1934.; death is said to have occurred on the date stated above, at 7.30 p.m. Pm

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar - acute | Nov. 18-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Rt Fracture 7-8 th left | Nov. 17-34 |
| Tibia & Fibula - upper end (left) | |
| 2½ " from ends ; 1/3 lock | Nov. 18-34 |
| Chr. Arthritis | |

Name of operation None Date of None

What test confirmed diagnosis? Clinical & X Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-17, 1934

Where did injury occur? Twin Falls - Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Place

Manner of injury Struck by automobile

Nature of injury Fract. Tibia & Fibula (L) Fract. Rib

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Raymer M. D.

(Address) Twin Falls - Ida

M. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE

State File No. 91513

Registration District No.

Primary Registration District No. 1085 Local Registrar's No. 239

(No. 1347--6Th Ave, East City)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry P. Niessen

(a) Residence. No. 1347--6Th Ave. East City. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 2 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Service station Tender

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Falls Idaho.

FATHER

13. NAME Pete Niessen

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Harder

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT Pete Niessen

(Address) 1374-6th Ave, East

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls Date Nov.21-34, 193..

19. UNDERTAKER S.C. Phillips

(Address) Twin Falls, Ida.

20. FILED 11/22, 1934 Elizabeth J. Smith Registrar. a.g.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17th, 193.4, to Nov. 17, 193.34

I last saw him alive on Nov. 17, 1934; death is said to have occurred on the date stated above, at 3.30 PM.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Self inflicted | |
| Shot gun wound | 11-17-34 |
| left Chest- pericardium | |
| diaphragm | |
| Shock. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Major depression | June |
| Insanity | 1934 |

Name of operation ← Date of. C...

What test confirmed diagnosis? ← Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** at home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) John F. Langdon M. D.

(Address)

Schultz

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91515

Registration District No. 86

Primary Registration District No. 1010 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

136

2. FULL NAME Jacob Waldrop

(a) Residence. No. 221 E 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florance Waldrop

6. DATE OF BIRTH (month, day, and year) Oct 28 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 1 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Willey Waldrop

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Sarah Fickle

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs S R Smith
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 11-30, 193 4

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec. 5, 1934 Dr. Hyden Hanchen
Registrar.

P. H.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Nov. 28, 1934
I last saw him alive on Nov. 25, 1934: death is said to have occurred on the date stated above, at 6 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enlarged Prostate | |
| Asthma | 1902 |
| Senility | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) F. A. Simmons M. D.

(Address) Weiser Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91516

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 5
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evada Alice Karnes

(a) Residence. No. 14 E Galloway St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Andrew D. Karnes

6. DATE OF BIRTH (month, day, and year): Sept- 20- 1860

7. AGE — Years: 74 | Months: 2 | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housework
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cold Springs Ill.

MOTHER FATHER
13. NAME: A. Cornelius
14. BIRTHPLACE (city or town) (State or country): Scotland
MOTHER
15. MAIDEN NAME: Martha Albert
16. BIRTHPLACE (city or town) (State or country): Kent Knox

17. INFORMANT (Address): Mrs W. F. Hopkins Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Weiser Ida. Date: 11-24- 1934

19. UNDERTAKER (Address): L. L. Northrop Weiser Idaho

20. FILED Dec. 8, 1934 Dr. Hyden Hanchett Registrar.
P.H.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1934, to 11-19, 1934
I last saw h alive on 11, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | Unk. |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Cerebral Hemorrhage | 3 yrs. |
| Bilateral Hemiplegia | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. M. Coats M. D.
(Address) Weiser Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91517
State File No.

Registration District No. 86

Primary Registration District No. 2112 Local Registrar's No. 10

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John D. Robertson

(a) Residence. No. Sunnyside St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Anna P. Robertson

6. DATE OF BIRTH (month, day, and year) Oct 2 - 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John Robertson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margonett Curry

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Anna P. Robertson
(Address) Weiser Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 11-25- 1934

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec. 8, 1934. Dr. Hyden Hanchett
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19....., 1934., to ....Nov 23.., 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Dilitation of Heart | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Angina | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. A. Marshall, M. D.

(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Midvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91518

Registration District No. 86

Primary Registration District No. 2112 Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kate Cramer 50

(a) Residence. No. Midvale St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | Wht | Single |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 24 - 1874

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 60 | — | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) California

MOTHER FATHER

13. NAME Thomas Cramer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Monk

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Samuel Cramer Midvale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 11-29-1934

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec 5, 1934. Dr. Hyden Hanchett
Registrar.

P.M.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tumorous growth | |
| had no Doctor | |
| for some time | |
| died before one | |
| Other **contributory causes** of importance: | |
| Could be called | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify..... Coronor

(Signed) L. C. Northam M. D.

(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91519

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Ann Pitzer. 16 Y

(a) Residence. No. Cambridge Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov - 2nd 1934

7. AGE — Years | Months | Days: 2 1/2 days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Cambridge Idaho

MOTHER FATHER

13. NAME: Jake E. Pitzer

14. BIRTHPLACE (city or town) (State or country): Villa Grove Colo.

MOTHER

15. MAIDEN NAME: Hazel D Raber

16. BIRTHPLACE (city or town) (State or country): Kenton Ohio

17. INFORMANT (Address): J. E. Pitzer Cambridge

18. BURIAL, CREMATION OR REMOVAL
Place: Cambridge Date: Nov. 4, 1934

19. UNDERTAKER (Address): J. A. Anderson Cambridge Ida

20. FILED 11-6-, 1934 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-5-'34

22. I HEREBY CERTIFY, That I attended deceased from 11/2/34, 193..., to 11/5/34, 193...

I last saw her alive on 11/5/34, 193...: death is said to have occurred on the date stated above, at 11-A...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhagic disease of the | |
| new-born | 11/3/34 |

Other **contributory causes** of importance:

None.

Name of operation None. Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [signature], M. D.

(Address) Cambridge, Idaho.

Facl. 91520

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91520

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 363

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Ferguson.

(a) Residence. No. 801. Park Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter. A. Ferguson.

6. DATE OF BIRTH (month, day, and year)
March. 8. 1884.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 50 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri.
(State or country)

FATHER

13. NAME Thomas Ford.

14. BIRTHPLACE (city or town) Kentucky.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Peter. A. Ferguson.
(Address) 801. Park Blvd.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Dec. 16. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 12-15, 193[illegible] W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1934, to 12/13, 1934

I last saw h[illegible] alive on 12/13, 1934.; death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 12/8 31 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Perforated duodenal ulcer | |
| | |

Name of operation Duodenectomy Date of 12/6 34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Boise

RECEIVED DEC 26 1934

91521

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91521

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 366

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertin Oskar Gustavson

(a) Residence. No. 517-Ea 92nd St. Seattle, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

185

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Viola Gustavson

6. DATE OF BIRTH (month, day, and year) Dec. 1, 1897

7. AGE — Years: 37 — Months: — Days: 9 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Mch.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moline Elevator

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 10-34

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John E. Gustavson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Viola Gustavson 517-92 E.

18. BURIAL, CREMATION OR REMOVAL
Place Seattle, Wash. Date 12-11-34

19. UNDERTAKER (Address) Schreiber & McCann Boise, Idaho.

20. FILED 12-21, 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/10 1934, to 12/10 1934.
I last saw him alive on 12/10, 1934; death is said to have occurred on the date stated above, at 11:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Crushed Skull accidental Fall into Elevator Shaft | |
| Other **contributory causes** of importance: | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In Industry
Manner of injury Crushed Skull
Nature of injury Fell — Elevator Shaft

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while at work.

(Signed) Wayne Burley E. ..., M. D.
(Address) Boise Idaho

91522

**PLACE OF DEATH**
County of Ada
City of near Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91522

Registration District No. 9-10
Primary Registration District No. 9-10 Local Registrar's No. 1 3-r

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Jullion

(a) Residence. No. Ada Co. N.W. of Eagle St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S., if of foreign birth, 54 yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Jullion
6. DATE OF BIRTH (month, day, and year): Jan 15 - 1880
7. AGE: Years 54 | Months 11 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer and
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Stock Raiser
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): France

FATHER
13. NAME: Joseph Jullion
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: Jeanne Gavroy
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT (Address): John Jullion Eagle Ida

18. BURIAL, CREMATION OR REMOVAL
Place: St. Johns Date: 12-26-1934

19. UNDERTAKER (Address): Schreiber McCann Boise Idaho

20. FILED 12-27, 1934 Orrie Jackson Registrar
Emil Adelson

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193.... death is said to have occurred on the date stated above, at About 8 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown. But Natural | |
| Died Suddenly At Home | |
| Before Medical Assistance | |
| Could Be Secured | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) J. W. McCann Coroner M. D.
(Address) Boise Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1935

91523

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91523

37

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No.

Primary Registration District No. 2085

Local Registrar's No. 266

(No. Twin Falls General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. E. Pheby

(a) Residence. No. Twin St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 18 1856

7. AGE: Years 78; Months 10; Days 3; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Builder & Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Del

FATHER

13. NAME: Wm E. Pheby

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Family Filer

18. BURIAL, CREMATION OR REMOVAL

Place: Filer Date: Dec 27 1934

19. UNDERTAKER (Address): F E Drake Funeral Home

20. FILED 12-24-34 1934 J. Murphy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/7/16, 193.., to 12/24/34, 193..

I last saw h.. alive on 12/20, 193.4.: death is said to have occurred on the date stated above, at 7.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Mitral regurgitation

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Veatch M. D.

(Address) Twin Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1935

915 Ex 24

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91524

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 268

(No.) Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy Calvin Hendrickson.

(a) Residence. No. Park Hotel, Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51 | 7 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Abstractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oskaloosa.
(State or country) Kansas

MOTHER FATHER

13. NAME John M. Hendrickson

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Martha McPherson

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Oscar B. Hendrickson
(Address) ElReno, Okla.

18. ~~XXXXXXXXXXXXXXXX~~ REMOVAL
Place. Effingham Kansas Date 12/26/34 193..

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls Idaho.

20. FILED 12/26/34 193... J. Quillyam Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-24 193 4

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1933, to Dec. 24, 1934.
I last saw him alive on Dec. 24 1934.: death is said to have occurred on the date stated above, at 7:05 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma lungs, pleura bilateral | ? |
| general multiple | ? |
| Carcinoma Lumbar Vertebra 5th | ? |
| Adenitis Carcinomatous Cer- | ? |
| vical glands bilateral | ? |
| Other **contributory causes** of importance: | |
| (2) Yeast infection pulmonary | ? |
| (1) Pneumonia (acute pneumococcus lobular) | 12-13-34 |
| (3) Dilation heart 4th | 12-15-34 |

Name of operation. None Date of.....

What test confirmed diagnosis? Autopsy, Laboratory, X-Ray, Micro Section. Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following: Precipitated the cause of death:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury 12-11 1933
Where did injury occur? Elmore County Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway
Manner of injury. Automobile Accident
Nature of injury. Traumatism To Chest, Pelvis and Sacroiliac

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Duncan L. Graham M. D.
(Address) Twin Falls Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1935

91525

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91525

**PLACE OF DEATH**

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2167 Local Registrar's No. 115

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glen W. King

(a) Residence. No. ..... St. Portkill - Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 25 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena F

6. DATE OF BIRTH (month, day, and year) February 14, 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 41 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Endigo - Wisconsin
(State or country)

FATHER

13. NAME Charles King

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Lena Fisher

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Sommers Ferry Date 12-27, 1934.

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho.

20. FILED 12-27, 1934. W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Dec. 25, 1934.

I last saw him alive on Dec. 24 1934: death is said to have occurred on the date stated above, at 5:40 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Syphilis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Syphilis | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Travis McKelvey M. D.

(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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91526

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 915[illegible]

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 87

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Edward Price

(a) Residence. No. Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

18 5

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edna May Price

6. DATE OF BIRTH (month, day, and year) Jan. 19-1894

7. AGE: Years 40 | Months 10 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 12/[illegible]34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Hampton Penn.

FATHER

13. NAME John Price

14. BIRTHPLACE (city or town) (State or country) Hampton Penn

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Mrs. Edna May Price Burley Idaho

18. BURIAL, CREMATION OR REMOVAL McMinnville Oregon 12/17 1934

19. UNDERTAKER (Address) D. C. Johnson Burley Idaho

20. FILED 12/13, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1934, to 12-10-34 ~~198~~

I last saw ~~him~~ her ~~alive~~ dead on 12-10-1934: death is said to have occurred on the date stated above, at 12 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental — by fall | |
| down steps — 6-8 ft. | 12-10-34 |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/10-34, 193.
Where did injury occur? Burley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury Fall down stairs
Nature of injury Probable Fracture Cervical Vert ~~Dislocation~~

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. M. Kelly, M. D.

(Address) Burley

91527

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 91527

Registration District No. .....
Primary Registration District No. 2085
Local Registrar's No. 258

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. George L. Schwamm

(a) Residence. No. Brooklyn, New York St. 182
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle Mrs George Schwamm

6. DATE OF BIRTH (month, day and year) Nov. 12, 1897

7. AGE: Years 37 | Months 1 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Assistant Meat Cutter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retail Grocery Meat Market
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 8 or 9

12. BIRTHPLACE (city or town) (State or country) Brooklyn New York

FATHER
13. NAME George Schwamm
14. BIRTHPLACE (city or town) (State or country) New York City N.Y.

MOTHER
15. MAIDEN NAME ~~Mrs George Schwamm~~ Catherine Spieler
16. BIRTHPLACE (city or town) (State or country) New York City N.Y.

17. INFORMANT (Address) Dr. A. J. Cuccly Boise

18. BURIAL, CREMATION OR REMOVAL
Place Brooklyn N.Y. Date ....., 193..

19. UNDERTAKER Evans & Schwamm
(Address) Twin Falls Idaho

20. FILED Dec 15, 193.4 J. W. Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1934, to 12-13, 1934.
I last saw him alive on 12-13, 1934.; death is said to have occurred on the date stated above, at 11:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile Collision | immediate |
| Fracture + Crushing | 12-13-34 |
| Injury to all bowels | |
| Ruptured Liver, Shock-extreme | |
| Other **contributory causes** of importance: | |
| None | immediate |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following: accident
Accident, suicide, or homicide? ..... Date of injury .. 193.
Where did injury occur? Twin Falls County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway
Manner of injury Automobile Collision
Nature of injury Shock-extreme Fracture Injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Traveled
(Signed) Charles B. Baymer M. D.
(Address) Twin Falls Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

91528

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91528

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 21-6

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia Jane Berry

(a) Residence. No. .... St. Rt #1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm A. Berry

6. DATE OF BIRTH (month, day and year): March 30, 1879

7. AGE — Years: 55 — Months: 8 — Days: 25 — If LESS than 1 day, .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Payson, Utah

MOTHER FATHER

13. NAME: David Lant
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Elsie Tanner
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Charlotte Mansfield Rt #1 Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Iona Date: Dec. 28 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Ida

20. FILED 12/28, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to Dec. 25, 1934
I last saw her alive on Nov. 11, 1934; death is said to have occurred on the date stated above, at 8:30A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Dec. 25/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Chronic myocarditis | |
| Chronic nephritis | |
| Hypertension chronic liver | |

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) J. O. McClellan, M. D.
(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

91529

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91529

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1926

2. FULL NAME Cleo G. Craft

(a) Residence. No. 1226 4 th St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar., 22, 1905

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 29 | 9 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Barber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Okley, Idaho

MOTHER FATHER

13. NAME Geo. W. Craft

14. BIRTHPLACE (city or town) (State or country) Okley, Idaho

MOTHER

15. MAIDEN NAME Ela O. Erickson

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Okley, Ida. Date Dec., 28 1934

19. UNDERTAKER (Address) Stanley C. Phillips, Twin Falls

20. FILED 1-2, 1935 R. H. Wright, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec., 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally drowned when automobile went off of bridge into river - Investigated by Co - Coroner - No inquest held - | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-26-34 193..
Where did injury occur? 2 miles South of Hailey Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Robert H. Wright, M. D.
(Address) Blaine Co. Coroner - Hailey, Idaho -

91531 ✓

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of new Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91531
State File No.

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 123

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Ada Co. Hospital)

2. FULL NAME Eddie Morgan

(a) Residence. No. County Hospital St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. Nellie M. Morgan
6. DATE OF BIRTH (month, day, and year): July 10- 1900
7. AGE: Years 34 Months 5 Days 14 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newspaper Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chicago Ill

FATHER
13. NAME: Charles Morgan
14. BIRTHPLACE (city or town) (State or country): Not obtainable

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mrs. Ruth M. Morgan Boise
18. BURIAL, CREMATION OR REMOVAL: Morris Hill Boise Dec. 27 1934
19. UNDERTAKER (Address): Schreiber & Williams
20. FILED 12-31 1934 W. H. Keddle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-17-, 1934, to 12-24, 1934, 1934

I last saw him alive on 12-24, 1934: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 12-17-1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| alcoholic Intoxication | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway M. D.

(Address) Boise Idaho

Dr Mary Calloway

RECEIVED JAN 7 1935

9132

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9132

Registration District No. 13

Primary Registration District No. 2170

Local Registrar's No. 241

(No. Idaho Falls L.D.S.Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Raymond Barrow.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Jessie Barrow.

6. DATE OF BIRTH (month, day, and year) March 11, 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) 11/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City,

FATHER

13. NAME John H. Barrow.

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Ada Merrill.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Jessie Barrow (Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Rigby, Ida. Date 11/22 1934

19. UNDERTAKER [illegible] (Address) Rigby, Idaho.

20. FILED 12/11 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/19 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16th 1934, to Nov 19 1934.

I last saw h[illegible] alive on Nov 18 1934: death is said to have occurred on the date stated above, at 5:30A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis following | |
| perforated Duodenal Ulcer | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Utah.

Pyloroplasty

Name of operation Closure of perforation Date of 11, 11, 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

RECEIVED JAN 7 1935

91533

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91533

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 256

(No. 884)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Arthur Boyd.

(a) Residence. No. 840 - 11 St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elsie Boyd.

6. DATE OF BIRTH (month, day, and year) July 20 1870

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 64 | 4 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lawyer Supt of ..
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School Bldgs and School Dist #4
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 16-34
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Le Roy Minnesota

FATHER

13. NAME Henry Boyd
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Maggie Mahoney
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Elsie Boyd
(Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memo. Gdns. Date Dec 19, 1934

19. UNDERTAKER V. F. McHan
(Address) Idaho Falls Idaho

20. FILED 12/20, 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 th., 1934 to Dec 16., 1934.
I last saw him alive on Dec 16 1934 death is said to have occurred on the date stated above, at 8:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch. Myocarditis | 1929 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | 1929 |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) H. O. Dwyer M.D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91534

91534

## PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 106

Primary Registration District No. 2178 Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Briggs

(a) Residence. No. Rexburg, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Pierson Briggs

6. DATE OF BIRTH (month, day, and year) May 23, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 6 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) England (State or country)

FATHER

13. NAME Charles Briggs

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Mary Ann Worell

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs. Ellon Briggs (Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL Place. Archer Date. 12/24 193.4

19. UNDERTAKER Russell Flamm (Address) Rexburg, Idaho

20. FILED 1-3-, 193.5 J. Rigby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1934, to Dec 21, 1934.

I last saw b.. alive on Dec 18, 1934.: death is said to have occurred on the date stated above, at 1:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Hypertension | |
| Old age | |
| Myocarditis | |
| Coll. Nephritis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. Rigby, M. D.

(Address) Rexburg, Idaho

RECEIVED JAN 7 1935

91535

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91535

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 106

(No. 318 S Second)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Madison L Wellman

(a) Residence. No. 318 S Second St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christine Elizabeth Wellman

6. DATE OF BIRTH (month, day, and year) Feb 21, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 75 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumberman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME David Wellman

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Rebecca Bale

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT (Address) Mrs. Alice Wellman 318 S Second

18. BURIAL, CREMATION OR REMOVAL Spokane, Wash
Place Crematorium Date 12/26, 1934

19. UNDERTAKER Tunnell Co
(Address) Sandpoint Idaho

20. FILED Dec 24 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1934 to Dec 21, 1934

I last saw him alive on Dec 21, 1934; death is said to have occurred on the date stated above, at 1:15 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Dec 21 '34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C E Cross, M. D.

(Address) Sandpoint Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

91537

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91537

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LeRoy Robinson

(a) Residence. No. R.F.D. View District St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizibeth Robinson

6. DATE OF BIRTH (month, day, and year): Sept. 27-1890

7. AGE — Years: 44 Months: 3 Days: 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming
10. Date deceased last worked at this occupation (mo. and yr.): 12/24/34
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Elba Idaho

FATHER

13. NAME: Thos. H. Robinson
14. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

MOTHER

15. MAIDEN NAME: Mary Smith
16. BIRTHPLACE (city or town) (State or country): Jefferson City Missouri

17. INFORMANT (Address): Mrs. Lester Grunwell Burley Ida. R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place: View District Date: 12/27/1934

19. UNDERTAKER (Address): D.E. Johnson Burley Idaho

20. FILED: 12/24/1934 Ramon Greer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/24/1934

22. I HEREBY CERTIFY, That I attended deceased from 12-24-, 1934., to 12-24-, 1934

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9.45 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile Accident. | |
| Crushed Chest -- skull. | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-24, 1934
Where did injury occur?.. Burley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Auto accident
Nature of injury.. Crushed Chest - skull

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) D.E. Johnson M. D.

(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91538

91538

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 209

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Charles Stangle

(a) Residence. No. 13th & Sycamore St. Clarkston, Wn.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes M Stangle

6. DATE OF BIRTH (month, day, and year): May 7, 1878

7. AGE: Years 56 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Millwright

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 4/1/34

11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Dyersville Iowa

FATHER

13. NAME: Michael Stangle

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anne Brittenbeger

16. BIRTHPLACE (city or town) (State or country): Dyersville Iowa

17. INFORMANT (Address): Mrs Agnes M Stangle Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place. Clarkston Wash Date. 12/4, 193.4

19. UNDERTAKER (Address): H R Merchant Clarkston Washington

20. FILED Jan. 8, 1935 J. M. Lyle Registrar.
by E

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1934, to Dec 2, 1934.
I last saw h. alive on Dec 2, 1934 death is said to have occurred on the date stated above, at 7:30pm
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Stomach (Pylorus end) | Feb 1934 |

Other **contributory causes** of importance:

Name of operation Gastrojejunostomy Date of Feb 1934
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. G. Broadbent, M. D.
(Address) Lewiston Idaho.

RECEIVED JAN 6 1935

9541

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91541
State File No.

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2064
Local Registrar's No. 40

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Benjamin Williams

(a) Residence. No. Malad Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 53 yrs. 29 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Campbell

6. DATE OF BIRTH (month, day, and year) Nov 25 1881

7. AGE — Years: 53 — Months: — Days: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1934
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER
13. NAME John Uriah Williams
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER
15. MAIDEN NAME Margaret Pugh
16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT Mamma Williams South
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Dec 27 1934

19. UNDERTAKER J. Guy Duncan
(Address) Malad Idaho

20. FILED 12/31, 1934 J. M. Perris
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) Dec. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1934, to Dec. 24, 1934. I last saw him alive on Dec. 24, 1934: death is said to have occurred on the date stated above, at 10:45PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infected Aorta | |
| renal gland. | Gonorrhea, Approx. |
| | death. |

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) V. P. Grant M. D.
(Address) Malad, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

91543

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91543

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1852

2. FULL NAME Curtis W. Alexander

(a) Residence. No. 312 2nd Ave., West St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Valate ~~Maggie~~ Alexander

6. DATE OF BIRTH (month, day, and year) January 13, 1902

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 32 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Garage Worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Woodland, Utah

MOTHER/FATHER

13. NAME Woods Alexander

14. BIRTHPLACE (city or town) (State or country) Utah

15. MAIDEN NAME Maggie Duncan

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Sterling Alexander, 620 main south, Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec., 29 34

19. UNDERTAKER (Address) Stanley C. Phillips, Box. 221 Twin Falls

20. FILED 1-2, 1935 P. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec., 26 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally drowned when automobile went off a bridge into river | |
| Investigated by Co. Coroner | |
| No inquest held. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? 12-26-34 Date of injury, 193.
Where did injury occur? 2 miles south of Hailey Idaho
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Robert H. Wright M. D.
(Address) Blaine Co. Coroner Hailey, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

9 15 44

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91544

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Valate Alexander

(a) Residence. No. 312 2nd ave. West Twin Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Curtis W. Alexander

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sterling, Utah
(State or country)

MOTHER FATHER

13. NAME Ray Harmond

14. BIRTHPLACE (city or town) Kingston, Utah
(State or country)

15. MAIDEN NAME Margretta Musig

16. BIRTHPLACE (city or town) Sterling, Utah
(State or country)

17. INFORMANT ... Sterling Alexander
(Address) 620 main south, Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 12/29/34 193..

19. UNDERTAKER Stanley C. Phillips
(Address) Twin Falls, Idaho

20. FILED 1-2, 193 5 R. H. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec., 26 34

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally drowned | |
| When automobile went | |
| off of bridge into River | |
| Investigated by Co.-Coroner- | |
| No inquest held- | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 12-26-34 Date of injury, 193.
Where did injury occur? 2 miles South of Hailey Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert A. Wright, M. D.
(Address) Blaine Co. Coroner
Hailey, Idaho-

91545

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91545

County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 12
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Thomas Long

(a) Residence. No. Monroe Creek St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Long

6. DATE OF BIRTH (month, day and year) Aug 28— 1873

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 61 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wis

MOTHER FATHER

13. NAME U. T. Long

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Chester Long
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida Date 12-5 1934

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED Jan. 8, 1935 Dr. Hyden Hancock
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1-..., 1934, to 12-1-..., 1934
I last saw him alive on 12-1-, 1934; death is said to have occurred on the date stated above, at 7:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 12-1-34 |
| Dis. of endocardium | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) L. B. Northam M. D.
(Address) Weiser Idaho

RECEIVED ... 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91546

973-46

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 56

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Sigurd Brun

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 35 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (Month and year) 1933.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER

13. NAME John L Brun

14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER

15. MAIDEN NAME Eli Borgin

16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMENT (Address) Dan Jonnier Rockford Wallace Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Jan 3, 1935

19. UNDERTAKER J. A. Bower (Address) Ward and Co. Wallace Idaho

20. FILED Dec 31, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1933, to 12-27, 1934

I last saw him alive on 12-27, 1934: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | Dec 19, 34 |
| Osteomyelitis of R Femur & pubic bones | |

Other contributory causes of importance:
Injury to Knee

Name of operation Drainage Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Logging camp

Manner of injury Struck by pevey handle

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Pancutellis, M. D.

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

91548

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jefferson
City of Hamer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91548
State File No.....

Registration District No.....
Primary Registration District No..... Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Roy Leavitt

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Bertha May Leavitt

6. DATE OF BIRTH (month, day, and year) January 14 1882

7. AGE: Years 52 | Months 11 | Days 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lewiston Utah.
(State or country)

FATHER

13. NAME James Leavitt

14. BIRTHPLACE (city or town) Centerville Utah
(State or country)

MOTHER

15. MAIDEN NAME Pennia Rawlins

16. BIRTHPLACE (city or town) Draper Utah
(State or country)

17. INFORMANT Mrs. Bertha May Leavitt
(Address) Hamer, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Taylor Date Dec. 29 1934

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls.

20. FILED 12/29 1934 A. E. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/23, 193.., to 12/25, 193..

I last saw h.. alive on 12/23, 193.. death is said to have occurred on the date stated above, at 9:56 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio Pneumonia | Dk |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:
never having strong patient
might had he five hours after
death cannot say

Name of operation ~~Appendectomy~~ Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ~~Earl~~ Stone, M. D.
(Address) Rexburg Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91553

Registration District No. 6

Primary Registration District No. 1014

Local Registrar's No. 365

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Radmaker

(a) Residence. No. ..... St. Cascade
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 16, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** -----

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER

13. NAME W. L. Radmaker

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Hazel Sult

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT W. L. Radmaker
(Address) Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Date 12-18, 1934

19. UNDERTAKER W. McBratney, Boise,
(Address)

20. FILED 12-18, 1934 H. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1934, to Dec. 17, 1934

I last saw h[illegible] alive on Dec 17 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| 6½ mo. | |

Other **contributory causes** of importance:

| | |
|---|---|
| Prematurity | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. J. Coats, M. D.

(Address) Boise

Stewart — ✓

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91555

Registration District No. 9

Primary Registration District No. 1004

Local Registrar's No. 348

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Henry Edward Thompson.

(a) Residence. No. Homedale, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Thompson.

6. DATE OF BIRTH (month, day, and year)
August. 28. 1869.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 3 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Henry. E. Thompson.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Nellie Hogg.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) T. Harry Thompson. R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Dec. 2, 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-4, 1934. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/29 1934.

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1934, to 11-29, 1934.

I last saw him alive on 11-29, 1934.; death is said to have occurred on the date stated above, at 11¾ P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Colon | March 1934 |
| Hepatic Jaundice | |

Other **contributory causes** of importance:

Secondary anaemia
Myocardial Insufficiency

Name of operation Resection of bowel Date of 11/25/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jemash Stewart, M. D.
(Address) Boise Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91556

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 349

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Amby Florence Briley.

(a) Residence. No. 2411. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Roe Briley.

6. DATE OF BIRTH (month, day, and year)
May. 5. 1879.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 6 | 29. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri.
(State or country)

FATHER

13. NAME James. H. Dear.

14. BIRTHPLACE (city or town) Missouri.
(State or country)

MOTHER

15. MAIDEN NAME Jesephene Dooley.

16. BIRTHPLACE (city or town)
(State or country) Missouri.

17. INFORMANT Charles. W. Arbogast.
(Address) 2411. State Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date. Dec. 6. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-5 1934 A. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20., 1933., to Dec. 4., 1934.
I last saw her alive on Dec. 4., 1934.; death is said to have occurred on the date stated above, at 6.30 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular Renal Disease | 1930 |
| | |
| | |
| Other **contributory causes** of importance: Diabetes | 1928 |
| | |
| | |

Name of operation. none. Date of.....
What test confirmed diagnosis? Labs. was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Oswald T. Nokes M. D.
(Address) 308 Eastman Bldg. Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91557

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 350

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Fields

(a) Residence. No. 608 So. 17th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

54

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Fields

6. DATE OF BIRTH (month, day, and year)
March 30, 1846

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 88 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER

13. NAME Jackson Fields

14. BIRTHPLACE (city or town) Tenn.
(State or country)

MOTHER

15. MAIDEN NAME Phoebe Collins

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Emma Fields
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-6, 1934.

19. UNDERTAKER W. McBratney, Boise.
(Address)

20. FILED 12-5, 1934 W. N. Rhodes
Registrar.

Dawes

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-4 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1920., to December 4., 1934.
I last saw him alive on Dec. 3., 1934.: death is said to have occurred on the date stated above, at 11.9. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| cardiac arrest - arteriosclerosis | |
| angina pectoris yrs. yrs. | |
| | |

Name of operation None Date of —

What test confirmed diagnosis? Agreed Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Jos. M. Dawes, M. D.
(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91558

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 351

(No. 884)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Grice

(a) Residence. No. 1919 No. 18th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | W. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeanette Grice

6. DATE OF BIRTH (month, day, and year)
March 31, 1845

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 89 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER FATHER

13. NAME William Grice

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Sarah Roadhouse

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Homer Grice, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-6, 1934

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 12-5, 1934 W. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Dec 3, 1934.
I last saw him alive on Dec 2, 1934; death is said to have occurred on the date stated above, at 5.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1932 |
| & Myocarditis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cerebral Hemorrhage | |
| & Coma | 11/26/34 |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Bratton M. D.
(Address) Boise Idaho

Bratton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91559

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 352

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel Letha Warnock

(a) Residence. No. Harper, Ore. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of R. A. Warnock

6. DATE OF BIRTH (month, day, and year) Feb 24 1890

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 44 | 9 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME Oliver Emmons

14. BIRTHPLACE (city or town) (State or country) Mich.

15. MAIDEN NAME Hunter

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT R. A. Warnock
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 12-8, 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida.

20. FILED 12-6, 1934 H. O. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/30, 193.4., to 11/31, 193.4.

I last saw her alive on 11/30 193.4: death is said to have occurred on the date stated above, at 6:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Rent. Tonsillitis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Harold W. Stone M. D.

(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91560
State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 353

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74 1/2

2. FULL NAME Mary Iva Ward

(a) Residence. No. 1709 Franklin St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence T. Ward

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 44 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakley Idaho

FATHER

13. NAME Frank C. Bedke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Polly A. McIntosh

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Clarence T. Ward Boise

18. BURIAL, CREMATION OR REMOVAL
Place... Mofris Hill Date 12-5, 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 12-7, 1934 W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-3- 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~July~~ Dec 2, 1934, to Dec 3, 1934.
I last saw ~~him~~ alive on Dec 3, 1934; death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism | 12/2/34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Mitral Stenosis | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Alfred Budge & Fr MD M. D.
(Address) Boise Idaho

Budge

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91561

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 354

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred W. Crichfield

(a) Residence. No. 415 State St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Crichfield

6. DATE OF BIRTH (month, day, and year)
July 9, 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Dentist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weldon, Iowa

FATHER

13. NAME Robert J. Crichfield

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Matilda A. Jordan

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Gertrude Crichfield Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-8, 193 4

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 12-7, 193 4 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-6 193 4

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 193 4 to Dec 6, 193 4

I last saw h[illegible] alive on 12-6, 193 4; death is said to have occurred on the date stated above, at 1.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | 12-6-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | |
| | |

Name of operation [illegible] Date of 11-23-34

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91562

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 353

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Frances Veronica Ritter

(a) Residence. No. ..... St. Jason, S. D.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. J. Ritter

6. DATE OF BIRTH (month, day, and year) June 21- 1889

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | 5 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

MOTHER FATHER

13. NAME Joseph Rymkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Wozniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) W. J. Ritter Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place Boise Ida Date 12-10, 193 4 St. John's

19. UNDERTAKER (Address) Schneider & McCann Boise Ida

20. FILED 12-8, 193 4 W. N. Rhoden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 193 4., to Dec. 5, 193 4

I last saw h[illegible] alive on 12/5/34 193...: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cervix | 7-1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Biopsy ... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) H. E. Wadman, M. D.

(Address) Boise, Ida.

Wadman

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91563

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 356

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME William C. Speece

(a) Residence. No. Route 4 St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Speece

6. DATE OF BIRTH (month, day, and year) Sept. 8 - 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Peter Speece

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Celia Fuston

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Mary Speece Route 4 Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-8, 1934

19. UNDERTAKER (Address) W. McBratney, Boise

20. FILED 12-10 1934 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1934, to Dec. 6, 1934.

I last saw him alive on Dec. 5, 1934; death is said to have occurred on the date stated above, at 3:43 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Lobar Pneumonia | Nov 30-34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Tuberculosis of Pancreas | Dec 6, 34 |
| Cardiac asthma | 2 yrs |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Lunsford Allen M. D.
(Address) 105 N. 8th St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91564

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 357

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enoch H. Wickersham

(a) Residence. No. 412 So. 12th. St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

23

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, and year) November 19, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 81 | 0 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grant County Indiana

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B. W. Oppenheim, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Portland Ore. Date 12-10 193 4

19. UNDERTAKER W. McBratney, Boise (Address)

20. FILED 12-10, 193 4 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-7 193 4

22. I HEREBY CERTIFY, That I attended deceased from Nov. 31, 193 4, to Dec. 7th, 193 4.
I last saw him alive on Dec 7th, 193 4; death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis + | |
| Sessile Pneumonia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility - Hypertension | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....
(Signed) Paul B. Boyer, M. D.
(Address) Boise Ida

Boyer

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91565

Registration District No. 2.

Primary Registration District No. 1004 Local Registrar's No. 358

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Leroy F. Baldwin

(a) Residence. No. ..... St. Ola, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yr. at Ola yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice Baldwin

6. DATE OF BIRTH (month, day, and year)
July 11, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 4 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bangor Iowa
(State or country)

FATHER

13. NAME Quincey A. Baldwin

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Rachael Green

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. Rachael Baldwin
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-13 193..

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 12-11, 1934 W. R. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10/34 193

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1934, to 12/7, 1934.

I last saw him alive on 12/10, 1934; death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 7/28/34 (?) |

Other **contributory causes** of importance:

Name of operation None X Ray & Phy Exam. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred Busey & Co., M. D.
(Address) Boise Idaho

Collister

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91566

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 359

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma. S. Sweeney.

74a

(a) Residence. No. 513. South 12 th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): May. 7. 1864.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 7 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Virgil. A. Sweeney. 513. South 12 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cemetery. Date: Dec. 12. 1934.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho

20. FILED 12-11, 1934. O. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1934, to 12/11, 1934.

I last saw h. alive on 12/1.0, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| abomp. | |
| Brain hemorrhage | 11/25/34. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Geo. Corbett Stevens, M. D.

(Address) .....

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

6861 L CNTI 976.

Brayton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91567

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 362

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maria Farrington Brooks.

(a) Residence. No. 1199. East State Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 35. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April. 9. 1838.

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 96 | 8 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York, N.Y.

FATHER

13. NAME: George. W. Farrington.

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Maria Banks.

16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMANT (Address): Stephan Utter. 1199. E. State St.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cemetery. Date: Dec. 12. 1934.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho

20. FILED 12-13 1934 U. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/10 1934.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1. 1933. to Dec 10. 1934.
I last saw her alive on Nov 26. 1934.: death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis & | |
| arteriosclerotic Heart | Don't |
| disease & Epithelioma | Know |
| left upper Eyelid | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senility | 1920. |
| | |
| | |

Name of operation: None Date of:

What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Brayton, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91568

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 364

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Nickels

83

(a) Residence. No. 414 So. 3rd. St. St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. 52 mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. J. Nickels

6. DATE OF BIRTH (month, day, and year)
August 5, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 73 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

MOTHER FATHER

13. NAME Donald Docherty

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anna McEwen

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT ..... (Address) W. J. Nickels Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-15 1934.

19. UNDERTAKER W. McBratney Boise
(Address)

20. FILED 12-15 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. ....., 1931., to Dec. 13 ....., 1934.
I last saw her alive on Dec. 13 ..., 1934.: death is said to have occurred on the date stated above, at 6 P. ...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral softening | |
| Arterial sclerosis and | |
| Cerebral anemia | |
| Probable exclusion of air | |

Other **contributory causes** of importance:

| | |
|---|---|
| Insanity | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. H. Baker, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 31569

State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 368

(No. 880)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry. J. Nickles.

(a) Residence. No. 1108. Denver Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .

6. DATE OF BIRTH (month, day, and year) January. 12. 1859.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Second Hand

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Furniture Dealer.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Janestown, Mo. (State or country)

FATHER

13. NAME John Nickles.

14. BIRTHPLACE (city or town) Switzerland. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Roth.

16. BIRTHPLACE (city or town) Switzerland. (State or country)

17. INFORMANT C.R. Nickles. (Address) 1108. Denver Street.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery. Dec. 21. 1934.
Place. Date. 193..

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED Dec. 21, 1934 W.N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1932., to Dec 18th, 1934

I last saw h....alive on Dec 17., 1934: death is said to have occurred on the date stated above, at 8.15 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Heart Block | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?— Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?— Date of injury.., 193.

Where did injury occur?— (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.—

Nature of injury.—

24. Was disease or injury in any way related to occupation of deceased?— If so, Specify.

(Signed) H. Greenfield M. D.

(Address) Eastman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 31570

State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 369

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Ella Carrie Vanderhoff

(a) Residence. No. St. Homedale
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 17, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | -- | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Homedale Idaho

MOTHER FATHER

13. NAME Ira Vanderhoff

14. BIRTHPLACE (city or town) (State or country) Montana

15. MAIDEN NAME Mabel Galloway

16. BIRTHPLACE (city or town) (State or country) Calif.

17. INFORMANT (Address) Mrs. Ira Vanderhoff Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date 12-23, 1934

19. UNDERTAKER
(Address) W. McBratney Boise

20. FILED 12-22 1934 W. W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1934, to Dec 22, 1934

I last saw her alive on 12-22, 1934: death is said to have occurred on the date stated above, at 2.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral ipsilateral from birth with hypotonicity of muscles to swallow | Aug 17-34 |
| Congenital defect | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. B. Bock M. D.

(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Pettingill.

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91571

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 370

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

886

2. FULL NAME Anna Ballantyne.

(a) Residence. No. 1401. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): September. 3.1873.

7. AGE: Years 61. | Months 3 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois.

FATHER

13. NAME: Thomas. J. Perkins.

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Matilda Edison.

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): James. H. Ballantyne. 1401. State Street.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cemetery. Date: Dec. 24. 1934.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 12-24, 1934. W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933, to Dec. 22, 1934.

I last saw him alive on 12.22, 1934.: death is said to have occurred on the date stated above, at 1.15 ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Regurgitation Myocarditis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Toxemia from Toxic Thyroid | |

Name of operation: Thyroidectomy Date of 1926

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred. A. Pettingill M. D.

(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91572

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 371

(No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Bliss. 135

(a) Residence. No. Ustick, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): September. 4. 1846.

7. AGE — Years: 88 — Months: 3 — Days: 21. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Cheese Maker.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): France.

FATHER

13. NAME: George Bliss.

14. BIRTHPLACE (city or town) (State or country): France.

MOTHER

15. MAIDEN NAME: Katherine Boos.

16. BIRTHPLACE (city or town) (State or country): France.

17. INFORMANT: Mrs. Katherine Miller.
(Address) Peoria Illinois.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cemetery. Date: Dec. 27. 1934.

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-26 1934. 40 N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934., to Dec 24, 1934.

I last saw ~~him~~ alive on 12/24, 1934; death is said to have occurred on the date stated above, at 9:20 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophied Prostate Gland with Cystitis | |
| and Nephritis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred A. Ullmer, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91573

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 373

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert E. Wills

(a) Residence. No. ..... St. Winlock, Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Wills

6. DATE OF BIRTH (month, day, and year)
December 23, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | -- | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England
(State or country)

FATHER

13. NAME Thomas Wills

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Jane Manley

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Iula Shawhan
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-28, 1934

19. UNDERTAKER W. McBratney Boise
(Address)

20. FILED 12-28, 1934 W N Lodge
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-24-1934, to 12-25-, 1934.
I last saw him alive on 12-25-, 1934: death is said to have occurred on the date stated above, at 1:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Flu | |
| Pneumonia | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Valvular heart lesions | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Boeck M. D.
(Address) Boise Ida

Boise 9574

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 3150

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 374

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Edgar Graham.

(a) Residence. No. 1118. N. 17 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lura. B. Graham/

6. DATE OF BIRTH (month, day, and year)
September. 18.1875/

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 3 | 10. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retail.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eureka.
(State or country) California.

FATHER

13. NAME William Graham.

14. BIRTHPLACE (city or town) New Brunswick
(State or country) N.B.

MOTHER

15. MAIDEN NAME Isabelle Fraser.

16. BIRTHPLACE (city or town) New Brunswick.
(State or country)

17. INFORMANT Mrs. Lura. B. Graham.
(Address) 1118. N. 17 th Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Dec. 30. 1934

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-29 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22., 1934., to Dec. 28. 1934.
I last saw him alive on Dec. 26., 1934. death is said to have occurred on the date stated above, at 6:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of death |
|---|---|
| Streptococci Broncho-Pneumonia | Dec. 28 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Secondary Anemia and Leucopenia | |
| | |

Name of operation..... Date

What test confirmed diagnosis?.... Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill also the following:
Accident, suicide, or homicide?..... Date of injury
Where did injury occur?.....
(Specify city or town, county, and
Specify whether injury occurred in **industry**, in home or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No. If so, specify.....

(Signed) H. E. Redman M. D.
(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 375

(No. 75)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary. E. Campbell.

(a) Residence. No. 1410. N. 20 th Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August. 23. 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68. | 4 | 6. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME William. S. Mc Clelland.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Melissa Woods.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Wallace. B. Campbell.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Dec. 30. 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-31, 1934. W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1934., to Dec. 29, 1934.

I last saw her alive on Dec. 27., 1934.: death is said to have occurred on the date stated above, at 1:25 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Agitans | Unknown |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Broncho pneumonia | Dec 23, 1934 |
| | |

Name of operation. None. Date of.....

What test confirmed diagnosis? ~~Clinical~~ was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. F. Swingdell, M. D.

(Address) Boise. Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91576

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 118

(No. Veterans Administration Facility, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrel R. Smith

(a) Residence. No. ..... St. Paris, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 5, 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 ~~22~~ | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Arthur Smith

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Alice Price

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Doris M. Crawforth, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Paris, Idaho.... Date 12-2, 193..

19. UNDERTAKER (Address) McBratney Funeral Home, Boise, Idaho

20. FILED 12-3, 1934 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from November 23, 193.4., to December 1.., 1934..
I last saw him alive on Dec. 1,., 1934.: death is said to have occurred on the date stated above, at 1:30a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | 11-26-34 |
| Acute Dilatation of Heart | 11-30-34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| P.O. Appendectomy | |
| | |
| | |

Name of operation.. Appendectomy.... Date of 11-24-34
What test confirmed diagnosis? Clinical Findings.. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) R. E. BAKER, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 91577
State File No.....

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Peterson

(a) Residence. No. South Of Boise River. About St.
(Usual place of abode) 20th Street West
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

2052

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Supposed To Be Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| About 55 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Powder Man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** On Construction Work

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) No Record

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Schreiber & McCann Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/8/34 193..

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 12-14 193.. W. N. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 30th 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at About P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Natural Cause. Found Dead In His Home | |
| No Foul Play | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Jos. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 31578

State File No.....

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 122

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

75

2. FULL NAME Fanry Lietz

(a) Residence. No. Route 2 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 29, 1847

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 87 | -- | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT ...Carl Fipp...
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-24, 1934

19. UNDERTAKER ...W. McBratney... Boise..
(Address)

20. FILED 12-24 1934 W. W. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-21 193 4

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1933, to 12-21-, 1934.

I last saw him alive on 12-21, 1934.: death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Paralysis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) .....M. Calloway., M. D.

(Address) .....Boise, Idaho.....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

ALLEN

PLACE OF DEATH

County of Ada

City of Near Kuna

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 124

Primary Registration District No. 2202

DO NOT WRITE IN THIS SPACE

State File No. 91579

Local Registrar's No. 229

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ardella Maude White

2055

(a) Residence. No. Three Miles N.E. Of Kuna St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 10th 1929

7. AGE: Years 5 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Picabo
(State or country) Idaho

FATHER

13. NAME Melvin White

14. BIRTHPLACE (city or town) Bellevue
(State or country) Idaho

MOTHER

15. MAIDEN NAME Myrtle Schneider

16. BIRTHPLACE (city or town) Ustick
(State or country) Idaho

17. INFORMANT Melvin White
(Address) Kuna Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/28 1934

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-27 1934 Fred W. Schreiber
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 5.30 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause Unknown. But Natural | |
| Died Without Medical | |
| Attendance. | |
| | |
| No Indication Of Foul play | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. V. McCann Coroner, M. D.
(Address) Boise Idaho

1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91580

**PLACE OF DEATH**
County of Adams
City of Emmett

Registration District No. 11
Primary Registration District No. ..... Local Registrar's No. 88
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Emily Hauk

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Louis Hauk

6. DATE OF BIRTH (month, day, and year) April 19 - 1860

7. AGE: Years 74 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home
10. Date deceased last worked at this occupation (mo. and yr.) 12-12-34
11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME Talbert Beggerstoff
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Baker
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Louis Hauk Star Route

18. BURIAL, CREMATION OR REMOVAL
Place Wesley Cemetery Date 12-14, 1934

19. UNDERTAKER Family
(Address)

20. FILED 1-10, 1935 Alvin S Thurston MD
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Dec 12, 1934
I last saw h~~e~~r alive on Dec 12, 1934; death is said to have occurred on the date stated above, at 7:00 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary Carcinoma of the right side of face and neck | |
| a very extensive process | 1 yr ago |
| | |
| Other **contributory causes** of importance: | |
| Senility | |

Name of operation 0 Date of 0
What test confirmed diagnosis? Exam Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Alvin S Thurston MD, M. D.
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91581

Registration District No. 28

Primary Registration District No. 2167 Local Registrar's No. 27

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME Effie May La Vatta

(a) Residence. No. Bannock Creek Road Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Indian

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Raphael La Vatta

6. DATE OF BIRTH (month, day, and year): November 25, 1873 1873

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 61 | — | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Hall, Idaho

FATHER

13. NAME: John Pocatello

14. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

MOTHER

15. MAIDEN NAME: Lucy - unknown

16. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

17. INFORMANT (Address): Raphael La Vatta Bannock Creek Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bannock Creek Date Dec 22, 1934

19. UNDERTAKER (Address): L. L. McCollum Pocatello Idaho

20. FILED Dec 20., 1934 D. C. Reg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14., 1934., to Dec. 19., 1934.

I last saw h.er alive on Dec. 19 1934.; death is said to have occurred on the date stated above, at 8:30 P. m., The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholelithiasis | 1 yr? |
| Acute Cholecystitis | 1 week |
| Infectious Hepatitis | 1 week |

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. ~~If~~ death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury ., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. P. Howard, M. D.
(Address) Pocatello, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

(RECEIVED) JAN [illegible] 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91583

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2167 Local Registrar's No. 270

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 12

2. FULL NAME Anne Mogabgay

(a) Residence. No. Stafford Apts. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Divorced |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 10 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Mgr. Apartment House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) (State or country) Mount Pleasant Michigan

FATHER

13. NAME James McKenzie

14. BIRTHPLACE (city or town) (State or country) Scotland England

MOTHER

15. MAIDEN NAME Charlotte Hebblethwaite

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. A. Sloan Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Dec. 21, 1934

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED Dec 21, 1934 D. C. Fay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec., 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934, to Dec 19, 1934

I last saw her alive on Dec 19, 1934: death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Dec 12 1934 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Borchers M.D.

(Address) Pocatello Idaho

RECEIVED JAN 12 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91585

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 274

(No. General Hospital Pocatello)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lester Poppleton

(a) Residence. No. 218 Roosevelt St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17, 1915.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Albert Poppleton

14. BIRTHPLACE (city or town) (State or country) Wellsville, Utah.

MOTHER

15. MAIDEN NAME Elizabeth Rankin

16. BIRTHPLACE (city or town) (State or country) Franklin, Idaho.

17. INFORMANT Albert Poppleton
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 27, 1934

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED 12-26 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/22, 1934, to 12/23, 1934.

I last saw him alive on 12/23 1934. death is said to have occurred on the date stated above, at 7:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Bowel | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Peritonitis | |
| Gas: Infection | |
| | |

Name of operation Suture of Bowel Date of 12/22/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/22/1934

Where did injury occur? 2nd. 5th ward Church
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. 5th ward L.D.S. Church

Manner of injury Broom handle up Rectum

Nature of injury Ruptured Colon - Rectum

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. Stowell, M. D.

(Address) Pocatello, Idaho.

RECEIVED JAN 19 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91586

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 275

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Donna Jean Lothrop

(a) Residence. No. 333 N. 4th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 6, 1927.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 7 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, (State or country) Idaho.

FATHER

13. NAME W. W. Lothrop

14. BIRTHPLACE (city or town) (State or country) Nevada.

MOTHER

15. MAIDEN NAME Camilla Smith

16. BIRTHPLACE (city or town) Plymouth, (State or country) Utah.

17. INFORMANT W. W. Lothrop
(Address) 333N. 4th.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Dec 28 1934.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED 12-28 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/23/37, 193...., to 12/26/37, 193.... I last saw him alive on 12/26/, 193.37 death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. F. Call M. D.

(Address) Pocatello, Idaho.

RECEIVED JAN 10 1935

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Bannock

City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9158

Registration District No. 20

Primary Registration District No. 216 Local Registrar's No. 276

(No. Pocatello, General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

206

2. FULL NAME Samuel James Blake

(a) Residence. No. R. F. D. #1 East Benton St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, and year)
December 26, 1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Manning R. Blake

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Mary Irene Norton

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT (Address) Mr. M. R. Blake R. F. D. #1.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Dec 27, 1934

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Dec 28, 1934. [illegible] Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1934 to Dec 26, 1934

I last saw him alive on Dec 26 1934: death is said to have occurred on the date stated above, at 6.30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Injuries at birth | |

Other **contributory causes** of importance:

| | |
|---|---|
| Birth injury due to manipulation during delivery | |

Name of operation Version and Extraction Date of Dec 26

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193.
Where did injury occur? At delivery in Hospital
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Version at delivery
Nature of injury Severe traction

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify
(Signed) W. W. Barker, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91588

## PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 277
(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

10

2. FULL NAME Ronald Aldrich

(a) Residence. No. 720 South Second Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) November 18, 1930.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 4 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Marion Aldrich

14. BIRTHPLACE (city or town) Provo,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Mary Turpin

16. BIRTHPLACE (city or town)
(State or country) Utah.

17. INFORMANT Marion Aldrich
(Address) 720 S. 2nd. Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Dec 30, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec 29, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1934, to Dec. 27, 1934.
I last saw him alive on Dec 27, 1934: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis | Dec 20 |

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. C. McDougall, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91589

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 278

(No. Mt. View Cemetery)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry B. Strong

(a) Residence. No. Riverview Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower of Olive Berry Strong

6. DATE OF BIRTH (month, day, and year) October 1880

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 54 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Auto Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Garage

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Albany,
(State or country) New York

FATHER

13. NAME Eugene M. Strong

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Anna Welch

16. BIRTHPLACE (city or town)
(State or country) New York

17. INFORMANT Police Dept.
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Jan. 2 1935

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Jan. 2, 1935 D. C. Racy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot Wound in heart Self Inflicted (Suicide) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury Dec 29 1934
Where did injury occur? Cemetery Pocatello
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall (Coroner) M. D.
(Address) Pocatello, Idaho.

RECEIVED JAN 12 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91590

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 280

(No. 825 West Wyeth)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Eugene Winn

(a) Residence. No. 825 West Wyeth St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year)
December 31st, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | 5 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Floyd Eugene Winn

14. BIRTHPLACE (city or town) Preston
(State or country) Idaho

MOTHER

15. MAIDEN NAME Grace ~~Brimhall~~ Heinen

16. BIRTHPLACE (city or town) Iowa
(State or country) Iowa

17. INFORMANT Floyd Eugene Winn
(Address)

18. BURIAL, CREMATION OR REMOVAL Pocatello Idaho
Place Mt. View Cem/ Date Jan. 2 1935

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED 1-2, 1935 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1934, to 12-31, 1934.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F. Swinyard M. D.

(Address) P. O. Pocatello Idaho

RECEIVED JAN 1 1935

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91591
State File No.

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 259

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olive Berry Strong

(a) Residence. No. 589 West Clark St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Harry Strong

6. DATE OF BIRTH (month, day and year): Dec 4 1886

7. AGE — Years: 47 — Months: 11 — Days: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Formerly actress
10. Date deceased last worked at this occupation (mo. and yr.): Before March 1932
11. Total time (years) spent at this occupation:

12. BIRTHPLACE (city or town) (State or country): Newark N.J. New Jersey

FATHER

13. NAME: Unknown Berry
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Harry B. Strong Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Pocatello Ida. Dec 7, 1934

19. UNDERTAKER (Address): T. L. McHarg Pocatello Idaho

20. FILED Dec 6, 1934 D. C. Kay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934, to Dec 6 1934.
I last saw h[illegible] alive on Nov 1934. death is said to have occurred on the date stated above, at 6.45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died Suddenly | |
| Cardiac Renal | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Heart - Mitral | |
| Nephritis | |
| Sec. anaemia | |

Name of operation: None Date of: —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) N. C. Jarvis M. D.
(Address) Poc. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91592

**PLACE OF DEATH**

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 257
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME James W. Davis
(a) Residence. No. 620 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): July 3 '11 Pocatello Idaho
7. AGE: Years 23 | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Tax driver
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Chauffer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Guy Davis
14. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

MOTHER
15. MAIDEN NAME: Flora Garst
16. BIRTHPLACE (city or town) (State or country): Meechom Oregon

17. INFORMANT (Address): Guy Davis Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Rose Hill Cem. Date: Dec 4, 1934

19. UNDERTAKER (Address): L. L. McGlenn Pocatello Idaho

20. FILED Dec 3, 1934 B. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 193 4, to Dec 1, 193 4.
I last saw him alive on 12/1 193 4: death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abscess R. Kidney | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. Nephrectomy. Date of 12/1/34
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) J. Mooney, M. D.
(Address) Pocatello Ida

RECEIVED JAN 1 1935

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91593

Registration District No. 2

Primary Registration District No. 2161

Local Registrar's No. ~~41~~ 258

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred L Reese

(a) Residence. No. 551 S. 4½ St., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Virginia Frances

6. DATE OF BIRTH (month, day, and year) Apr., 10, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Painter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME William Reese

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Jane L. Lyad

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Mrs. A. L. Reese 551 S. 4½ St.

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Dec., 5, 1934

19. UNDERTAKER Howard's Funeral Home (Address) Pocatello, Idaho

20. FILED 12-5, 1934 D Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec., 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934, to Dec 2, 1934

I last saw him alive on Dec 2, 1934: death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic & acute nephritis | |
| acute cystitis-acute nephritis | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91594

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 266

(No. Pocatello, General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie L. Bonner

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Negro | Unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)
Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| About 54 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Unknown

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Toledo,
(State or country) Ohio.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Ross (Colored)
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Dec 16 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec 17, 1934 D. C. Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1934, to 12/13, 1934,
I last saw her alive on 12/12, 1934, death is said to have occurred on the date stated above, at 9:12 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar | 12/5/34 |
| Parenchymatous nephritis | Many years. |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Diverculitis | |
| Emphysema | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Hughart, M. D.
(Address) Pocatello, Ida.

RECEIVED JAN 5 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91595

Registration District No. 8-3

Primary Registration District No. 2160 Local Registrar's No. 19

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorin Paul Rowe

113

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23, 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) McCammon,
(State or country) Idaho.

FATHER

13. NAME Paul W. Rowe

14. BIRTHPLACE (city or town) McCammon,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Ilene Allen

16. BIRTHPLACE (city or town) Brigham City
(State or country) Utah.

17. INFORMANT Paul W. Rowe
(Address) McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho. Date Dec. 26, 1934

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Jan. 7, 1935 Mary G. Colpin
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1934, to Dec. 24, 1934

I last saw him alive on Dec. 24 1934; death is said to have occurred on the date stated above, at 10:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Illio Colitis (enteritis) | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| None known | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Granular Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ... C. A. Rich M.D., M. D.

(Address) Lava Hot Springs, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 12 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91596

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 265
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. E. Daniels

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 13, 1934.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | 2 hrs. 30 min. |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, (State or country) Idaho.

**FATHER**

13. NAME Ed. Daniels

14. BIRTHPLACE (city or town) Clifton, (State or country) Idaho.

**MOTHER**

15. MAIDEN NAME Dora Jacobson

16. BIRTHPLACE (city or town) Hyrum, (State or country) Utah.

17. INFORMANT Ed. Daniels
(Address) Irwin, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Swan Valley, Ida. Date Dec. 15, 1934.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 14, 1934. A. C. Hay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 13, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury?.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. C. Hay, M. D.
(Address) Pocatello, Idaho.

RECEIVED JAN 1 1935

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 91597

Local Registrar's No. 269

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Mary McNally

(a) Residence. No. 1125 S. Fifth St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 12 | 9 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schoolgirl

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Francis McNally

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT (Address) Mrs Frances McNally Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Dec. 22 1934

19. UNDERTAKER (Address) Downard Funeral Home Pocatello, Idaho

20. FILED 12-, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934, to Dec 18, 1934

I last saw h alive on Dec 17, 1934: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Double lobar pneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) A. M. Newton, M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 12 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91598

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 268

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A. Bradner Canfield

(a) Residence. No. 240 North Hayes St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of: Josephine Canfield
6. DATE OF BIRTH (month, day and year): September 1st 1876
7. AGE: Years: 59 | Months: 1 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Fire Chief
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: City Fire Dept.
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

MOTHER
13. NAME: Unknown Canfield
14. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Josephine Canfield Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Idaho Date: Dec 21, 1934
19. UNDERTAKER (Address): R. L. McCann Pocatello Idaho
20. FILED: Dec 20, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 18 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Mar 1934 |

Other **contributory causes** of importance:

Name of operation: None Date of: .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. A. Brothers, M D.
(Address) Pocatello Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1935

**PLACE OF DEATH**

County of Bannock

City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91599

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 267

(No. 1605 N. Garfield)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin L. Durgin

(a) Residence. No. 1605 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hus. of Sarah Lem

6. DATE OF BIRTH (month, day, and year)
September 11, 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newfield.
(State or country) Maine.

FATHER

13. NAME Benjamin Durgin

14. BIRTHPLACE (city or town) Newfield
(State or country) Maine.

MOTHER

15. MAIDEN NAME Amelia Edgcomb

16. BIRTHPLACE (city or town)
(State or country) Massachusetts.

17. INFORMANT Rebedda Durgin
(Address) 1605 N. Garfield

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Date ....., 193..

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Dec. 18 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 17, 1934
I last saw ~~her~~ alive on Dec 14, 1934; death is said to have occurred on the date stated above, at 7 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute nephritis | Dec 1 1934 |
| Hypertension | 1929 |
| Kidney Sclerosis | |

Other **contributory causes** of importance:

Name of operation none Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. No
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. W. Brothers M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 12 1935

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91600

County of Bannock
City of Pocatello Registration District No. 3
Primary Registration District No. 3161 Local Registrar's No. 443 264 10 0

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME S. Sato

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Yellow | married |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Hana

6. DATE OF BIRTH (month, day, and year) 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Truck Gardener

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Japan.

17. INFORMENT (Address) Mrs. Hana Sato

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Dec. 16, 193 4

19. UNDERTAKER (Address) Howard's Funeral Home Pocatello, Idaho

20. FILED 12-17, 193 4 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 12 193 4

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 193 4, to Dec. 12, 193 4

I last saw him alive on Dec. 11, 193 4; death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Dec 5 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pulmonary Oedema | Dec 11 |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) William F. Howard, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 12 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Bannock

City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91601

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 262

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Thomas Wilford Hiatt

(a) Residence. No. 605 No. 6th Avenue St. Poca., Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Annie Rawson

6. DATE OF BIRTH (month, day, and year) March 17, 1859.

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Millcreek, (State or country) Utah.

FATHER

13. NAME Elihu Hiatt

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Martha M. Brandon

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mrs. Laura Mitchell (Address) 605 N. 6th ave.

18. BURIAL, CREMATION OR REMOVAL Place Brigham City, Utah Date Dec 10, 1934.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Dec 10, 1934 D. C. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 193 4, to Dec 8, 193 4
I last saw him alive on Dec 8 193 4 death is said to have occurred on the date stated above, at 10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ascites | |
| Cardiac Renal | |
| Uraemia | |
| Ordema lungs | |

Other **contributory causes** of importance

| | |
|---|---|
| Enlarged prostate | |
| Nephritis | |
| Mitral Insuf. | |

Name of operation None Date of ✓

What test confirmed diagnosis? was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Dunn M. D.
(Address) Pocatello, Idaho.

RECEIVED JAN 12 1935

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91602

County of Bannock
City of Pocatello
Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 26

(No. St Anthonys Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robt M. Fife

(a) Residence. No. 9 St. 16th
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient relief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Self

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Dec 8, 1934

19. UNDERTAKER (Address) Byron B Dowrand Pocatello Idaho

20. FILED 12-8, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934, to Dec. 6, 1934
I last saw h alive on Dec 6, 1934 death is said to have occurred on the date stated above, at 12 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic osteomyelitis left femur. | 1914 |

Other contributory causes of importance:

| | |
|---|---|
| Sepsis - Shock - following amputation left hip | |

Name of operation amputation hip Date of 12-6-34
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D C Ray, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 18 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91603

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 214

(No. 884)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Jordan

(a) Residence. No. 135 S 2nd St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | wh | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosetta Jordan

6. DATE OF BIRTH (month, day, and year) Bogalusa La. 8-22-00

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Auto Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1 yr ago

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Miss
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Ky
(State or country) Known.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Taken from Records
(Address) Farmers relief Office

18. BURIAL, CREMATION OR REMOVAL
Place burial Date ....., 1934

19. UNDERTAKER Downyard Funeral
(Address) Home - Pocatello

20. FILED 10-9-34, 1934 D. C. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to Oct 7, 1934.

I last saw him alive on Oct 6, 1934; death is said to have occurred on the date stated above, at 2 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| | May 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Edema | |
| Chronic Liver | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) D. C. Kay M. D.

(Address) Pocatello Idaho

RECEIVED DEC 3

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91604

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 250

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lennis-Gill-Sharp

(a) Residence. No. 70 St. Rexburg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 29 1907

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 27 | 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Lyman, Ida.
(State or country)

FATHER

13. NAME John Gill Sharp

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Lydia S. Millgate

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Glynn G. Sharp
(Address) Thornton Colo.

18. BURIAL, CREMATION OR REMOVAL
Place Archer Idaho Date 12/19, 1934

19. UNDERTAKER Archer Undertaking Co.
(Address) Ingleby Idaho

20. FILED 12-20, 1934 R. J. Kay
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1934, to Nov. 19, 1934.

I last saw him alive on Nov. 19 1934; death is said to have occurred on the date stated above, at 12.35 Pm.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Encephalitis | Nov. 15 |
| Bulbar Palsy | Nov. 16 |

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 19 1934

Where did injury occur? Rexburg Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in ~~home~~, or in ~~public place~~. Industry

Manner of injury Struck in eye by piece of gravel

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. Health questionable

(Signed) Richard P. Harland M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91605

**PLACE OF DEATH**

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 261
Local Registrar's No. 243
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Anderson Baldwin

(a) Residence. No. 247 North 13th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 6. 1876
7. AGE: Years 59 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Contractor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: & Builder
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pelley Iowa

FATHER
13. NAME: Wilson Charles Baldwin
14. BIRTHPLACE (city or town) (State or country): Pelley Iowa

MOTHER
15. MAIDEN NAME: Mary Baldwin
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Bertha Baldwin Pocatello Idaho
18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello Idaho Date: Nov. 18 1934
19. UNDERTAKER (Address): H. L. McCoy Pocatello Idaho
20. FILED Nov. 14 1934 D. McKay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1934, to 11-13, 1934.
I last saw him alive on 11-13, 1934. death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) ..... M. D.
(Address) Pocatello Idaho

RECEIVED JAN 12 1935

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

91606

State File No.

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 260

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number)

172

2. FULL NAME Antone Borg

(a) Residence. No. Midwest Hotel. Pocatello Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE: Years 52 | Months — | Days — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dick Leach
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Dec 6, 1934

19. UNDERTAKER N. L. McHan
(Address) Pocatello Idaho

20. FILED Dec 5, 1934 D. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) ~~Dec 4~~ Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934, to Dec 5, 1934.

I last saw him alive on Dec 4 1934 death is said to have occurred on the date stated above, at 6:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| Concussion of brain | |
| Fracture left parietal | |
| Congestion of Lungs | |

Other **contributory causes** of importance:

| | |
|---|---|
| Jumped from bridge | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 12/4 1934

Where did injury occur? Pocatello Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public bridge

Manner of injury Jumped from bridge

Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Jayne M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 17 1935

PLACE OF DEATH

County of Bannock

City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91607

Registration District No.

Primary Registration District No. Local Registrar's No. 263

(No. Chubbick, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Ellsworth Albert

(a) Residence. No. Chubbick, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Sarah Abercombia

6. DATE OF BIRTH (month, day, and year) January of 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| About | 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Alfred Albert

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Poc. Police Dept.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Dec 21, 1934

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec 18, 1934. L. P. Hay Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About Dec 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Don't Know | |
| Found dead at his home (Suicide) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Arthur W. Hall Coroner M.D.

(Address) Pocatello

RECEIVED JAN 2 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 261

DO NOT WRITE IN THIS SPACE
91608
State File No.

Local Registrar's No. 279

(No. 31)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Nieshiege

(a) Residence. No. (Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | yllow | |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME — Nieshiege

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) T. Yamada Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Dec 31, 193 4

19. UNDERTAKER Byers & Bernard
(Address)

20. FILED 1-2, 193 5 D C Ray
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 30 193 4

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 193 4, to Dec 30, 193 4

I last saw him alive on Dec 29, 193 4; death is said to have occurred on the date stated above, at 2250 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Oedema lungs | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Bul. TB.
Pneumonia

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D C Dunn, M. D.

(Address) Pocatello Idaho

RECEIVED JAN 11 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91609

PLACE OF DEATH
County of Bear Lake.
City of St. Charles.

Registration District No. 55
Primary Registration District No.
Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Vela K. Smith.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White | Baby. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) November 10, 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 2 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) St Charles Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Delbert C. Hymas.
11. BIRTHPLACE OF FATHER (city or town) Liberty Idaho.
(State or Country)
12. MAIDEN NAME OF MOTHER Theodosia Veatch.
13. BIRTHPLACE OF MOTHER (city or town) St. Charles Idaho.
(State or Country)

14. Informant
(Address)

15. Filed Jan 5, 1935 Hannah Nelson
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 12 1934.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 10, 1934, to November 12, 1934.
that I last saw her alive on November 12, 1934,
and that death occurred, on the date stated above, at 1145 P. m.
The CAUSE OF DEATH was as follows:
Obstructive Jaundice.

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Premature 8 Mo. Gestation
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Jaundice. Progressive coma.
(Signed) Spencer Veatch M.D.
, 19 (Address) Paris Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| St. Charles Idaho. | Nov. 14 1934. |

20. Undertaker None. Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91611

**PLACE OF DEATH**

County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kib Phineus Cook

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Addie Dimick

6. DATE OF BIRTH (month, day and year) July 4, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 52 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Swan Creek
(State or country) Utah

FATHER

13. NAME Phineus W. Cook

14. BIRTHPLACE (city or town) .....
(State or country) Connecticut

MOTHER

15. MAIDEN NAME Johanna Poulsen.

16. BIRTHPLACE (city or town) .....
(State or country) Sweeden

17. INFORMANT Mrs. Kib Cook,
(Address) Border, Wyoming

18. BURIAL, CREMATION OR REMOVAL
Place. Logan, Utah Date. Oct 15, 1934

19. UNDERTAKER L. D. Williams
(Address) Montpelier Idaho.

20. FILED 11-1-, 1934 W. H. Rice
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934, to Oct 12, 1934.

I last saw him alive on Oct 9, 1934; death is said to have occurred on the date stated above, at 2:4 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | July 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. O. Snow, M. D.
(Address) Paris Idaho

RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91612

**PLACE OF DEATH**

County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 5196
Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Spurs

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 5 - 1919

7. AGE: Years 15 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER

13. NAME: George S. Spurs
14. BIRTHPLACE (city or town) (State or country): Tooele Utah

MOTHER

15. MAIDEN NAME: Henrietta Danks
16. BIRTHPLACE (city or town) (State or country): Alma Wisconsin

17. INFORMANT (Address): Geo. S. Spurs Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Montpelier Idaho Date: Oct. 17, 1934

19. UNDERTAKER (Address): F. D. Williams Montpelier Idaho

20. FILED Nov. 1, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1934, to Oct. 13, 1934.
I last saw h[illegible] alive on Oct. 13 1934, death is said to have occurred on the date stated above, at 8:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Operation | |
| Pus | |
| Appendicitis | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: Appendectomy Date of: Oct 10
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 193[illegible]
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91613

**PLACE OF DEATH**
County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No. 117)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darlene Gail Bertwhistle
(a) Residence. No. Montpelier Jan St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
3a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 19 1930
7. AGE: Years 4 | Months 7 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER
13. NAME: Lew Bertwhistle
14. BIRTHPLACE (city or town) (State or country): Mo. Missouri

MOTHER
15. MAIDEN NAME: Emma Kemp
16. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

17. INFORMANT (Address): Jacob Kemp Begram Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Ida. Date: Oct 23 1934
19. UNDERTAKER (Address): [illegible] Montpelier Idaho
20. FILED 11-1-, 1934. W. R. Kemp Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 20 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1934, to Oct 20, 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:50 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia + | |
| Peritonitis | Oct 17 |

Other **contributory causes** of importance:

Name of operation: Appendectomy Date of Oct 19
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) ..... M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bear Lake

City of Raymond

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 91614

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No. ) (Raymond Idaho)

2. FULL NAME Martha Jane Layland

(a) Residence. No. St. Raymond Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: P. Layland

6. DATE OF BIRTH (month, day, and year): Feb 25 1854

7. AGE: Years 80 | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER FATHER

13. NAME: Andrew Westfall

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): LeRoy Layland Raymond Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Raymond Idaho Date: Oct 24 1934

19. UNDERTAKER (Address): [illegible] Montpelier Idaho

20. FILED 11-1-, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 1:50 A. m.

The **principal cause of death** and related causes of importance were as follows: Unknown

| | Date of onset |
|---|---|
| Died while sleeping | |
| found in bed at 11:50 P.M. | |
| Apparently apoplexy due to old age | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) [illegible] Coroner M.D.

(Address) Montpelier Idaho

RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91615
State File No.....

**PLACE OF DEATH**

County of Bear Lake

City of Montpelier

Registration District No. 57

Primary Registration District No. 2136 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora May Dodge

(a) Residence. No. ..... St. Dingle - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wesley Dodge

6. DATE OF BIRTH (month, day, and year) Oct 17 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 31 | — | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Paulina Ohio

FATHER

13. NAME John H Throop

14. BIRTHPLACE (city or town) (State or country) Greenfort Pennsylvania

MOTHER

15. MAIDEN NAME Fannie E Studer

16. BIRTHPLACE (city or town) (State or country) Anchorville Iowa

17. INFORMANT Wesley Dodge
(Address) Dingle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Oct. 25, 1934

19. UNDERTAKER J. M. Gillespie
(Address) Montpelier Idaho

20. FILED 11-1-, 1934 W A Ewing
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Oct 22, 1934.
I last saw h alive on Oct 22 1934: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma of Uterus | July 1933 |
| | |
| | |
| | |

Other **contributory causes** of importance:
Post Operative Shock

Partial Hysterectomy Date of Oct 18
Name of operation
What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. F. Gabbert M. D.
(Address) Montpelier

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Sexton

## PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91616

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Henry George

(a) Residence. No. ....
(Usual place of abode) Montpelier - Idaho St. ....
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Shelton

6. DATE OF BIRTH (month, day and year) July 14 - 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 83 | 3 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** (Retired)

10. Date deceased last worked at this occupation (mo. and yr.) ../../..

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME Wm. George

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Emily Lester

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Harley George
(Address) Montpelier, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier, Idaho Date Oct. 28, 1934

19. UNDERTAKER Thatcher Mortuary
(Address) Montpelier Idaho

20. FILED 11-1-, 1934 O. M. Reese Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 193 4, to Oct. 25, 193 4

I last saw him alive on Oct. 24 193 4 death is said to have occurred on the date stated above, at 3:20 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia | |
| Natural causes from general debility | |

Other **contributory causes** of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. Bullock M. D.
(Address) Montpelier Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91617

**PLACE OF DEATH**

County of Bear
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 90
(No. Montpelier)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Naoma Ricks Ottesen

(a) Residence. No. Idaho Falls, St. Idaho Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Vern Ottesen
6. DATE OF BIRTH (month, day, and year): Sept. 30, 1898
7. AGE: Years 36 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Preston Idaho

MOTHER / FATHER
13. NAME: Hyrum Ricks
14. BIRTHPLACE (city or town) (State or country): Richmond Utah
15. MAIDEN NAME: Elizabeth Mills
16. BIRTHPLACE (city or town) (State or country): Brighton England
17. INFORMANT (Address): Vern Ottesen Idaho Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Idaho Falls Date: Nov 2, 1934
19. UNDERTAKER (Address): Jack A. Ward Idaho Falls, Idaho
20. FILED 12-1-, 1934 H. H. Kunz, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 1 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934., to Nov 1, 1934.
I last saw her alive on Nov 1., 1934. death is said to have occurred on the date stated above, at 4:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | 0 |

Other **contributory causes** of importance:
Peritonography & Intra abdominal shortening by round ligaments

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) L. J. Sullivan Montpelier Ida

FORM V. S. No. 5-A—25 M. 1-19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 52
Primary Registration District No. 2136
File No. 9166

1. PLACE OF DEATH
County of Bear Lake
City of Geneva
(No. ..... St.)
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jeniel Loretta Ball

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Infant

6. DATE OF BIRTH: Oct (Month) 1 (Day) 1934 (Year)

7. AGE: ..... Yrs. 2 Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: James E Ball

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Mildred Mueller

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James E Ball
(Address) Geneva Idaho

15.
Filed 12-1-1934
A. W. Kunz
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 25 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25 1934 to Nov 25 1934 that I last saw h.. alive on Nov 25 and that death occurred on the date stated above, at ....

The CAUSE OF DEATH* was as follows: Acute Intestinal Obstruction

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. P. Gardner
11-26 1934 (Address) Montpelier Ida.

*State the Disease Causing Death; or in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Geneva | DATE OF BURIAL: 11-27

20. UNDERTAKER: Henry Leisk | ADDRESS: Geneva Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91619

**PLACE OF DEATH**

County of Bear Lake
City of Montpelier

Registration District No. 57
Primary Registration District No. 2136 Local Registrar's No.

(No. 114)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Joseph Crockett

(a) Residence. No. [illegible] St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mona O Lee
6. DATE OF BIRTH (month, day, and year): Feb. 10 1868
7. AGE: Years 66 | Months 9 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Merchant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Logan Utah

FATHER
13. NAME: Alvin Crockett
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Sophia Reed
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Mrs. Ray Hopson Montpelier Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Montpelier Idaho Date Dec 11, 1934
19. UNDERTAKER (Address): [illegible] Montpelier Idaho
20. FILED 12-31, 1934 [illegible] Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) Dec 8 1934
22. I HEREBY CERTIFY, That I attended deceased from 1923, 1934, to 12-8, 1934.
I last saw h[illegible] alive on Dec 5, 1934 death is said to have occurred on the date stated above, at 1:25 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Age | |
| | |
| | |

Name of operation. None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [illegible] M. D.
(Address) Montpelier

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91620

**PLACE OF DEATH**

County of Bear Lake
City of Dingle

Registration District No. 5-2
Primary Registration District No. 2136
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hyrum C. Dayton

(a) Residence. No. ..... St. Dingle Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa A Nate

6. DATE OF BIRTH (month, day, and year): April 22 - 1860

7. AGE — Years: 74 — Months: 7 — Days: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cedar Fort Utah

MOTHER FATHER

13. NAME: Moroni Dayton
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Sarah Jacobs
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs. H. C. Dayton (Address) Dingle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Dingle Idaho Date Dec 14, 1934

19. UNDERTAKER: F. D. Williams (Address) Montpelier Idaho

20. FILED 12-31, 1934 H. H. Kerr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934 to Sept 15, 1934.
I last saw h. living on Sept 15 1934: death is said to have occurred on the date stated above, at 1.020 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Probably Years Duration |
| Chronic Nephritis | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. P. Gardner, M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91621

PLACE OF DEATH
County of Benewah
City of De Smet

Registration District No. 21
Primary Registration District No.
Local Registrar's No. 13

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Maril Abraham

(a) Residence. No. De Smet, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Indian | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 27, 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 7 | 3 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grade School

10. Date deceased last worked at this occupation (month and year) 12/9/34

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) De Smet
(State or country) Idaho

FATHER

13. NAME Alexander Abraham

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Angelie Biddle

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT Sister Alice Maril
(Address) De Smet, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place De Smet, Ida Date 12/14, 1934

19. UNDERTAKER Kimball Funeral Home
(Address) Tekoa Wn

20. FILED 12/14, 1934 John Last
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/13/1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2:20 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tetanus | 12/10-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Lacerated wound leg | 12/7-34 |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/7 1934

Where did injury occur? At school
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public School

Manner of injury Lacerated wound leg

Nature of injury Coasting on sled

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Benewah

City of Chatcolet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91622

Registration District No. 46

Primary Registration District No. 2123 Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Ann McCabe

(a) Residence. No. Chatcolet Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James McCabe

6. DATE OF BIRTH (month, day, and year) May 28 — 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| 61 | 61 | 6 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) 12/19/34.

11. Total time (years) spent in this occupation All time

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER

13. NAME Ambrose Bonner

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Hester Butler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) James McCabe Chatcolet Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood Spokane Wn Date 12/22, 1934

19. UNDERTAKER (Address) Lang & Funeral Home Fairfield Wn

20. FILED 12-26 1934 Fred A. Robertson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1934, to Dec. 20, 1934.
I last saw her alive on Dec. 19, 1934: death is said to have occurred on the date stated above, at 6:20 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Quentin W. Matthews M. D.
(Address) Camp SP-1. Chatcolet, Idaho

RECEIVED JAN 7 1935

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of Fernwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91623
State File No.....

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME John Leo McAlinden

(a) Residence. No. Fernwood Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 21, 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 0 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber Industry

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Pembrook
(State or country) Canada

FATHER

13. NAME Felix McAlinden

14. BIRTHPLACE (city or town) .....
(State or country) Canada

MOTHER

15. MAIDEN NAME Margaret Burke

16. BIRTHPLACE (city or town) .....
(State or country) Canada

17. INFORMANT ... Joe McAlinden
(Address) Tacoma Wash.

18. BURIAL, CREMATION OR REMOVAL Burial
Place... St. Maries Ida. Date.. Dec. 29, 1934

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED Jan. 5, 1935 L. McKelvey
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Heart Failure | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Other **contributory causes** of importance:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Geo. Mitchell Coroner, M. D.

(Address) St. Maries Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91624

**PLACE OF DEATH**
~~City~~ ~~County~~ of St.Maries
~~County~~ ~~City~~ of Benewah

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Kate Spencer

(a) Residence. No. Farm near St.Maries St. St.Maries Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo.W.Spencer dec.

6. DATE OF BIRTH (month, day, and year) April 26,1850

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 84 | 7 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Jacob LaBorge

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Fanny Brubaker

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Charles Boyce
(Address) St.Maries Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place St.Maries Date 12-27-1934

19. UNDERTAKER STAPISH & SON
(Address) ST. MARIES, IDAHO

20. FILED Jan 5, 1935 E. Witherby
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934 to Dec 26, 1934
I last saw her alive on Dec 27, 1934: death is said to have occurred on the date stated above, at 10 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Owen S. Platt, M. D.
(Address) St. Maries, Ida

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91625

Registration District No. 92

Primary Registration District No. 2049

Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME John Phillip Shefler

(a) Residence. No. 22nd & Kootenai St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, and year) February 22, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Car Man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Railroad

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Albany
(State or country) N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT I. F. Shefler
(Address) Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Woodlawn, St. Maries Date 12/26 1934

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho.

20. FILED Jan 5, 1935 M. Loberg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 24 1934 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193....: death is said to have occurred on the date stated above, at About 1: A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown. | |
| Probable Heart Failure | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No. If so, specify.....

(Signed) Dale W. Mitchell Coroner M. D.

(Address) St. Maries Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91626

Registration District No. 32
Primary Registration District No. 2049
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 29

744

## PLACE OF DEATH

County of Benewah
City of St. Maries, Ida.

2. FULL NAME Jay Williams

(a) Residence No. Townsite St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 4 - 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 71 | 3 | 11 | hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Formerly Woodsman
(c) Name of employer Not employed for about 8 yrs

9. BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (city or town) "
(State or Country)

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)

14. Informant Dr. C. A. Robinson
(Address) St. Maries, Ida.

15. Filed Jan. 5, 1935 M. Loberg
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 15th 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1927, to Dec 15th, 1934
that I last saw him alive on Dec 15th, 1934
and that death occurred, on the date stated above, at 2:30 P. m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(12/14/34)
(duration) yrs. mos. 1½ ds.
CONTRIBUTORY (Secondary) Hypertension, myocarditis
endocarditis (chr.) (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Benewah Co, Ida
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) C. A. Robinson, M. D.
12/18, 1934 (Address) St. Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Burial - St. Maries - ~~Dec 19 193~~ | Dec. 18, 1934 |

| 20. Undertaker | Address |
|---|---|
| Stapish & Son | St. Maries |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91627

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 224

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

16

2. FULL NAME ERNEST S CRAWFORD

(a) Residence. No. , St. Idaho Falls, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | SINGLE |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year)
~~Dec~~ 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** plumber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** --

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Gentryville, Missouri

FATHER

13. NAME G.L.Crawford

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Myra Pryor

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Records of State Hosp. South

18. BURIAL, CREMATION OR REMOVAL Manuel M Crawford Idaho Falls
Place Idaho Falls Date 12-30, 1934

19. UNDERTAKER V. F. M. Hays
(Address) Idaho Falls Ida

20. FILED Dec 27, 1934 W.M. Matus C.L. Latimer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-27 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1932, to Dec. 27th, 1934.
I last saw him alive on Dec 26th 1934 death is said to have occurred on the date stated above, at 7:10 AM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Paralysis of the Insane | Dec. 1931 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. None Date of.....
What test confirmed diagnosis? Clinical and Wassermann

23. If death was due to exter'l causes (**violence**) fill in also the following: --
Accident, suicide, or homicide? --- Date of injury.., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Orlin B. Larson M. D.
(Address) Supt. State Hospital South Blackfoot, Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91628

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1207
Local Registrar's No. 223

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reed Douglas Adams

(a) Residence. No. 640 N. Shelling St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-14-34

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 3 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Babe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot R F D #2

FATHER
13. NAME Harvey Adams
14. BIRTHPLACE (city or town) (State or country) Rexburg Ida.

MOTHER
15. MAIDEN NAME Lyla Cobbley
16. BIRTHPLACE (city or town) (State or country) Blackfoot Ida.

17. INFORMENT (Address) Harvey Adams

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Date 1-17, 1935

19. UNDERTAKER (Address) E. T. Burke Blackfoot

20. FILED Dec 26, 1934 Mrs Ralph Eastman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-15 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 2nd inst., 1935; death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Was called to the home of Mrs. Ed. Adams and found the baby dead. There had never been any Doctor in the case. Cause of death Bronchial Pneumonia | 3 |

Other contributory causes of importance:
Pneumonia
Had cold for several days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A E Miller, M. D.
(Address) Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91629

County of Bingham
City of Blackfoot, Idaho.

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 222

(No. State Hosp. South)
(If death occurred in a hospital or institution, give its name instead of street and number)

78

2. FULL NAME Pearl Guchi

(a) Residence. No. ..... St. Shoshone, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, and year) No data

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 43 | ------ | --- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** none

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Colorado.

FATHER

13. NAME No data.

14. BIRTHPLACE (city or town) (State or country) No data.

MOTHER

15. MAIDEN NAME Mary Stone

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT (Address) Records of State Hosp. So. Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. South Date Dec 24 1934

19. UNDERTAKER Marion Clark
(Address) Blackfoot Idaho

20. FILED Dec. 27 1934. W. R. Baker E. Tate Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, 193..., to Dec. 24, 1934, 193....
I last saw her alive on Dec. 23, 1934, 193...; death is said to have occurred on the date stated above, at 8-10A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy (Convulson) | 1923 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| None known | |
| none | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No ... Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Olga R. Lowe, M. D.
(Address) State Hosp. South

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91630

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 221

(No. 4)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elva Ann Capson

(a) Residence. No. 20 Main St. Blackfoot Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1927

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 7 | 2 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School Girl

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmaland, Idaho

FATHER

13. NAME George Washington Capson

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Betsy Olivia Peterson

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Ut.

17. INFORMANT (Address) G. A. Findlay Blackfoot Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place G. C. Cem. Blackfoot Date Dec 26 1934

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Dec 24 1934 Wm. H. Hollenbeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1934, to 12-24, 1934.

I last saw her alive on 12-23, 1934; death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet Fever | 12-21-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. O. Hawkins, M. D.

(Address) Blackfoot Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91632

## PLACE OF DEATH

County of Fort Hall Reservation.
City of Fort Hall, Idaho

Registration District No. I2I-R
Primary Registration District No. 2194-R
Local Registrar's No. 232

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marcella Pocatello

(a) Residence. No. Fort Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Shoshone Ind 5/16

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: - -

6. DATE OF BIRTH (month, day, and year): May 3, 1934

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town). (State or country): Fort Hall, Idaho

FATHER

13. NAME: Curtis Pocatello

14. BIRTHPLACE (city or town). (State or country): Fort Hall, Idaho.

MOTHER

15. MAIDEN NAME: Lucy Hill

16. BIRTHPLACE (city or town) (State or country): Fort Hall, Idaho

17. INFORMANT (Address): Lucy Pocatello, Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL -
Place Bannock Creek Date. 12/29., 1934.

19. UNDERTAKER: Doward
(Address) Pocatello, Idaho

20. FILED Jan. 5, 1935 M. D. Nelson E. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1934., to Dec. 26, 1934.
I last saw her alive on Dec. 26., 1934.: death is said to have occurred on the date stated above, at 3. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary edema. | |
| Probably Broncho Pneumonia | Dec. 24 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. If so, specify.....
(Signed) W. A. Wilson, M. D.
(Address) Fort Hall, Idaho.

RECEIVED JAN 7 1935

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91633
State File No.....

## PLACE OF DEATH

County of Fort Hall Reservation
City of Fort Hall, Idaho

Registration District No. 12I-R
Primary Registration District No. 2194-R
Local Registrar's No. 230

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charley Dixie

(a) Residence. No. - - - St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | Shosh. Ind. 3/4 | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Navoshe Boyer Dixie

6. DATE OF BIRTH (month, day, and year) - - - - - -

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | - - | - - - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own farm

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Boise Co., Idaho

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ralph Dixie
(Address) Fort Hall Res.

18. BURIAL, CREMATION OR REMOVAL
Place Presby. Mission Date Dec. 22, 1934

19. UNDERTAKER Brown-Eldredge
(Address) Blackfoot, Idaho.

20. FILED Jan. 5, 1935 Mrs. Walter E. Fuller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from No M.D. attending, 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) R. E. Wilson M. D.
(Address) Fort Hall, Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91634

## PLACE OF DEATH

County of Fort Hall Reservation
City of Fort Hall

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 229

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2054

2. FULL NAME Hahre Anderson

(a) Residence. No. Fort Hall, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Bannock Ind. 4/4 | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Anderson

6. DATE OF BIRTH (month, day, and year) 1869

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | -- | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jacob Nephi
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mission Cem. Date Dec. 15 1934.

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED Jan. 5, 1935, 193. Wm. Walker C. Patterson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from No M.D. attending, 193..., to ....., 193....

I last saw h....alive on ....., 1934.: death is said to have occurred on the date stated above, at 12:P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Unknown | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. A. Wilson, M. D.

(Address) Fort Hall, Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91635

**PLACE OF DEATH**

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 226

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Brady

(a) Residence. No. North Stout St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mining

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ireland

FATHER

13. NAME Richard Brady

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Esyer Shields

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT Katherine Brady
(Address) North Stout, Blackfoot, Id.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Butte, Montana Date Dec. 31, 1934

19. UNDERTAKER E. F. Peck
(Address) Blackfoot, Id.

20. FILED Dec. 31 1934 W. P. Stuhlmiller
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934, to December 30, 1934.
I last saw h. in life on Dec. 30, 1934; death is said to have occurred on the date stated above, at 1:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Old Age | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. W. Mitchell, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91636
State File No. .....

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 227
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norvel E. Kelley

(a) Residence. No. 215 Jackson Blackfoot Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 5 1902

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 32 | 6 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common Labor
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) American Fork Utah

PARENTS

10. NAME OF FATHER John Edward Kelley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) American Fork Utah
12. MAIDEN NAME OF MOTHER Ida Gough
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Price Utah

14. Informant (Address) John E. Kelley Blackfoot Idaho

15. Filed Dec 31, 1934 Mrs Nellie Fatuse Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 30 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 30, 1934, to December 30 1934
that I last saw him alive on December 30 1934,
and that death occurred, on the date stated above, at 2. P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accute dilation of Heart

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) F. Womack, M. D.
Dec. 31, 1934 (Address) Blackfoot

19. Place of Burial, Cremation, or Removal — Date of Burial
Grove City cemetery — Jan 2 1935

20. Undertaker — Address
E J Peck — Blackfoot Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91637

County of Bonneville

City of

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 226

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Edwards Taylor

(a) Residence. No. Blackfoot Ida R.F.D. # 2 (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 12-10-34

7. AGE — Years: | Months: | Days: 20 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blackfoot Ida ~~Idaho~~ Idaho

FATHER

13. NAME: Willard H Taylor

14. BIRTHPLACE (city or town) (State or country): Weston Idaho

MOTHER

15. MAIDEN NAME: Jennie D. McCulloch

16. BIRTHPLACE (city or town) (State or country): Weston Idaho

17. INFORMANT (Address): Willard H Taylor Blackfoot Ida R.F.D.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place: Thomas Riverside Date: Jan. 1., 1935

19. UNDERTAKER (Address): E.J. Funk Blackfoot Ida

20. FILED Dec. 31., 1934 W.M. Stanley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-31 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-29., 1934., to 12-30., 1934.

I last saw h— alive on 12-29, 1934: death is said to have occurred on the date stated above, at 10:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchitis | 3 da |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Mitral insufficiency | |
| Congenital | |

Name of operation: Caesarean Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C.O. Stevens M.D.

(Address) Blackfoot Ida

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91638

**PLACE OF DEATH**

County of Bingham
City of Blackfoot.
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 295
(No. South Broadway)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. **FULL NAME** Everett Frasure

(a) **Residence.** No. South Broadway St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 17, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 9 | 11 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School-Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

PARENTS

10. NAME OF FATHER Elijah Frasure

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Prestonburg Kentucky

12. MAIDEN NAME OF MOTHER Martha Sloan

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Prestonburg Kentucky

14. Informant (Address) Elijah Frasure South Broadway, Blackfoot

15. Filed Dec. 28, 1934 Wm Nation Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH December (Month) 28, 1934 (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 27, 1934, to December 28, 1934
that I last saw him alive on December 28, 1934
and that death occurred, on the date stated above, at 12 Noon.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Catahrral Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) F. W. Mitchell, M. D.
December 28 1934 (Address) Blackfoot, Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Riverside Cemetery | Dec 29 1934 |
| 20. Undertaker E. S. Funk | Address Blackfoot |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91639

County of BINGHAM

City of BLACKFOOT

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 209

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME JOHN L GRIFFITH

(a) Residence. No. ..... St. Payette, Ida

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 3 mos. 29 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year)
August 6th, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Paint

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) ..... (State or country) Pennsylvania

FATHER

13. NAME John Griffith

14. BIRTHPLACE (city or town) Pennsylvania (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna Parker

16. BIRTHPLACE (city or town) --- (State or country) Pennsylvania

17. INFORMANT Records of State Hosp. South (Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Payette, Idaho Date ---, 193..

19. UNDERTAKER E. J. Peck (Address) Blackfoot, Idaho

20. FILED Dec. 2, 1934 Mrs. Walter Palmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1- 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1934, to Dec. 1st, ....., 1934
I last saw him alive on Dec 1st 1934: death is said to have occurred on the date stated above, at 3:40PM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CEREBRAL HEMORRHAGE | Dec 1 |
| (Coroner's verdict) | 1934 |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis Clinical symptoms

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Charles K. Towne, M. D.
(Address) State Hosp. South Blackfoot, Idaho

RECEIVED ... & 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91640

**PLACE OF DEATH**

County of Bingham

City of Aberdeen

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 16

(No. ....) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Lizzie Wiebe

(a) Residence. No. Aberdeen, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 13, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 46 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nursing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) Nov, 1934

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Brainard
(State or country) Kansas

FATHER

13. NAME Cornelius Wiebe

14. BIRTHPLACE (city or town) ....
(State or country) Germany

MOTHER

15. MAIDEN NAME Anna Dick

16. BIRTHPLACE (city or town) ....
(State or country) Russia

17. INFORMENT Mrs. Wiebe
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen, Ida Date 12/21/34

19. UNDERTAKER A W Davis
(Address) American Falls, Idaho

20. FILED 12/21, 1934 M. C. Mapstone
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18-34, 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to Dec 18, 1934

I last saw her alive on Dec 17, 1934; death is said to have occurred on the date stated above, at 4 5A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | 1932 |
| Cancer of Stomach | 1932 |
| Metastatic Cancer of ovaries and peritoneum | 1933 |
| Other contributory causes of importance: | |

Name of operation Gastrectomy Date of 1933

What test confirmed diagnosis? Pathologist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ....

(Signed) M. C. Mapstone, M. D.

(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91641

**PLACE OF DEATH**

County of Bingham
City of Firth

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 219

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elias J. Gardner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Laura Ella Gardner

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | # | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Gas despencer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Service Station

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Payson Utah

FATHER

13. NAME Elias Gardner

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Ellen Elizabeth Abbot

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. James Carlton
(Address) Star Falls Box 3

18. BURIAL, CREMATION, OR REMOVAL
Place Firth Idaho Date Dec. 24 1934

19. UNDERTAKER Jack A. Wood
(Address) Shoshone Idaho

20. FILED Dec. 26 1934 W. M. Wallace Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 18 193

22. I HEREBY CERTIFY, That I attended deceased from 11-1-, 1916, to 12-17-, 1934

I last saw him alive on 12-1-, 1934; death is said to have occurred on the date stated above, at 4 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | ? |
| Coronary arterios | ? |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| General Arterio Sclerosis | |
| Cardiac hypertrophy | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**, .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Edwin Copley, M. D.
(Address) Box 86 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91642

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 218
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME ROBERT T. GIBSON

(a) Residence. No. ..... St. Roberts, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 1 mos. 25 ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | SINGLE |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) March 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 9 | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Cottonwood,
(State or country) Utah

MOTHER / FATHER

13. NAME ---

14. BIRTHPLACE (city or town) ---
(State or country) ---

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Burial.
Place Morgan, Utah Date 1-19, 1934.

19. UNDERTAKER W. L. Jacobsen
(Address) Menan-Idaho

20. FILED Jan. 7, 1934 Mrs. Walter E. Eaton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17-1934

22. I HEREBY CERTIFY, That I attended deceased from October 22nd, 193.4 to Dec 17th, 193.4
I last saw him alive on Dec 16th, 193.4 death is said to have occurred on the date stated above, at 1:30 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILITY | 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| -- | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? --- Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify .....

(Signed) Chas. R. Lowe M. D.
Supt. State Hosp. South
(Address) Blackfoot, Idaho.

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91643

Registration District No. 131

Primary Registration District No. 2194 Local Registrar's No. 217

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME MARY HOKANSON

(a) Residence. No. ..... St. Thornton, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. Color or Race: WHITE

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year): May 30th, 1873

7. AGE: Years 71 | Months 6 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: at home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Hyrum Utah

FATHER

13. NAME: ---

14. BIRTHPLACE (city or town) (State or country): --- ---

MOTHER

15. MAIDEN NAME: ---

16. BIRTHPLACE (city or town) (State or country): --- ---

17. INFORMANT (Address): Records of State Hospital South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Pingree Idaho Date Dec. 19 1934

19. UNDERTAKER (Address): Blakeman-Eckerson Pingree Idaho

20. FILED Dec. 17, 1934 W. M. Wallentine Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from October 3rd, 193.4, to Dec. 17, 1934.

I last saw her alive on Dec. 17, 193.4 death is said to have occurred on the date stated above, at 8P...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILITY | 1929 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Was there an autopsy? Clinical symptoms

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? --- Date of injury.., 193.

Where did injury occur? ---
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify .....

(Signed) John R. Lord M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho.

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91644

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 216

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME ERHART SCHENK

(a) Residence. No. ... St. Heyburn, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | SINGLE |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** --

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Molan
(State or country) South Dakota

FATHER

13. NAME John Schenk

14. BIRTHPLACE (city or town) --
(State or country) Russia

MOTHER

15. MAIDEN NAME --Christina Hehn

16. BIRTHPLACE (city or town) --
(State or country) So Dak

17. INFORMANT Records of State Hosp. South
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Rupert Idaho Date....., 193..

19. UNDERTAKER Alan Goodman
(Address) Rupert Idaho

20. FILED Dec. 13 1934 W. M. Nalen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1934, to Dec. 13th, 1934
I last saw him alive on Dec 13th 1934: death is said to have occurred on the date stated above, at 11:33 AM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Dec 12 1934 |
| Other **contributory causes** of importance: | |
| Hemorrhage of the bowels of unknown cause | |

Name of operation None Date of.....
What test confirmed diagnosis? Was there an autopsy? Clinical symptoms

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? -- Date of injury.., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? -- If so, specify.....

(Signed) Oscar R. Lewis M. D.
(Address) Supt State Hosp. South Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91645

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 215

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Anthony Joseph Bauer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Bauer

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dyersville Iowa

FATHER

13. NAME Joseph Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Freedman

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Mrs. Mary Bauer Blackfoot, Id.

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date Dec. 17, 1934

19. UNDERTAKER (Address) G. F. Funk Blackfoot, Idaho

20. FILED Dec. 15, 1934 Wm. Dalton E. Eaton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Dec. and (day) 13 year) 1934. 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows: **Date of onset**

Accidental, caused by auto accident on highway.
Multiple Injury, Crushed Chest - ruptured liver & lungs.

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 1934 Dec-13-

Where did injury occur? 6 mi. N.E. of Blackfoot Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Ray McClellan M. D.

(Address) Bingham County Coroner Blackfoot Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91646

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 214

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

16

2. FULL NAME DANIEL B. JACOBS

(a) Residence. No. ..... St. Swan Valley, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. 11 How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ---------- 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** FARMER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) --- (State or country) Illinois

MOTHER/FATHER

13. NAME Daniel Jacobs

14. BIRTHPLACE (city or town) Marietta (State or country) Penna

15. MAIDEN NAME Marg. Ann Bradford

16. BIRTHPLACE (city or town) --- (State or country) ---

17. INFORMANT Records of State Hosp. South (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Cem. Date Dec 14 1934

19. UNDERTAKER [illegible] (Address) Idaho Falls, Ida.

20. FILED Dec 12 1934 Mrs. Nature Palmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-12-34

22. I HEREBY CERTIFY, That I attended deceased from June 28th, 1934, to Dec 12th, 1934.
I last saw him alive on Dec. 12th, 1934; death is said to have occurred on the date stated above, at 4:10 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SENILITY | at least |
| | June |
| | 25 |
| | 1934 |

Other **contributory causes** of importance:
Compound fracture of right fibula and tibia April 19th, 1934, never healed.

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. R. Lown, M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho.

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91647

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 213

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aaron E. AVERY

(a) Residence. No. ..... St. Thomas, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) September 5th, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 50 | 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Huntington
(State or country) Utah

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) ---
(State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) ---
(State or country) ---

17. INFORMANT Records of State Hosp South
(Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Thomas Ranch Date Dec 12, 1934

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Dec 11, 1934 W. M. Malueg
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9-34

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1934, to December 9th, 1934

I last saw him alive on Dec. 9th 1934.: death is said to have occurred on the date stated above, at 10 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| EXHAUSTION-in the course of manic depressive psychosis, MANIC PHASE | Nov 30th 1934 |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?.....

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? --- Date of injury.., 193.

Where did injury occur? ---
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify. ---

(Signed) Chas. K. Lowe M. D.
Supt. State Hosp. South
(Address) Blackfoot, Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91648

## CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1917
Local Registrar's No. 212
(No. County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. **FULL NAME** William Edward Abercombie

(a) Residence. No. County Hospital St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 28 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 38 | 5 | 7 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Malta, Idaho

PARENTS

10. NAME OF FATHER William K. Abercombie
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee
12. MAIDEN NAME OF MOTHER Martha Vaughn
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Arkansas

14. Informant (Address) Georgia Abercrombie Kuna, Idaho

15. Filed Dec 8, 1934 Mrs Mabel E Fawcett Registrar.

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 8, 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 1, 1932, to Dec. 8, 1934, 19....
that I last saw him alive on Dec. 7, 1934, 19....
and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Malta, Idaho
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) F. W. Mitchell, M. D.
Dec. 8, 1934 (Address) Blackfoot, Ida

19. Place of Burial, Cremation, or Removal: American Falls, Idaho — Date of Burial 19

20. Undertaker: E. J. Peck. Address Blackfoot Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91649

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 11
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

915

2. FULL NAME Matilda Ockerman

(a) Residence. No. Groveland, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Ockerman

6. DATE OF BIRTH (month, day and year) April 20th 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 7 | 15 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER H Hansen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Dent Knox

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant G. C. Worden
(Address) Blackfoot RFD #1

15. Filed Dec. 6, 1934 Mrs Hallie E Fellows Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 5, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1934, to December, 1934
that I last saw her alive on December 1, 1934,
and that death occurred, on the date stated above, at 6 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) G. M. Mitchell, M. D.
December 5, 1934 (Address) Blackfoot, Ida.

19. Place of Burial, Cremation, or Removal: Groveland Cem. — Date of Burial: Dec 7th 1934

20. Undertaker: E T Peck — Address: Blackfoot Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91650

**CERTIFICATE OF DEATH**

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 210

(No. County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. **FULL NAME** Lorenzo Hansen

(a) Residence. No. County Hospital St.
(Usual place of abode.)

Length of residence in city or town where death occured 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dead Margaret Williams

6. DATE OF BIRTH (month, day and year) Sept. 30, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 2 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) General Farming
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Logan, Utah

PARENTS

10. NAME OF FATHER Hans Hansen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Christina Miriger

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant Laurence Hansen
(Address Grangeville Idaho)

15. Filed Dec. 6, 1934 Mrs Walter E Nature Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH December (Month) 4 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 1, 1934, to December 4, 1934

that I last saw him alive on December 4, 1934

and that death occurred, on the date stated above, at 4 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiac asthma

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. W. Mitchell, M. D.

Dec. 5, 1934 (Address) Blackfoot, Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Groveland Cemetery | Dec. 8 1934 |

20. Undertaker E. J. Tuck Address Blackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91651

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 2192 . Local Registrar's No. 220

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. **FULL NAME** Mrs. Heneage Kirkpatrick

(a) **Residence.** No. Route #4 St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Kirkpatrick

6. DATE OF BIRTH (month, day and year) Feb. 6, 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | 10 | 15 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Bristol
(State or country) England

PARENTS

10. NAME OF FATHER John Garret

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) England

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) England

14. Informant Query Jones
(Address) Blackfoot Ida R F

15. Filed Dec. 22, 1934 Mc Nalen Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December (Month) 20 (Day) 1934 (Year), 19....

17. I HEREBY CERTIFY, That I attended deceased from December 20, 1934, to December 20, 1934

that I last saw her alive on Dec. 20, 1934, 19....

and that death occurred, on the date stated above, at 4 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
Old Age (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. O. Mitchell, M. D.

Dec. 21, 1934 (Address) Blackfoot, Ida.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Grove City Cemetery | Dec 23 1934 |
| 20. Undertaker E J Peck | Address Blackfoot |

PHYSICIAN—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 7 1935

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

**PLACE OF DEATH**

County of Blaine

City of Picabo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91652

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 44

(No. 170)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Alice Chess

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ben R. Chess

6. DATE OF BIRTH (month, day, and year): March 16 - 1893

7. AGE — Years: 41 — Months: 8 — Days: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rogersville Tenn.

MOTHER FATHER

13. NAME: Wm P. Davis

14. BIRTHPLACE (city or town) (State or country): Rogersville Tenn

MOTHER

15. MAIDEN NAME: Eliza Wolfe

16. BIRTHPLACE (city or town) (State or country): Rogersville Tenn

17. INFORMANT (Address): Ben R. Chess Picabo - Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Picabo Date: Jan - 7 1935

19. UNDERTAKER (Address): J. F. Haring Hailey Ida.

20. FILED: 1 - 2, 1935 H. A. Wright - Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot wound in head - self inflicted | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1934 Dec - 31 -

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. House

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so specify.....

(Signed) Robert A. Wright M. D.

(Address) Coroner Blaine Co. Hailey, Idaho.

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91653

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 40

(No. ) Fork 43

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gregory Thamann

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Bachelor |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Feb 23-1872

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Aug 27 1933

11. Total time (years) spent in this occupation 40 Yrs.

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME John Thamann

14. BIRTHPLACE (city or town) (State or country) Prussia Germany

MOTHER

15. MAIDEN NAME Albertine Brantzey

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT O. E. Thamann
(Address) Hailey, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Family Plot Date Dec. 9, 1934

19. UNDERTAKER L. Harris
(Address) Hailey Idaho

20. FILED Jan. 2, 1935 R. A. Wright
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1., 1934 to Dec 6., 1934.

I last saw him alive on Dec 6., 1934 death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of throat | |
| and Tongue, Jaw | |
| mets. | 1933 |

Other **contributory causes** of importance:

Name of operation... None Date of...

What test confirmed diagnosis?... Was there an autopsy?... No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?... Date of injury.., 193.
Where did injury occur?...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury...
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify...

(Signed) E. W. Fox M. D.

(Address) Hailey, Idaho

RECEIVED JAN [illegible] 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boise,

City of Horse Shoe Bend

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91654

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 120

(No. Near Horseshoe Bend)
(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Everett Hankins

(a) Residence. No. Emmett, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 18, 1910

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 24 | 9 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, weaver, sawyer, bookkeeper, etc.** Civilian Conservation Corps Co. 1508

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 8 months

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Albert T. Hankins

14. BIRTHPLACE (city or town) (State or country) Nebr

MOTHER

15. MAIDEN NAME Elizabeth L. Pigmire

16. BIRTHPLACE (city or town) (State or country) Nebr

17. INFORMANT Harold Hankins
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Emmett Date 12-9, 1934

19. UNDERTAKER McBratneys, Boise, Idaho.
(Address)

20. FILED 12-13-4 1934 W. N. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dead when first seen, 193...

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 9.30 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture, simple, complete | 12-7-34 |
| right occipito-parietal | |
| region of skull | |

Other **contributory causes** of importance:

Name of operation.... None Date of....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to ext'l causes (**violence**) fill in also the following: automobile accident
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public highway

Manner of injury Automobile accident

Nature of injury.... Fracture, skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ... U.S. Navy

(Signed) Louis M. Harris, Lt(jg), M.C. M. D.

(Address) Hq. Boise Dist. CCC

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91655

Registration District No. 76

Primary Registration District No. 2155 Local Registrar's No. 103

(No. 1402 Cedar)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Jean Melton

(a) Residence. No. 1402 Cedar St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
3a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 7 1934
7. AGE — Years: — Months: — Days: 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: E E Melton
14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER
15. MAIDEN NAME: Anna Booker
16. BIRTHPLACE (city or town) (State or country): Wash

17. INFORMANT: E. E. Melton
(Address) 1402 Cedar

18. BURIAL, CREMATION OR REMOVAL
Place: Lakeview Date: Dec 18 1934

19. UNDERTAKER: T. Turnbull Co.
(Address) Sandpoint

20. FILED: Dec 16 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934, to Dec 15, 1934.
I last saw her alive on Dec 14, 1934; death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malnutrition and inability to take nourishment | Birth |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Mother not eating properly before birth | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so specify .....
(Signed) E. E. Allcorn M. D.
(Address) Sandpoint Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91659

**PLACE OF DEATH**
County of Bonner
City of Sandpoint

Registration District No. 18
Primary Registration District No. 2155 Local Registrar's No. 101

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Eugene Maertens

(a) Residence. No. R.F.D. #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 5, 1934

7. AGE — Years | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sandpoint (State or country) Idaho

FATHER

13. NAME Frank Maertens

14. BIRTHPLACE (city or town) ..... (State or country) Belgium

MOTHER

15. MAIDEN NAME Dreg Wagner

16. BIRTHPLACE (city or town) Edbourg (State or country) Missouri

17. INFORMANT (Address) Frank Maertens Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Ida. Date Dec 8, 1934

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho

20. FILED Dec 8, 1934. Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1934, to Dec 5, 1934.

I last saw him alive on Dec 5, 1934; death is said to have occurred on the date stated above, at 3:13 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| Atelectasis | |
| Child lived 1 1/4 hours only | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint, Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 215

(No. West Pine St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 111

DO NOT WRITE IN THIS SPACE
91660
State File No.

92

2. FULL NAME Marcesse A Brissette

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Brissette

6. DATE OF BIRTH (month, day, and year) June 24 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 65 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME M A Brissette

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Rose Lamedra

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Leon Brissette (Address) Sandpoint

18. BURIAL, CREMATION OR REMOVAL
Place Pinecrest Date 1/2, 1935

19. UNDERTAKER Funeral (Address) Sandpoint Ida

20. FILED Dec. 31, 1934. Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.0., to Dec. 28, 1934.

I last saw him alive on Dec. 28, 1934.; death is said to have occurred on the date stated above, at 9:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Dec 28 34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Floyd H Ruddle M. D.
(Address) Sandpoint Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91661

Registration District No. 76

Primary Registration District No. 2155 Local Registrar's No. 109

(No. N 620 Third)
(If death occurred in a hospital or institution, give its name instead of street and number)

884

2. FULL NAME Sarah E Savage

(a) Residence. No. N 620 Third St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 29 1853

7. AGE: Years 81 | Months 10 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: David Shields

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Stroud
(Address) 620 N Third

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Spokane Date 12/26 1934

19. UNDERTAKER: Turnbull Co.
(Address) Sandpoint Ida

20. FILED Dec 25, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Dec 24, 1934.

I last saw her alive on Dec 24 1934; death is said to have occurred on the date stated above, at 2:50 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis with | |
| Acute decompensation | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) A E Mudle, M. D.

(Address) Sandpoint

Dr. Evans

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91662

## PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 108

(No. Cor Superior & Lavina)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Madeline Ella Graves.

(a) Residence. No. Cor Superior & Lavina St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Graves.

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 25 | 1 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Sandpoint Idaho

FATHER

13. NAME Ernest D. Drew

14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER

15. MAIDEN NAME Helen Mabel Halvers

16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT (Address) Mrs. LeRoy Mott Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint Ida. Date Dec. 27 1934

19. UNDERTAKER (Address) J. F. Moon Sandpoint Ida.

20. FILED Dec 27, 1934 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Dec (day) 23, (year) 1934

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1934., to Dec. 23., 1934.

I last saw her alive on Dec. 23., 1934.; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza Pneumonia | Dec. 18-1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pulmonary Tb | |
| Months of Gestation | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Graves, M. D.
(Address) Sandpoint, Ida.

Dr. Evans

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonner
City of Dover

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91663

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 107

(No. 127)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia Annette Gardner

(a) Residence. No. ..... St. Kalispell, Mont.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Gardner

6. DATE OF BIRTH (month, day, and year): Dec. 20, 1854

7. AGE — Years: 80 — Months: 0 — Days: 3 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: Andrew H. Talmer
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Frank Swanson, Aberdeen, Wash.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place: Kalispell, Mont. Date: Dec. 27, 1934

19. UNDERTAKER (Address): L. B. Moon, Sandpoint, Idaho

20. FILED Dec 27, 1934 Viola Allen, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1934, to Dec. 25, 1934.
I last saw h alive on Dec. 22, 1934; death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirhosis of Liver | Jan. 1932 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Anasarca (General) | Nov. 30 1934 |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Evans, M. D.
(Address) Navy dept. Cavite

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9166

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 105

(No. Eagle Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cyrus Turnbull

(a) Residence. No. Eagle St.
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

88 M

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22 1849

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 85 | 4 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Thomas Turnbull

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Dayton

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elmer Turnbull
(Address) Eagle Ida

18. BURIAL, CREMATION OR REMOVAL
Place Westmond. Date 12/26, 1934

19. UNDERTAKER Turnbull & Co.
(Address) Sandpoint Ida

20. FILED Dec 24 1934 Viola Alber
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934, to Dec 21, 1934.

I last saw ~~him~~ alive on Dec 21, 1934.: death is said to have occurred on the date stated above, at 4:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Doss, M. D.
(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91665

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 104

(No. 702 Ruth. )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Marguerite Dellinger 90

(a) Residence. No. 702 Ruth St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Dellinger

6. DATE OF BIRTH (month, day, and year): Dec 18 1867

7. AGE: Years 66 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Peter Dellinger Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Lakeview Date 12/19, 1934

19. UNDERTAKER (Address): J. Tummell Co. Sandpoint, Ida

20. FILED Dec 18, 193.4 Viola Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-15, 193.4, to Dec-15, 193.4.

I last saw her alive on Dec-15, 193.4; death is said to have occurred on the date stated above, at 8:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Heart Disease | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F. A. G. Wendle M. D.

(Address) Sandpoint, Ida

RECEIVED JAN 7

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91666

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 102

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

10-10

2. FULL NAME Claude Green

(a) Residence. No. Park River St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE — Years: 63 — Months: — Days: — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: trapper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address) P. J. Miller RFD #1

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Date Dec. 18 1934

19. UNDERTAKER (Address) Turnbull Co. Sandpoint

20. FILED Dec. 16, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1934, to Dec. 15, 1934.

I last saw him alive on Dec. 14, 1934: death is said to have occurred on the date stated above, at 9 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Dec 8, 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Influenza | Dec 6, 1934 |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91667

**PLACE OF DEATH**

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2165 Local Registrar's No. 100
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vernice Martha Demers

(a) Residence. No. Sandpoint Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robt. Crockett.

6. DATE OF BIRTH (month, day, and year)
Feb 4, 1910

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 24 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Onamia Minn
(State or country)

FATHER

13. NAME John Joseph Demers

14. BIRTHPLACE (city or town) Minn
(State or country)

MOTHER

15. MAIDEN NAME Ethel Marie

16. BIRTHPLACE (city or town) Minn
(State or country)

17. INFORMANT Mrs. John Demers
(Address) Sandpoint Ida

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint Ida Date Dec 9 1934

19. UNDERTAKER L. G. Mason
(Address) Sandpoint Ida.

20. FILED Dec 9, 1934 Viola Allen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to Dec 5, 1934.

I last saw her alive on Dec 5, 1934; death is said to have occurred on the date stated above, at 1.25 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | not known |
| | probably several months |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Nep. Nritis | not known |
| | |
| | |

Name of operation No Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, Specify

(Signed) Wm F. Tyler M. D.
(Address) Sandpoint Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91668

PLACE OF DEATH
County of Bonner
City of Laclede
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 12
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Frank Clark Titman
(a) Residence. No. Laclede, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs Margaret Titman

6. DATE OF BIRTH (month, day and year) Aug. 13, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 10 | 27 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Morristown
(State or country) New Jersey

PARENTS

10. NAME OF FATHER Isaac Titman
11. BIRTHPLACE OF FATHER (city or town) Morristown
(State or Country) New Jersey
12. MAIDEN NAME OF MOTHER Nancy Queen
13. BIRTHPLACE OF MOTHER (city or town) Hackettown
(State or County) New Jersey

14. Informant Mrs. Margaret Ann Titman
(Address) Laclede Idaho.

15. Filed Dec 12, 1934 Beryl Pott Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 10, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1934, to Dec 10, 1934
that I last saw him alive on Dec 10, 1934
and that death occurred, on the date stated above, at 6:18 PM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes mellitus,

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? n.a. Date of
Was there an autopsy? no
What test confirmed diagnosis? Benedict's
(Signed) Leslie J. Stauffer, M. D.
Dec. 11, 1934 (Address) Priest River, Idaho,

19. Place of ~~Burial, Cremation, or~~ Removal Tacoma, Wash. Date of Burial 19

20. Undertaker L. E. Mann Address Sandpoint Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
31685
State File No.

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 21-1

(No. ) 25
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlene Sykes.

(a) Residence. No. R.D. #16 St.
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): December 2 1934
7. AGE: Years: No | Months: No. | Days: 20. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls. Idaho.

FATHER
13. NAME: Stanley Sykes
14. BIRTHPLACE (city or town) (State or country): Woodlawn Neb.

MOTHER
15. MAIDEN NAME: Sadie Wade
16. BIRTHPLACE (city or town) (State or country): Ogden Utah.

17. INFORMANT (Address): Stanley Sykes Idaho Falls Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls. Date: 12-23 1934
19. UNDERTAKER (Address): The Nelson Idaho Falls Ida
20. FILED 1-2-35, 1934. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934, to Dec 21, 1934.
I last saw her alive on Dec 21, 1934: death is said to have occurred on the date stated above, at 8:10 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Influenza | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in a **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Geo. A. Auffesle D.O. M.D.
(Address) .....

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91670

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 V 6 Local Registrar's No. 21-4

(No. 610 Dye)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hyde Dye

(a) Residence. No. Ferth - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Baby
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): 12-23-34
7. AGE: Years | Months | Days | If LESS than 1 day ... hrs. or 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Hyde Dye
14. BIRTHPLACE (city or town) (State or country): Ferth Idaho

MOTHER
15. MAIDEN NAME: Ellen Crofts
16. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

17. INFORMANT (Address): Hyde Dye Ferth

18. BURIAL, CREMATION OR REMOVAL
Place: Ferth Cemetery Date: 12/24/34

19. UNDERTAKER (Address): none

20. FILED 12/23/34 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-23-1934

22. I HEREBY CERTIFY, That I attended deceased from Birth 12/23 1934 to Death 12/23 1934
I last saw her alive on 12-23- 1934 death is said to have occurred on the date stated above, at 1:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance: Prolapsed Pregnancy & Mother | 12/20/34 - 23

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Edward Cutler M. D.
(Address) Box 86 Shelley Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91671

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2-12-6 Local Registrar's No. 242

(No. ..... 1612)
(If death occurred in a hospital or institution, give the name instead of street and number)

2. FULL NAME Leonard Edward Reese

(a) Residence. No. Bay Cabins on 1st St. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none
6. DATE OF BIRTH (month, day, and year): December 7 - 1934
7. AGE — Years: no | Months: no | Days: no | If LESS than 1 day, hrs. or ..... min.: 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Leonard Reese
14. BIRTHPLACE (city or town) (State or country): Dillon Montana

MOTHER
15. MAIDEN NAME: Lois May Byrd
16. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

17. INFORMANT (Address): Leonard Reese Idaho Falls
18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls Date: Dec 8 1934
19. UNDERTAKER (Address): E. M. Hays Idaho Falls Ida.
20. FILED 12/11 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-7 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec. 7 1934 to Dec. 7 1934
I last saw him alive on Dec. 7, 1934; death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Prematurity (6 mo. gestation) | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury .., 1934.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify
(Signed) W. A. Abbott M. D.
(Address) Idaho Falls, Ida.

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91674

County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 239

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Beckman

(a) Residence. No. P.O. # 7 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 3 mos. 15 ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white. | married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Beckman.

6. DATE OF BIRTH (month, day, and year) May 7 1864.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 6 | 29. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Oct 15 1934

11. Total time (years) spent in this occupation 46 yrs.

12. BIRTHPLACE (city or town) (State or country) S. Nygnla. Sweden.

FATHER

13. NAME John Anderson.

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Johanna Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT (Address) Mrs. Hannah Beckman Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls. Date 12-9., 1934

19. UNDERTAKER (Address) V. F. McCarty Idaho Falls Idaho

20. FILED 12/[illegible], 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 3:25 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Hypertrophy of Prostate | about 3 yrs ago. |
| Prostatectomy & Shock | |

Other **contributory causes** of importance:

Name of operation Prostatectomy Date of Dec 5-34

What test confirmed diagnosis? -. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. P. Bohnenkamp M. D.
(Address) Idaho Falls Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91675

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 270

9

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lenore Elizabeth Kelley

(a) Residence. No. Pannock & Iona St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 8, 1934

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Ernest L. Kelley

14. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

MOTHER

15. MAIDEN NAME Lillian Steffenz

16. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

17. INFORMANT (Address) Ernest L. Kelley Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Dec 9, 1934

19. UNDERTAKER (Address) Jack Ward Idaho Falls Idaho

20. FILED 12/10, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934, to Dec 6, 1934.
I last saw her alive on Nov 18, 1934; death is said to have occurred on the date stated above, at 5-30 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 11/5/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Whooping Cough | 11/1/34 |

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify ....

(Signed) H. E. Thurston M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91676

Registration District No.

Primary Registration District No. Local Registrar's No. 244

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1016

2. FULL NAME George Frances Gagon

(a) Residence. No. Shane Apts. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margarette Gagon, Dec

6. DATE OF BIRTH (month, day, and year) Aug 20 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 3. | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Abstractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lawyer

10. Date deceased last worked at this occupation (mo. and yr.) Oct 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East St Louis Missouri

FATHER

13. NAME Gagon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) Wendell Gagon Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date 12-16 1934

19. UNDERTAKER (Address) E. M. Hays Idaho Falls Ida

20. FILED 12/17, 193 4 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 193 4, to Dec 14, 193 4.

I last saw him alive on Dec 12, 193 4; death is said to have occurred on the date stated above, at 5:37 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Dec 7- 1934 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation deceased? ..... If so, specify .....

(Signed) H. H. Clee, M. D.

(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91677

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 24-
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Malinda Elizabeth Apgood

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6a7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Henry Apgood

6. DATE OF BIRTH (month, day, and year) May 4 1865

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 69 | 7 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wanship, Utah

MOTHER FATHER
13. NAME Thomas Fraizer
14. BIRTHPLACE (city or town) (State or country) N. C. U. S. A.
15. MAIDEN NAME Rachel Young
16. BIRTHPLACE (city or town) (State or country) N. C. U. S. A.

17. INFORMANT (Address) Mrs. Floyd Jensen Ruby, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mutual, Idaho. Date Dec. 17, 1934

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED 12/17-, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Dec. 14, 1934.
Last saw h[illegible] alive on Dec. 14, 1934: death is said to have occurred on the date stated above, at 7:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Paralysis Agitans | |
| Senility | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91678

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 210
Local Registrar's No. 246

(No. St. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rev. John Henry Dill 90

(a) Residence. No. Shelley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Clara Maude Dill

6. DATE OF BIRTH (month, day, and year) June 12 1776.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 58 | 6 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Methodist

10. Date deceased last worked at this occupation (mo. and yr.) one week

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER FATHER

13. NAME Wm F. Dill

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Mc Illean ?

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Clara Maude Dill Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 12-16 1934

19. UNDERTAKER (Address) V. F. McDermott Idaho Falls Ida

20. FILED 12/14, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1934, to Dec. 13, 1934.
I last saw h~~e~~ alive on Dec. 13, 1934; death is said to have occurred on the date stated above, at 2.50 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilation of heart | Dec. 11-34 |
| Other **contributory causes** of importance: Aortic Aneurism Engorged Liver and Lungs | one month. |

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to ~~exter'l~~ causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 0, 193.
Where did injury occur? Idaho Falls Ida
(Specify city or town, county, and state)
Specify whether injury ~~occurred~~ in **industry**, in **home**, or in **public place**. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) F. W. Coberly M. D.
(Address) Shelley Ida

RECEIVED JAN 7 1936

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91679

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 247

(No. L.D.S. Hospital) 101a

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Browning Johnston

(a) Residence. No. ..... St. Letonia Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Feb. 2, 1911

7. AGE: Years 23 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farm Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marysville Ida

FATHER

13. NAME: James E. Johnston

14. BIRTHPLACE (city or town) (State or country): Mott Ogden Utah

MOTHER

15. MAIDEN NAME: Hannah E. Householder

16. BIRTHPLACE (city or town) (State or country): Pleasant Grove Utah

17. INFORMANT (Address): Edwin Johnston Driggs, Ida

18. BURIAL, CREMATION OR REMOVAL. Place: Ashton, Ida. Date: Dec 17, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED: 1-7-1936 Registrar: [signature]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1934 to Dec 13, 1934

I last saw him alive on Dec 13 1934; death is said to have occurred on the date stated above, at 9:45 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Dec 1, 1934 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Day Hatch M. D.

(Address) Idaho Falls, Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91680

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 K 9
Local Registrar's No. 248
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Harrison Carson

(a) Residence. No. 353 - 8 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

135

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Luella Carson

6. DATE OF BIRTH (month, day, and year) Aug. 6, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 4 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Camp Floyd (State or country) Utah

FATHER
13. NAME George W. Carson
14. BIRTHPLACE (city or town) U. S. A. (State or country)

MOTHER
15. MAIDEN NAME Agatha Morgan
16. BIRTHPLACE (city or town) U. S. A. (State or country)

17. INFORMANT Mrs. Charles H. Carson (Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Iona Ida. Date Dec. 19 1934

19. UNDERTAKER Jack A. Woody (Address) Idaho Falls

20. FILED 12/17, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934 to Dec. 15, 1934
I last saw him alive on Dec. 14, 1934; death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage following transurethral prostatectomy | 12/15/34 |
| Other **contributory causes** of importance: Prostatic obstruction | |

Name of operation Some Date of 12/15/34
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) W. Ray Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91681
State File No.

Registration District No. 73

Primary Registration District No. 21V-D Local Registrar's No. 279

(No. ) 105

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Bundte.

(a) Residence. No. RR 6 Idaho Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Bundte.

6. DATE OF BIRTH (month, day, and year) June 2, 1857

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Butcher.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired.
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leipe Germany.

FATHER

13. NAME Bundte.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Mary Bundte RR #6 Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida. Date Dec 20, 1934

19. UNDERTAKER (Address) V. F. M. Bass Idaho Falls, Ida.

20. FILED 12/10, 1934 (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 12-16 1934; death is said to have occurred on the date stated above, at 9:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asthma | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Leakage of Heart | |
| Bronchitis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. B. Allen M.D.
(Address) Idaho Falls Ida

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9168

Registration District No. 73
Primary Registration District No. 21V-0 Local Registrar's No. 21V-2

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Karel Willis Radford 197

(a) Residence. No. Rigby #2 St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Elva Radford

6. DATE OF BIRTH (month, day, and year) August 16, 1913

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 21 | 4 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rupert, Idaho

FATHER
13. NAME: John Edward Radford
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Eva Seeples
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): John Edward Radford [redacted] Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert, Idaho Date: Dec 24, 1934

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: 1-2-35, 1934 (Signature) Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5-30 P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Killed by 22 Rifle | |
| in ones hand who | |
| was insane | |
| 3 bullets in the front | |
| over the heart | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, ~~suicide~~, or homicide? ..... Date of injury .., 1934
Where did injury occur? Idaho Falls R#2 Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. On ranch
Manner of injury 22 Rifle
Nature of injury 3 bullet wounds over the heart

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) Fred Justice Coroner
(Address) Idaho Falls Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 31669

State File No.

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 21V-0

Local Registrar's No. 21V-3

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orville Brown

(a) Residence. No. Rigby Rt 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

17 D

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 4 1915

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 19 | 11 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Milo Idaho

FATHER

13. NAME: M. E. Brown

14. BIRTHPLACE (city or town) (State or country): Woodruff Utah

MOTHER

15. MAIDEN NAME: Clara E. Morris

16. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

17. INFORMANT: M. E. Brown
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Milo, Idaho Date: Dec 22, 1934

19. UNDERTAKER: Jack A. Woods
(Address)

20. FILED 12/22, 1934. [signature]
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year): Dec 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| Apparently insane | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, (Suicide) or homicide? Date of injury Dec 20, 1934
Where did injury occur? Idaho Falls R.F.D. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On ranch
Manner of injury 22 Rifle
Nature of injury Bullet wound over Heart

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Fred Foster, Coroner D.
(Address) Idaho Falls, Idaho

**MARGIN RESERVED FOR BINDING**

**N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

RECEIVED JAN 7 1935

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91684

Registration District No. 73

Primary Registration District No. 2470 Local Registrar's No. 2

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

144

2. FULL NAME Rula Bush.

(a) Residence. No. ..... St. Ririe, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. M. | White | Married |

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of John Joseph Bush.

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville, Utah

FATHER

13. NAME Melvin H. Randall.

14. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

MOTHER

15. MAIDEN NAME Frankie Bennett.

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT John Bush
(Address) Rigby, Idaho. R. #3

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Ida. Date 12/27 1934

19. UNDERTAKER A. F. Fairchild
(Address) Rigby, Idaho.

20. FILED 1/26, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934, to Dec 24, 1934.

I last saw her alive on Dec 24, 1934; death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis Toxaemia and Uraemia | 3 days. |
| Hemorrhage from premature separation of Placenta | 2 days. |
| Other **contributory causes** of importance: | |
| Pregnancy | |

Name of operation Delivery Date of Dec 24-34

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. K. Abbott M. D.

(Address) Idaho Falls, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91685

Registration District No. 73
Primary Registration District No. 219-2 Local Registrar's No. 21-7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Margaret Frederickson 887

(a) Residence. No. 120-6th St.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 77 yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl Anton Frederickson

6. DATE OF BIRTH (month, day, and year) April 5 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 78 | 8 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aarhus, Denmark

FATHER
13. NAME Jens Peter Hansen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Kirsten Sorensen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs. H. M. Groesbeck 120-5th St. Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Dec. 27 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls

20. FILED 1/7/35, 193.. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 193.2 to Dec. 22, 193.4
I last saw h alive on Dec 22, 193.4 death is said to have occurred on the date stated above, at 6 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 1 yr. |
| and endocarditis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic nephritis | 1 yr. |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) John O. McCellon, M. D.
(Address) Idaho Falls, Ida.

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91686

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 217

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Deborah Clifford 88

(a) Residence. No. 452 - 6th St.
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ephraim A Clifford
6. DATE OF BIRTH (month, day, and year): April 24 1878
7. AGE — Years: 56 | Months: 8 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Marysville Utah

FATHER
13. NAME: James Hill
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Mary E Clifford
16. BIRTHPLACE (city or town) (State or country): Yorkshire England

17. INFORMANT (Address): Lloyd Clifford 452 6th Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 12-30 1934

19. UNDERTAKER: J. F. McHaye
(Address): Idaho Falls Ida

20. FILED 12/30, 1934 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-27-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to Dec 27, 1934
I last saw her alive on Dec 27, 1934; death is said to have occurred on the date stated above, at 11:25 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis of long Standing with associated renal & hypostatic pneumonia | Approx 1924 |

Other **contributory causes** of importance: Diabetes Mellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. B. Woodall M. D.
(Address) Idaho Falls, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91687

**PLACE OF DEATH**

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-1 Local Registrar's No. 21-7
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Elwell Robinson 197

(a) Residence. No. 144 - 1st St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 4 1898
7. AGE: Years 36 | Months 5 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: F.E.P.A.
10. Date deceased last worked at this occupation (mo. and yr.): Dec 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Florida

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Ruth Gray Idaho Falls Ida
18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 12-24 1934
19. UNDERTAKER (Address): D. F. M. Farr Idaho Falls Ida.
20. FILED 12/26, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-21 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 2158 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shot with a 45 | |
| 5 times by Welch | |
| Caused his death | |
| Homicide | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 1934
Where did injury occur? Idaho Falls Idaho County and state)
(Specify city or town,
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Gun shot wound
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Fred [illegible] Coroner M. D.
(Address) Idaho Falls Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH.**
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91088

Registration District No. 12
Primary Registration District No. 21-0 Local Registrar's No. 267

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Etherington Stanger

(a) Residence. No. St. Iona.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

884

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Stanger

6. DATE OF BIRTH (month, day, and year) March 3 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 68 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alderville Utah

FATHER

13. NAME George Stanger

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Etherington

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Sarah E. Wright
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Iona Date Dec 31, 1934

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls.

20. FILED 1/31, 1935 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1934 to Dec 29, 1934
I last saw him alive on Dec 28, 1934 death is said to have occurred on the date stated above, at 2:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Indefinite |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance: Chronic nephritis Probably Thrombosis cerebri a few days Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Milton, M. D.
(Address) Idaho Falls, Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91689
State File No.

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 263

(No. 1012)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ardelle Helena Moore

(a) Residence. No. 492 G St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH (month, day and year): November 22 1934
7. AGE: Years: No | Months: 1 | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER

13. NAME: Arthur E. Moore
14. BIRTHPLACE (city or town) (State or country): Woodville Idaho

MOTHER

15. MAIDEN NAME: Alberta Albright
16. BIRTHPLACE (city or town) (State or country): Big Timber Montana

17. INFORMANT (Address): Arthur E. Moore Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Idaho Falls Date: 1-2, 1935

19. UNDERTAKER (Address): F. M. Hart Idaho Falls Idaho

20. FILED 1/2, 1935 Jay Fumanti Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934 to Dec 31, 1934
I last saw her alive on Dec 31, 1934; death is said to have occurred on the date stated above, at 11.20 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. B. Collins M. D.
(Address) Idaho Falls Idaho

RECEIVED JAN 11 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91690

PLACE OF DEATH
County of Butte
City of Arco -
Registration District No. 5
Primary Registration District No. 2129
(No. )
Local Registrar's No. 20
(If death occurred in a hospital or institution, give its name instead of street and number.)

180

2. FULL NAME Patsy ann Bingham

(a) Residence. No. 1 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single - |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mch - 18 - 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 8 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Moore Idaho -

PARENTS

10. NAME OF FATHER Wm Bingham -
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Richmond Utah
12. MAIDEN NAME OF MOTHER Clara adams
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Black foot Idaho -

14. Informant W. J. Bingham
(Address) Moore Ida.

15. Filed Dec. 7 1934 M. G. Dietrich Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec - 7 - 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934, to Dec 7 -, 1934
that I last saw her alive on Dec 7, 1934
and that death occurred, on the date stated above, at 3:15 P. m.
The CAUSE OF DEATH* was as follows:
Obstructive Laryngitis -
(Probably foreign Body)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical examination
(Signed) J. R. Egbert, M. D.
Dec. 7 -, 1934 (Address) Arco -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, ~~Cremation, or Removal~~ | Date of Burial |
|---|---|
| moore | Dec - 9 1934 |
| 20. Undertaker | Address |
| moore | — |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91692

PLACE OF DEATH
County of Camas
City of Fairfield
Registration District No.
Primary Registration District No.
Local Registrar's No. 58

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Josephine Thompson

57

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Wed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 12 — Months: 5 — Days: 28 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: District School
10. Date deceased last worked at this occupation (month and year): Oct 1934
11. Total time (years) spent in this occupation: 6 years

12. BIRTHPLACE (city or town) (State or country): Camas Co

FATHER

13. NAME: Edwin Milton Thompson
14. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

MOTHER

15. MAIDEN NAME: Myrtle Jannett Moon
16. BIRTHPLACE (city or town) (State or country): St Anthony Idaho

17. INFORMENT (Address): Edwin Milton Thompson

18. BURIAL, CREMATION, OR REMOVAL — Place: St Anthony — Date: Dec 20, 193 — Removed

19. UNDERTAKER (Address): McClain Bros Fairfield Idaho

20. FILED Jan 4, 1935 — W B Parkinson, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934, to Dec 18, 1934
I last saw her alive on Dec 18, 1934; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza, later Coma | Dec 11-1934 |
| Other contributory causes of importance: Diabetes Mellitus | Oct 11-1928 |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) W B Parkinson, M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91695

## PLACE OF DEATH

County of Canyon

City of Wilder

Registration District No. ....

Primary Registration District No. 2007 Local Registrar's No. 129

(No. .... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Iva Myrtle Davenport.

(a) Residence. No. .... Wilder St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white. | widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22 - 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|
| 60 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Uplinterset (State or country) Iowa.

MOTHER FATHER

13. NAME Wm Lakey.

14. BIRTHPLACE (city or town) .... (State or country) Not Known

15. MAIDEN NAME Jane Roane.

16. BIRTHPLACE (city or town) .... (State or country) Penn

17. INFORMANT Claude L. Davenport (Address) Wilder Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Ida Date 12-12, 1934

19. UNDERTAKER C. V. Seckman (Address) Caldwell Idaho

20. FILED 12/12, 1934 E. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 193.4, to Dec 9, 193.4.

I last saw h.. alive on Dec 8, 193.4; death is said to have occurred on the date stated above, at 4:25 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Dec 7 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. M. Davis M. D.

(Address) Caldwell Ida

RECEIVED JAN 15 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Mark

## PLACE OF DEATH

County of Canyon

City of ~~Caldwell~~ Huston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91696
State File No.

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 132

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME John Lewis Oakes

(a) Residence. No. Huston R#2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 20 - 1851

7. AGE — Years: 77 | Months: 5 | Days: ~~24~~ 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Oakes

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Rhoda Jones

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Harold H. Lloyd Huston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Idaho Date ....., 193..

19. UNDERTAKER (Address) C. V. Overholser Caldwell Ida

20. FILED 12/26..., 193~~4~~ E. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12 - 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug....., 193~~4~~., to Dec 11...., 193.4.
I last saw h~~e~~ alive on Dec 11., 193.~~4~~ death is said to have occurred on the date stated above, at 4 P....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) E. M. Montgomery M. D.
(Address) Caldwell Ida

RECEIVED JAN 2 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91697

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 133

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Katheryn Grace Hahn

(a) Residence. No. / Caldwell R#4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 25 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 2 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shubert
(State or country) Nebraska

FATHER
13. NAME Charles Faner
14. BIRTHPLACE (city or town)
(State or country) Wisc ?

MOTHER
15. MAIDEN NAME Mary Jane Benner
16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMENT Kathryn Hahn
(Address) Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Roswell Date Dec 20 1934

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 12/19, 1934 E Montgomery
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18- 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Jan 18, 1934

I last saw her alive on Jan 18, 1934 death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac renal disease with Asthenia - Senilis | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E Montgomery M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 15 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91698

**PLACE OF DEATH**

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 134

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Henry Garland

(a) Residence. No. Caldwell, Ida. R.#3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6-1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 80 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME William Garland

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Margaret Trasper

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Mrs. Senna Garland Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bassett, Nebr. Date ....., 193..

19. UNDERTAKER C.V. Peckham (Address) Caldwell, Idaho

20. FILED 12/26, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-25-1934

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1934, to December 25, 1934
I last saw him alive on Nov. 15, 1934; death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic poisoning | Dec 20 '34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Carcinoma of prostate gland | Sept 27, 1934 |

Name of operation none Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Dr. C. R. Whittenberger M.D. M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91699

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No.
Primary Registration District No. 3002
Local Registrar's No. 135
(No. Memorial Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME John H. Belknap

(a) Residence. No. Garden Valley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 23, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER
13. NAME J.A. Belknap
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Katherine Harvey
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Fred F. Belknap, Garden Valley, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Dec. 30, 1934

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 12/29, 1934 W. Montgomery Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1934, to Dec 28, 1934
I last saw him alive on Dec 28, 1934; death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | Dec 10/34 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify

(Signed) W. W. Montgomery M. D.
(Address) Caldwell Ida

Dec. 25

RECEIVED JAN 15 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 91700

Local Registrar's No. #137

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Ashford Perkins

(a) Residence. No. Homedale, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Perkins

6. DATE OF BIRTH (month, day, and year) April 6, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 8 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Ky.

FATHER

13. NAME Thomas Perkins

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Mahala Howard

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) T. Perkins

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 1/2/35, 193

19. UNDERTAKER Paul L. Case (Address) Caldwell, Idaho

20. FILED 1/2, 193 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to Dec 31, 1934

I last saw h alive on Dec 25, 1934; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1933 |
| Chronic Interstitial Nephritis | |
| Gradual Myocardial Failure | |
| Other contributory causes of importance | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PL.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91701

County of Canyon
City of Nampa

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 138

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul E. Swain

(a) Residence. No. Caldwell Rt 3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 21 - 1906

7. AGE — Years: 28 | Months: 11 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): White Oaks N. Mex. America

FATHER

13. NAME: Joe Swain
14. BIRTHPLACE (city or town) (State or country): Bumble Co Texas

MOTHER

15. MAIDEN NAME: Bernice Wilson
16. BIRTHPLACE (city or town) (State or country): Spartanburg South Carolina

17. INFORMANT: Harry Swain (Address) Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 12 ....., 1934

19. UNDERTAKER: C. V. Buckhannon (Address) Caldwell Ida

20. FILED 1/2 ....., 1935 M. Marian Gowen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-23 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 ....., 1934., to Dec 23 ....., 1934.

I last saw him alive on Dec 23., 1934.; death is said to have occurred on the date stated above, at 1-30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Duodenal ulcer with partial pyloric stenosis | ..... |
| ..... | ..... |
| ..... | ..... |

Other **contributory causes** of importance:
Lenitomia, (Spreading) .....
(Resection of Pylorus & Gastro duodenostomy)

Name of operation ..... Date of .....

What test confirmed diagnosis? X. Was there an autopsy? Yes
Clinical Laboratory Proof

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Isaac E. Mangum M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91705

Registration District No. 7

Primary Registration District No. 2006, Local Registrar's No. 153

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John William Augustus Stoddard.

(a) Residence. No. ..... St. Silver City
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M. Stoddard

6. DATE OF BIRTH (month, day, and year): November 8 - 1846

7. AGE — Years: 88 — Months: 1 — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Saybrook Conn.

MOTHER FATHER

13. NAME: William Cowper Stoddard

14. BIRTHPLACE (city or town) (State or country): U. S. A.

15. MAIDEN NAME: Mary Martin

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Sadie D. Eisenhart 1615 N. 17th St Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Boise, Ida. Date: 12-31, 1934. Boise

19. UNDERTAKER (Address): Schreiber & McCann Boise Ida

20. FILED: Jan. 3, 1935. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10-, 1934., to 12-28-, 1934.
I last saw him alive on 12-28-, 1934. death is said to have occurred on the date stated above, at 5:15 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | 12-9-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Broncho-pneumonia | 12-25-34 |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? C.S. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Geo. A. Gellatly, M. D.
(Address) Nampa Idaho

RECEIVED JAN 9 1935

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91706

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 166

(No. State School & Colony - Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Hill 78

(a) Residence. No. State School & Colony St. Nampa Route

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 30 1905

7. AGE — Years: 29 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hyde Park Utah

FATHER

13. NAME: William J Hill

14. BIRTHPLACE (city or town) (State or country): Burlington West Va.

MOTHER

15. MAIDEN NAME: Jessie Ballo

16. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

17. INFORMANT (Address): Son Nampa Route

18. BURIAL, CREMATION OR REMOVAL

Place: Kohlerian Date: 1-3-1935

19. UNDERTAKER (Address): A. D. Hall Nampa Idaho

20. FILED Jan 5..., 1935. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to 12-30, 1934.

I last saw him alive on 12-29, 1934.; death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy Seizure | |
| | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Bronchopneumonia Epilepsy | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. State School & Colony

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) D. O. Gillis M. D.

(Address) Nampa Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91707

**PLACE OF DEATH**

County of Canyon

City of Melba

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 146

(No. 1 mi No. Melba)
(If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME John Thomas Kinnery

(a) Residence. No. 1 mi No. Melba St.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Ollie Kinnery

6. DATE OF BIRTH (month, day, and year) June 21 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Feeding Sheep.

10. Date deceased last worked at this occupation (month and year) Dec 29 - 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Green County Penn

FATHER

13. NAME George Kinnery

14. BIRTHPLACE (city or town) (State or country) Green County Penn

MOTHER

15. MAIDEN NAME Emma Straud

16. BIRTHPLACE (city or town) (State or country) Green County Penn

17. INFORMENT (Address) Jake Kinnery Melba Ida.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Earl Date Dec 29 1934

19. UNDERTAKER (Address) Wm D Talley Nampa Ida.

20. FILED Jan 2, 1935 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h. alive on ..., 193.., and death is said to have occurred on the date stated above, at about 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Falling from load of hay Breaking neck, | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Started after load of hay [redacted] at 2:30 in afternoon, body found by Archy McBride at 5:00 from where he was hauling hay.

Name of operation ... Date of ...

What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/29, 1934

Where did injury occur? (1 Mi No. Melba,)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Farm

Manner of injury Broken Neck

Nature of injury Falling from load of hay.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm D Talley Coroner M. D.

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91708

County of Canyon
City of Nampa / Bowmont
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 142

(No. 8 miles so. Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Jay E Bodle

(a) Residence. No. 8 miles so. Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Bodle

6. DATE OF BIRTH (month, day, and year) July 11th 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 5 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blueearth Minnesota

FATHER

13. NAME Solomon Bodle

14. BIRTHPLACE (city or town) (State or country) Orange Co. New York

MOTHER

15. MAIDEN NAME Liddy Jane Bryant

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Maud Bodle Bowmont, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell, Ida. Canyon Hill Date 12-16 1934

19. UNDERTAKER Wm D. Talbert (Address) Nampa, Idaho.

20. FILED Dec 17, 1934 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5th 1934, to Dec. 14, 1934

I last saw h~~im~~ alive on Dec. 13, 1934: death is said to have occurred on the date stated above, at 8:35 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| Chronic Myocarditis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A Swayne M. D.

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91709

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 146

(No. R.F.D. # 5)

(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Oscar Rivett

(a) Residence. No. R.F.D. # 5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 6th 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

FATHER

13. NAME Hermidas Rivett

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Elephire Boyer

16. BIRTHPLACE (city or town) (State or country) St. Benoit Quebec, Canada

17. INFORMENT (Address) Gus Nelson Mountain Home, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 12-11, 1934 Mt. Calvary

19. UNDERTAKER (Address) Wm D. Talley Nampa, Idaho

20. FILED Jan 2, 1936 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934, to Dec 9, 1934

I last saw him alive on Dec 9, 1934: death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer Pancreas | |

Other contributory causes of importance:

General Sympathic Cancer

Name of operation Exploration Date of Aug 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Horace Belknap, M. D.

(Address) Nampa, Idaho

RECEIVED JAN 9 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91711

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 157
(No. Mercy Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Freida Caroline Anderson

(a) Residence. No. 750 Sunset Ave St. 131
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Oscar Anderson

6. DATE OF BIRTH (month, day, and year) March 27-1882

7. AGE: Years 52. Months 9 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mackinaw (State or country) Mich. U.S.

FATHER
13. NAME Wm Ludwigs.
14. BIRTHPLACE (city or town) (State or country) Germ.

MOTHER
15. MAIDEN NAME Catharine Jons.
16. BIRTHPLACE (city or town) Milw. (State or country) Wis.

17. INFORMENT (Address) Oscar Anderson Nampa

18. BURIAL, CREMATION, OR REMOVAL Place Centerview Date Jan 3, 1935

19. UNDERTAKER Wm T Talley & Sons
(Address) Nampa Idaho

20. FILED Jan. 5, 1935 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12th, 1934, to Dec. 31st, 1934

I last saw h~~im~~ alive on 12-31-, 1934: death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer following stomach operation & acute anaemia | 12-29-34 |

Other contributory causes of importance:

| | |
|---|---|
| Perforated ulcer of stomach. | Sept. '34. |

Name of operation Gastrotomy Date of 12-17-34
What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. D. Lee, M. D.
(Address) Nampa, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1935

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91712

County of Canyon
City of Parma
Registration District No. 3
Primary Registration District No. 1007
Local Registrar's No. 41

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elsie Ruth Arterburn. 11

(a) Residence. No. Parma St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct 15-1933
7. AGE: Years 1; Months 2; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise Ida

FATHER
13. NAME: J. H. Arterburn
14. BIRTHPLACE (city or town) (State or country): Mattoon Illinois

MOTHER
15. MAIDEN NAME: Margaret Carver
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): J. H. Arterburn Parma Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Hayden Date 12-17, 1934
19. UNDERTAKER (Address): C. V. Peckham Caldwell Ida
20. FILED 1-4-35, 1935 Ethel Jurries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/15 1934
22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1934, to 12-15, 1934
I last saw her alive on 12-15, 1934: death is said to have occurred on the date stated above, at 6-45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Influenza. | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Otitis Media in both ears. | |

Name of operation no Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. M. Mitchell, M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91713

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No.
Primary Registration District No. 1006 Local Registrar's No. 149
(No. 708-12th Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas A. Wall

(a) Residence. No. 708-12th Ave. So St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora Hogan Wall
6. DATE OF BIRTH (month, day, and year): Dec. 2nd 1875
7. AGE: Years 59 | Months — | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): E. L. Kinney Nampa Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida. Date 12-23, 1934
19. UNDERTAKER: Wm. D. Talley (Address) Nampa, Idaho
20. FILED Jan 3, 1935 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 21st 1934
22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1934, to 12-21, 1934.
I last saw him alive on 12-20, 1934.: death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Edema of Lungs | |
| Pneumonia with pleurisy effusion | 12-17-34 |

Other contributory causes of importance:
Miners Consumption Several years

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Beglow M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91714

**PLACE OF DEATH**

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 144

(No. 1716 – 2nd Street No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

74 b

2. FULL NAME Andrew C. Christensen

(a) Residence. No. 1716 – 2nd St. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda Christensen

6. DATE OF BIRTH (month, day, and year) Nov. 20 - 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 72 | 0 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Chresten Christensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Marylnn Anderson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Amanda Christensen Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 12 - 9, 1934 Kohlerlawn

19. UNDERTAKER Wm. D. Dailey
(Address) Nampa, Idaho

20. FILED Jan 2, 1935 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Dec 7, 1934

I last saw him alive on Dec 7, 1934; death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolus | Dec 3 '34 |

Other contributory causes of importance:
Arteriosclerosis
Myocarditis and
Bronchopneumonia with
indefinite history

Name of operation none Date of

What test confirmed diagnosis? physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? C Date of injury ..., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Rose, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91715

**PLACE OF DEATH**
County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 150

(No. 1 1/2 mi. no. west Caldwell)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma Marie Judd

(a) Residence. No. 1201 Blaine St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): March 25, 19

7. AGE — Years: 18 | Months: 8 | Days: 21 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

FATHER
13. NAME: Samuel T. Judd
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Tressya M. Painter
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Samuel T. Judd Caldwell, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Canyon Hill Date: 12/17, 193 4

19. UNDERTAKER (Address): Mrs. Nina M. Talbot Nampa, Idaho

20. FILED 12/17, 193 4 M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193 4: death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows: Date of onset

Coroners Inquest Verdict:
Accidental drowning account Auto left Road, overturned in Roswell ditch Pinning her under Car.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12, 15, 1934
Where did injury occur? Side Road near Highway. Ada
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway or Road.
Manner of injury Drowning
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. T. Talbot, M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91716
State File No.

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 136

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hester Ruth Langley

(a) Residence. No. Caldwell 2113 Ind St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Apr 24 1851
7. AGE — Years: 83 Months: 8 Days: 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, weaver, bookkeeper, etc.**: Housekeeping
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hayesville Kentucky

FATHER
13. NAME: B. F. Maryatt
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Nancy Gabbert
16. BIRTHPLACE (city or town) (State or country): Evansville Indiana

17. INFORMANT (Address): Clara L. Andry Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 12-31 1934

19. UNDERTAKER (Address): A. V. Cushman Caldwell Ida

20. FILED 1/2, 1935 W. M. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1934, to 12-29, 1934

I last saw her alive on 12-29, 1934: death is said to have occurred on the date stated above, at 2-30 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured hip | |
| (Left) - with shock | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. M. Montgomery M. D.
(Address) Caldwell Ida

RECEIVED JAN 15 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 1317

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 131

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Clinton Ray Cole

(a) Residence. No. Caldwell 411-So 9th St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 10 "

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | — | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho.

FATHER

13. NAME Perry C. Cole

14. BIRTHPLACE (city or town) (State or country) Lind Co. Kansas

MOTHER

15. MAIDEN NAME Ollie Mae Pack.

16. BIRTHPLACE (city or town) (State or country) Roswell Idaho

17. INFORMENT (Address) Perry C Cole

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem Date 12-19, 1934

19. UNDERTAKER C. L. Peckham (Address) Caldwell, Idaho

20. FILED 12/26, 1934 J. W. Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-17" 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934 to Dec 17, 1934

I last saw h alive on Dec 17, 1934: death is said to have occurred on the date stated above, at 10:20 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Dec 14th |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A Newberry M. D.

(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9178

**PLACE OF DEATH**

County of Canyon

City of Sunny Slope

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 147

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvin Hugh Newell

(a) Residence. No. on Mrs. Murray's Ranch St. 1017

(Usual place of abode) Sunny Slope dist of Caldwell (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 27-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | 2. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sunny Slope Canyon County Ida.

FATHER

13. NAME Arthur J. Newell

14. BIRTHPLACE (city or town) (State or country) Steamboat Springs Colo.

MOTHER

15. MAIDEN NAME Hatty E. Otto.

16. BIRTHPLACE (city or town) (State or country) Oregon.

17. INFORMENT (Address) Arthur J. Newell Sunny Slope Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Parkview Date 12/31, 1934

19. UNDERTAKER (Address) Wm. D. Talley Nampa Ida.

20. FILED Jan 2, 1935 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934 to Dec 29, 1934

I last saw him alive on 12/29, 1934; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia. | |

Other contributory causes of importance:

| | |
|---|---|
| Breach birth and weather before birth. | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos. G. Belden ?, M. D.

(Address) Nampa Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91719

## PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 164

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Bennett

(a) Residence. No. Nampa, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT F. K. Robinson (Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date 1/3., 1935

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED Jan 5, 1935 Lyda Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31/1934

22. I HEREBY CERTIFY, That I attended deceased from 12-25-1934 to 12-31-1934

I last saw him alive on 12-31., 1934: death is said to have occurred on the date stated above, at 8.0 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer Liver | |
| 3 Months | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cancer Liver | |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis Bellmet M. D.

(Address) Nampa Idaho

RECEIVED JAN 5 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH
# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91721

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 148
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Iva Jewell Hixson

148

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem. | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ted Hixson

6. DATE OF BIRTH (month, day, and year) Nov. 28, 1913

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 21 | | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norwood
(State or country) Mo.

MOTHER/FATHER

13. NAME T. Ussery

14. BIRTHPLACE (city or town)
(State or country) Mo.

15. MAIDEN NAME Colson

16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMANT Ted Hixson
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date Dec. 16 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED Jan 2, 1935 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934, to Dec. 13, 1934
I last saw her alive on Dec. 13 1934; death is said to have occurred on the date stated above, at 9:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pachycardia from Uremia of pregnancy (Albumen and pus cast) | Dec 8 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance. Acute attack Nov 1934 when she aborted at 6 mos.

Name of operation Emptied uterus Date of Dec. 12,

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. E. Proctor M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1935

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91722

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 152

(No. 301 - 9th Ave S)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Durwood King

(a) Residence. No. 301 - 9th Ave S St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, ~~Married, Widowed~~ or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct - 1860

7. AGE — Years: 74 — Months: — Days: — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Elliott King

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Wall

16. BIRTHPLACE (city or town) (State or country) King

17. INFORMANT (Address) A. E. King Nampa Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Kohlerdown Date 1/28 1935

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Jan. 3, 1935. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1934, to Dec. 26, 1934.

I last saw him alive on Dec., 1934, death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis with mitral insufficiency | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Gastric ulcer with hemorrhage in past | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Murray, M. D.

(Address) Nampa Ida

M.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91723

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Hastings Critcher

(a) Residence. No. #8-12 air S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 3/10/65
7. AGE — Years: 66 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME W. H. Critcher
14. BIRTHPLACE (city or town) (State or country) Penn Indiana

MOTHER
15. MAIDEN NAME no record
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT A. R. Critcher (Address) Nampa Ida
18. BURIAL, CREMATION OR REMOVAL Place Caldwell, Ida Date 1/28, 193..
19. UNDERTAKER F. K. Robinson (Address) Nampa Ida
20. FILED Jan. 3.., 1935. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-25 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 12-24-34, 193..., to 12-25, 193[illegible]
I last saw him alive on 12-24, 193[illegible]: death is said to have occurred on the date stated above, at 6 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1930 |
| Other **contributory causes** of importance: | |

Name of operation L Date of.....
What test confirmed diagnosis? L Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) J. E. Horton M.D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91725
State File No.....

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 160

(No. State School + Colony)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nella Fossen

(a) Residence. No. Nampa Canyon St.
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 10 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 24 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nampa Canyon Co Ida

MOTHER FATHER

13. NAME Martin Fossen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Christine Rasmussen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) O. M. Byers Nampa Canyon Co Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 12/21 1934

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Jan 3, 1935 Lyda Rodgers
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-19-1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933, to Dec 19 1934.
I last saw h[illegible] alive on 12-19-1934.; death is said to have occurred on the date stated above, at 7:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Pneumonia Lobular | |
| Mitral Epilepsy | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pelvic Abscess Epilepsy | |
| Acute Cholecystitis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so specify.....

(Signed) O. M. Byers M. D.
(Address) Nampa Canyon Co Ida

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91725

PLACE OF DEATH

County of Canyon

City of Parma

Registration District No. 3

Primary Registration District No. 1007

Local Registrar's No. 42

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gladys Estella Richardson

(a) Residence. No. Parma St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James A. Richardson

6. DATE OF BIRTH (month, day, and year) Sept 23-1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson Miss.

FATHER

13. NAME William Caldwell

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Rena Driggle

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Lura LaFountaine Parma Ida

18. BURIAL, CREMATION, OR REMOVAL Place Parma Cem Date 12-28 1934

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 1-4 35, 193 Ethel Jurries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to Dec 27, 1934

I last saw her alive on Dec 26, 1934; death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |

Other contributory causes of importance:

Chronic Arthritis of most all joints

Name of operation no Date of

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. M. Mitchell, M. D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25-M. 1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 91726

Registration District No. 3
Primary Registration District No. 2007
(No. ..... St.)
Local Registrar's No. 46

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

**1. PLACE OF DEATH**

County of Canyon
City of Wilder

**2. FULL NAME** Hall Douglass Garman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

**3. SEX** Male

**4. COLOR OR RACE** White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (Write the word) Single

**6. DATE OF BIRTH** December 30 1934
(Month) (Day) (Year)

**7. AGE** Yrs. 2 Mos. 2 ds. 6

IF LESS than 1 day how many ..... hrs. or ..... min.?

**8. OCCUPATION**
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry, business or establishment in which employed (or employer):

**9. BIRTHPLACE** (State or Country) Caldwell Idaho

**10. NAME OF Father** Russell A Garman

**11. BIRTHPLACE OF FATHER** (State or Country) Caldwell Ida

**12. MAIDEN NAME OF MOTHER** Virgie Rampin

**13. BIRTHPLACE OF MOTHER** (State or Country) Pollard Kansas

**14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) Russell A. Garman
(Address) Wilder, Ida.

**15.**
Filed 1-4 1935 Ethel Jurris
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH** December 30 1934
(Month) (Day) (Year)

**17. I HEREBY CERTIFY,** That I attended deceased from October 30 1934, to December 30 1934, that I last saw him alive on December 29 1934, and that death occurred on the date stated above, at 4 A. M.

**The CAUSE OF DEATH* was as follows:**
Sudden Unexpected Death
Cause Undetermined

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert E Fellows M. D.
12/30 1934 (Address) Wilder Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)**
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

**19. PLACE OF BURIAL OR REMOVAL** Wilder Cemetery — **DATE OF BURIAL** Dec 31 1934

**20. UNDERTAKER** Wms — **ADDRESS**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-35

RECEIVED JAN 7 1935

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 91727
Local Registrar's No. 91727

1. PLACE OF DEATH
County of Canyon
City of Weiser
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2007
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edith Charlotte Breshears

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Female | White | Single |

6. DATE OF BIRTH: December 21 1934 (Month) (Day) (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many 11 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canyon County Ida

10. NAME OF Father: Charles A Breshears

11. BIRTHPLACE OF FATHER (State or Country): Eagle Ida

12. MAIDEN NAME OF MOTHER: Edith Brown

13. BIRTHPLACE OF MOTHER (State or Country): Douglass County Me

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James H. F. Brown
(Address) Weiser Idaho

15. Filed 1-4- 1935 Ethel Jurrius Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December 22 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 21 1934. to December 22 1934
that I last saw her alive on Dec 22 1934
and that death occurred on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:
Premature Birth (7 months)

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert E Talbot M. D.
1-7 1935 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Cemetery
DATE OF BURIAL: Dec 23 1934

20. UNDERTAKER: Mervine
ADDRESS: Weiser Ida

FORM V. S. No. 5-25 M. 1-19.

JAN 7 19[illegible]

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 91728

Local Registrar's No. 43

Registration District No. 3

Primary Registration District No. 2007

(No. ..... St.)

**1. PLACE OF DEATH**

County of Canyon

City of Wilder

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

**2. FULL NAME** Charlotte Edith Breshears

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Female | White | Single |

**6. DATE OF BIRTH**

Dec 21 1934
(Month) (Day) (Year)

**7. AGE**

..... Yrs. ..... Mos. ..... ds. 6

IF LESS than 1 day how many ..... hrs. or ..... min.?

**8. OCCUPATION**

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business or establishment in which employed (or employer) .....

**9. BIRTHPLACE** (State or Country) Wilder (Canyon) Idaho

**10. NAME OF Father** Charles A Breshears

**11. BIRTHPLACE OF FATHER** (State or Country) Eagle Idaho

**12. MAIDEN NAME OF MOTHER** Edith Brown

**13. BIRTHPLACE OF MOTHER** (State or Country) Douglass County Missouri

**14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) James K P Brown Jr

(Address) Wilder Idaho

**15.**

Filed 1-4 1935 Ethel Jarvis
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH**

December 27 1934
(Month) (Day) (Year)

**17. I HEREBY CERTIFY, That I attended deceased from** Dec 21 1934, **to** December 27 1934, **that I last saw her alive on** Dec 27 1934, **and that death occurred on the date stated above, at** 1:[illegible] **P.M.**

**The CAUSE OF DEATH* was as follows:**

Premature Birth (7 months)

.....

.....

..... (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert E Talbot M. D.

Dec 28 1934 (Address) Wilder Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)**

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

**19. PLACE OF BURIAL OR REMOVAL** Wilder Cemetery — **DATE OF BURIAL** Dec 29 1934

**20. UNDERTAKER** none — **ADDRESS** Wilder Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91729

Registration District No. 7

Primary Registration District No. 2006a

Local Registrar's No. 143

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John D. Wendt

(a) Residence. No. Nampa Idaho St. 101 S

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town). (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town). (State or country)

17. INFORMANT (Address) Caldwell Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Ida. Date 1/2/29 1934

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED Jan 2, 1935. Lydia Rodgers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934, to Dec 27, 1934.

I last saw him alive on Dec 27, 1934; death is said to have occurred on the date stated above, at A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Dec 21. 34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Influenza | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? physical Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. K. Robinson, M. D.

(Address) Nampa Ida

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Caribou

City of Soda Springs, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91730
State File No.....

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 61

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Isabell Foreman

(a) Residence. No. Thatcher, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | C | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hyrum Foreman

6. DATE OF BIRTH (month, day, and year)
1864, Jan. 25

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 70 | 10 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lehi, Ut

FATHER

13. NAME Geo. Kirkham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Rolasen

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT May Bennett
(Address) Thatcher, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Thatcher, Idaho Date 12/26/34 193..

19. UNDERTAKER A. Hendricks
(Address) Preston, Idaho

20. FILED 12-28.., 1934 Dr. Russell Tigert
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/23/34 193

22. I HEREBY CERTIFY, That I attended deceased from 12/23/34, 193..., to 12/23/34, 193...
I last saw her alive on 12/23/34, 193...: death is said to have occurred on the date stated above, at 6 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of Right Femur, near the neck, Injury to right shoulder and Fracture of the Sternal Ends of 5th, 6th and 7th Ribs, Right, May have been Internal Injuries as well | 12/23/34 |
| Other **contributory causes** of importance: None | |

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 12/23/34 Date of injury.., 193.
Where did injury occur? Thatcher, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Fell while going to church
Manner of injury. Feet slipped on ice
Nature of injury. Fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Ellis Hackley M. D.
(Address) Soda Springs, Idaho

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91731

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 60
(No. Caribou ~~Soda Springs~~ Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Edna A Wilcox
(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. Wilcox.

6. DATE OF BIRTH (month, day, and year) Aprl. 20./ 1878

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 56 | 7 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER FATHER
13. NAME La Grand Botsford
14. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER
15. MAIDEN NAME Inza I Boughan
16. BIRTHPLACE (city or town)
(State or country) Michigan

17. INFORMANT (Address) Geo. W Wilcox

18. ~~BURIAL, CREMATION~~ OR REMOVAL Twin Falls
Place... Twin Falls Date. Dec 22 1934

19. UNDERTAKER
(Address) F E Drake Twin Falls

20. FILED 12-24, 1934 Dr Russell Ingalls
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/18/34 193

22. I HEREBY CERTIFY, That I attended deceased from 12/11/34, 193... to 12/18/34, 193...
I last saw her alive on 12/18/34, 193...: death is said to have occurred on the date stated above, at 10 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of the Ovary | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: No | |
| | |
| | |
| | |

Name of operation Abdominal Date of 12/11/34
What test confirmed diagnosis? Physical Ex. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley M. D.
(Address) Soda Springs Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

DEC 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91732

**PLACE OF DEATH**
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 59
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Dow Gray Smith

(a) Residence. No. Cleveland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ingle

6. DATE OF BIRTH (month, day, and year) 4/1/16

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 18 | 8 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clevelan, Idaho

MOTHER FATHER
13. NAME Theron Smith
14. BIRTHPLACE (city or town) (State or country) Logan, Ut
15. MAIDEN NAME Lettia May Gray
16. BIRTHPLACE (city or town) (State or country) Cleveland, Idaho

17. INFORMANT Rp. John V. Adams
(Address) Cleveland, Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Logan, Utah Date 12/27/34 193..

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho

20. FILED 12-27 1934 Dr Russell Tigert
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/23/34 193

22. I HEREBY CERTIFY, That I attended deceased from 12/13/34 193.... to 12/23/34 193....
I last saw im alive on 12/23/34 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonits following | |
| Chronic Appendecitis | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |
| | |
| | |

Name of operation Appendectomy 12/15/34
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 31733

**PLACE OF DEATH**

County of Canyon
City of Soda Springs Ida
Registration District No. 87
Primary Registration District No. 7159 Local Registrar's No. 58
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Bens 41

(a) Residence. No. (Usual place of abode) Soda Springs Ida St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Son of E. M. & Grace Bens
6. DATE OF BIRTH (month, day, and year): Feby 25 1924
7. AGE: Years 10 Months 9 Days ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School Boy
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Soda Springs Ida

FATHER
13. NAME: E. M. Bens
14. BIRTHPLACE (city or town) (State or country): ~~Soda Springs~~ Ogden Utah

MOTHER
15. MAIDEN NAME: Grace Campbell
16. BIRTHPLACE (city or town) (State or country): Soda Springs Idaho

17. INFORMANT (Address): E. M. Bens Soda Springs Ida
18. BURIAL, CREMATION, OR REMOVAL. Place: Soda Springs Date 11-27, 1934
19. UNDERTAKER (Address): E. D. Peterson Soda Springs Ida
20. FILED 12-2, 1934 Dr. Russell Figert Registrar. 12-7-34

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 25 1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to Nov. 25, 1934
I last saw h. alive on Nov. 25 1934: death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemolytic Streptococcus Septicemia from infected tooth | Nov. 20, 1934 |
| Other **contributory causes** of importance: Rupt. fibular abscess | Nov. 22, 1934 |

Name of operation. Drainage Date of Nov 23 34
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Evan M. Mackay M. D.
(Address) Soda Springs Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91734

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 101

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma Stahr

(a) Residence. No. Ogden Utah St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Store Manager

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Rite Way Store

10. Date deceased last worked at this occupation (mo. and yr.) 12/31/34

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) Ogden Utah
(State or country)

FATHER

13. NAME John W. Stahr

14. BIRTHPLACE (city or town) Ogden
(State or country) Utah

MOTHER

15. MAIDEN NAME Zina Sanders

16. BIRTHPLACE (city or town) Ogden Utah
(State or country)

17. INFORMANT John W. Stahr
(Address) Ogden Utah

18. BURIAL, CREMATION OR REMOVAL
Place Ogden Utah Date 1/3/, 1935

19. UNDERTAKER D. E. Johnson
(Address) Burley

20. FILED 12/31, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Crushed S Skull | |
| Auto Accident | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... specify.....

(Signed) D. E. Johnson & Coroner M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

Keller

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91735

## PLACE OF DEATH

County of Bonner

City of Jackson

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 97

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsing Cable Burns

(a) Residence. No. ..... Jackson St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. D. Burns

6. DATE OF BIRTH (month, day, and year) Feb. 4 - 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 10 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (~~city~~ or town) Ogden (State or country) Utah

FATHER

13. NAME John Cable

14. BIRTHPLACE (city or town) Adamstown (State or country) N.Y.

MOTHER

15. MAIDEN NAME Mary Cornelius

16. BIRTHPLACE (city or town) ..... (State or country) .....

17. INFORMANT Laura E. Burns (Address) Rupert Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Priest River Date 12-16-1934

19. UNDERTAKER ..... (Address) Priest River Ida.

20. FILED Dec. 13, 1934 Laura Jacco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1934., to 12-15-, 193.4.

I last saw her alive on 12-15, 193.4. death is said to have occurred on the date stated above, at 1:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| C. V. Stomach | June 1934 |
| Secondary Ca Liver | — |

Other **contributory causes** of importance:

| | |
|---|---|
| Ch. Chol. cystitis | |
| " Cholelithiasis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. R. Kelly, M. D.

(Address) Bonners Ferry

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91736
State File No.....

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 96

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olive Clarres Harris

(a) Residence. No. 122 N. Kimball Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): S
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug. 29 - 1934
7. AGE: Years | Months: 3 | Days: 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Burley Cassia Co Idaho.

MOTHER FATHER
13. NAME: Clair Harris.
14. BIRTHPLACE (city or town) (State or country): Utah
15. MAIDEN NAME: Myrtle Sathre
16. BIRTHPLACE (city or town) (State or country): Wisconsin
17. INFORMANT (Address): Clair Harris Burley Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Burley Bdge. Date 12-24 1934
19. UNDERTAKER (Address): H. E. Johnson Burley Idaho
20. FILED 12/23 1934. Kimball Graves Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20., 1934., to Dec. 23....., 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial pneumonia | Dec 20-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. M. Kelly....., M. D.
(Address) ..... Burley.....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Original

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91737

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 95

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ostrum Magnuson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 2nd 1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Agriculturist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 10-15-34

12. BIRTHPLACE (city or town) .....
(State or country)

MOTHER FATHER

13. NAME Magnus Magnuson

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

15. MAIDEN NAME Mrs. - -

16. BIRTHPLACE (city or town) .....
(State or country) Sweden

17. INFORMANT .....
(Address) Mrs. B. Redford Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hayspring Date 12-24, 1934

19. UNDERTAKER .....
(Address) Geo. F. Harper Burley Idaho

20. FILED Dec. 22, 1934. Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-21-34 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1934., to 12-21-, 1934.

I last saw h....alive on 12-7-1..., 1934.; death is said to have occurred on the date stated above, at 12 00 m. noon

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolus | 12-6-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Prostatetis Ch. | about |
| Hypertrophies | 15 yrs |
| | |

Name of operation Prostatectomy Date of 12-6-34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) .... Leland Frazier, M. D.

(Address) .... Burley, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Naf f

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91738

Registration District No. ~~11-9~~ 117 ~~1946~~ 2196

Primary Registration District No. ~~1148~~ Local Registrar's No. 94

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin Delano Manwell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Stanrod
(State or country) Utah

MOTHER FATHER

13. NAME Geo Manwell

14. BIRTHPLACE (city or town) Payson
(State or country) Utah

15. MAIDEN NAME Flonne Rose

16. BIRTHPLACE (city or town) Stanrod
(State or country) Utah

17. INFORMANT Geo Manwell
(Address) Naff Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec 21 1934

19. UNDERTAKER W. A. Goodyear
(Address) Rupert Idaho

20. FILED 12/20 1934 L. I. Slater
Registrar.
Laura Guck

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1934, to 12/19, 1934

I last saw him alive on 12/18, 1934; death is said to have occurred on the date stated above, at 2 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | 10/12/34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. No Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. I. Slater M. D.

(Address) Malta Idaho

Kelley

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91739
State File No.....

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 100

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Brooks Fredilene Carlton Hand

915

(a) Residence. No. 14 E Do Comunal St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edwin Alonzo Hand

6. DATE OF BIRTH (month, day, and year) Oct. 24 - 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Clermont Iowa
(State or country)

MOTHER FATHER

13. NAME Caleb Day Carlton

14. BIRTHPLACE (city or town) Manitau Ohio
(State or country)

15. MAIDEN NAME Mary Elvira Strong

16. BIRTHPLACE (city or town) Galesburg Ohio
(State or country)

17. INFORMANT W. H. King
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Block Lock Date 12-27, 1934

19. UNDERTAKER Jas. P. Cuyler
(Address) Burley Idaho

20. FILED Dec 26, 1934. Laura Gross
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-24....., 1934.., to 12-26-34, 193....
I last saw her alive on 12-24., 1934.: death is said to have occurred on the date stated above, at 6:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | 12-24-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Hypertension | |
| Arteriosclerosis | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) L. W. Eells M. D.
(Address) Burley Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91740

**PLACE OF DEATH**

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 93

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Jamison

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1612

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 23 - 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Burley Ida

MOTHER

13. NAME Robert Jamison

14. BIRTHPLACE (city or town) (State or country) Robin Idaho

15. MAIDEN NAME Laura Bayley

16. BIRTHPLACE (city or town) (State or country) Oakley Ida

17. INFORMANT Robert Jamison
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 12-18, 1934

19. UNDERTAKER W. C. Johnson
(Address) Burley Ida

20. FILED Dec. 17, 1934 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-13-, 193.4., to 12-16-, 193.4.

I last saw him alive on 12-16-, 193.4.; death is said to have occurred on the date stated above, at 2.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patent foramen ovale | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Premature 7 mo | |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If specify ....

(Signed) G. L. Cook, M. D.

(Address) ....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91741

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 92
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Erwin Scholer Callahan

(a) Residence. No. Oakley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June-11-1904
7. AGE: Years 25 Months 6 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming
10. Date deceased last worked at this occupation (mo. and yr.): 12/13/34
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Logan Utah

FATHER
13. NAME: J. W. Callahan
14. BIRTHPLACE (city or town) (State or country): Smithfield Utah

MOTHER
15. MAIDEN NAME: Ann Scholer
16. BIRTHPLACE (city or town) (State or country): Leeds Yorkshire England

17. INFORMANT (Address): Mrs. J. W. Callahan Oakley Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Oakley Ida. Date: 12/16, 1934
19. UNDERTAKER (Address): W. C. Johnson Burley Idaho
20. FILED: 12/16, 1934 Luna Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/13 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934, to Dec 12, 1934
I last saw him alive on Dec 12, 1934; death is said to have occurred on the date stated above, at 5:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Obstruction of Bowel | Dec 12 |

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Hugh E. Dean, M. D.
(Address) Burley Idaho

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91742

**PLACE OF DEATH**
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 91

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William Kenneth Loveless

(a) Residence. No. Starr's Ferry - District St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy Ellen Tilley

6. DATE OF BIRTH (month, day, and year) Dec. 2 - 1901

7. AGE: Years 33 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 12/2/32

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salem Utah

FATHER

13. NAME Charles D. Loveless

14. BIRTHPLACE (city or town) (State or country) Payson Utah

MOTHER

15. MAIDEN NAME Emma Curtis

16. BIRTHPLACE (city or town) (State or country) Salesquen Utah

17. INFORMANT (Address) Mrs. Lucy Ellen Loveless Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 12/13, 1934

19. UNDERTAKER (Address) D. E. Johnson Mortuary Verda McCullach

20. FILED 12/11, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-30-, 193.4., to 12-10-, 193.4.
I last saw h[illegible] alive on 12-7., 193.4.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Stenosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... Specify.....
(Signed) [signature], M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91745
State File No.....

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Wayne Holm

(a) Residence. No. Rella - District - Burley Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): S.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): July 20. 1927
7. AGE: Years 7 Months Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 12/1/34
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Rella Ida. Burley Idaho

MOTHER FATHER
13. NAME: Charles W. Holm
14. BIRTHPLACE (city or town) (State or country): Spanishfork Utah
15. MAIDEN NAME: Mary Jane Richards
16. BIRTHPLACE (city or town) (State or country): Winterquarters Utah

17. INFORMANT (Address): Chas. W. Holm Burley Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Burley Idaho Date: 12/10 1934
19. UNDERTAKER (Address): C. C. Johnson Mortuary Vern McCulloch
20. FILED 12/10 ..., 1934. Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/8 1934
22. I HEREBY CERTIFY, That I attended deceased from 11-4 ....., 1934.., to 12-8 ....., 1934.
I last saw him alive on 12-8 ..., 1934.: death is said to have occurred on the date stated above, at 5:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 11-3-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. M. Dilly ....., M. D.
(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91744

**PLACE OF DEATH**
County of Cassia
City of Burley

Registration District No. 147
Primary Registration District No. 2196 Local Registrar's No. 89
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann Louise Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 2- 1934
7. AGE: Years | Months | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

MOTHER
12. BIRTHPLACE (city or town) (State or country): Burley Idaho
13. NAME: Louise Nichols
14. BIRTHPLACE (city or town) (State or country): Kaysville Utah

FATHER
15. NAME: Chester Smith
16. BIRTHPLACE (city or town) (State or country): Meadow Utah

17. INFORMANT (Address): Chester Smith Burley Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 11/10, 1934
19. UNDERTAKER (Address): J.E. Johnson Mortuary Nelle McCulloch
20. FILED 11/10, 1934 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9 1934
22. I HEREBY CERTIFY, That I attended deceased from 11-2-34, 193...., to 11-9-34, 193....
I last saw h....alive on 11-9-, 193.4: death is said to have occurred on the date stated above, at 10:20 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of foramen ovale of heart to close, Patent foramen ovale | Since birth |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) ..... M. D.
(Address) .....

RECEIVED JAN 11 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 917

PLACE OF DEATH
County of Canyon
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 99

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. N. Hobson

(a) Residence. No. 303 - N. Elm St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy B. Hobson

6. DATE OF BIRTH (month, day, and year) 7-2-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 69 | 5 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Agriculturist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Antoine (State or country) Penn

FATHER
13. NAME Wm Hobson
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Sarah Kincaid
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lena B. Hobson (Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 12-27 1934

19. UNDERTAKER J. P. Joyce (Address)

20. FILED Dec 24, 1934 Laura Yates Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-24., 1934., to 12-24., 1934.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6.40 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) L. W. Kelly, M. D.
(Address) Burley

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91747

## PLACE OF DEATH

County of Clark
City of Dubois

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lowell Bruce Sykes

(a) Residence. No. Teraeton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 2, 1917

7. AGE: Years 17 | Months 1 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): White Hall Montana

FATHER
13. NAME: J. S. Sykes
14. BIRTHPLACE (city or town) (State or country): Knoxville Tennessee

MOTHER
15. MAIDEN NAME: Pearl Yates
16. BIRTHPLACE (city or town) (State or country): Ekalaka Montana

17. INFORMANT (Address): Mrs. J. Sykes Teneton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Annis, Idaho Date: Dec 23, 193.1

19. UNDERTAKER (Address): Jack L. Wood Idaho Falls Idaho

20. FILED: Dec 4, 193.1 H. E. Jones M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 16 193 1

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1.1.8 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Death | |
| Over Dose | |
| Morphine Poi. | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| W. D. Fuss | |
| Coroner | |

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) H. E. Jones, M. D.
(Address) Dubois Idaho

RECEIVED JAN 2 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clark
City of Dubois

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91748

Registration District No. 125
Primary Registration District No. 2203
Local Registrar's No.
(No. 181)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd Melvin Flowers.

(a) Residence. No. St. Terreton, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1914

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 20 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 12/17/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Lorenzo, Idaho

FATHER

13. NAME John Franklin Flowers.

14. BIRTHPLACE (city or town) (State or country) Silver City, Idaho

MOTHER

15. MAIDEN NAME Mary E. Browning.

16. BIRTHPLACE (city or town) (State or country) Iona, Idaho.

17. INFORMANT Ed Browning Jr.
(Address) Terreton, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 12/17, 1934

19. UNDERTAKER Ackerstaff
(Address) Rigby, Idaho.

20. FILED Dec 17, 1934 L. E. Jones M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... dead ....., 193..., to ....., 193....
I last saw h. alive on 12/17..., 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Accidental Death | |
| c | |
| Fractured Skull | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Fr. of Jaw | |
| | |

Name of operation ..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) L. E. Jones, M. D.
(Address) Dubois Idaho.

RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91749

**PLACE OF DEATH**

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 10F

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lester L. Markham

(a) Residence. No. ..... St. Sawyer, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ranch laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albany (State or country) Oregon

MOTHER FATHER

13. NAME T. M. Markham

14. BIRTHPLACE (city or town) (State or country) Illinois

15. MAIDEN NAME Elmira Biggers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Hospital Cemetery Date Dec. 13 1934

19. UNDERTAKER (Address) F. A. Billberg, Hosp. Asst. Orofino - Idaho.

20. FILED 12-15-, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1929, to December 17, 1934.

I last saw him alive on December 17, 1934.; death is said to have occurred on the date stated above, at 4.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Dec. 10, 1934 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Psychosis with mental deficiency | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John Thomas McElwain M. D.

(Address) Orofino - Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91750

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 109

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

43

2. FULL NAME Abraham Peabody

(a) Residence. No. ..... St. Sandpoint, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 6, 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 3 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad City Idaho

MOTHER FATHER

13. NAME Simon Peabody

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Dec. 15 1934

19. UNDERTAKER (Address) F. A. Billberg, Hosp. Attdt. Orofino - Idaho.

20. FILED 12/15, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to December 13, 1934.
I last saw him alive on Dec. 12, 1934.; death is said to have occurred on the date stated above, at 11:5 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignant disease of buccal cavity & pharynx (Carcinoma) | About 1 year |
| | |
| | |
| Other **contributory causes** of importance: Dementia praecox, paranoid type | 25 yrs. + |
| | |

Name of operation None Date of .....
What test confirmed diagnosis? Rays. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Thomas McElwain, M. D.
(Address) Orofino - Idaho.

RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91751

**PLACE OF DEATH**
County of Clearwater
City of Lent

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 110
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enga Storholt

(a) Residence. No. / Orofino Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ♀
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ole Storholt
6. DATE OF BIRTH (month, day, and year): April 28, 1870
7. AGE — Years: 64 | Months: 7 | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housework
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME: Unascertained
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Unascertained
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Joe Storholt Orofino Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Orofino Idaho Date: 11/30, 1934
19. UNDERTAKER (Address): Orofino Mortuary Orofino Idaho
20. FILED: 12/1.8, 1934. W. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/28 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1934, to Oct 8th, 1934.
I last saw h alive on Oct 8th, 1934.: death is said to have occurred on the date stated above, at 2.a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypernephroma | + months |
| Right Kidney | |

Other **contributory causes** of importance:

Name of operation Exploratory Date of 9/9/34
What test confirmed diagnosis? Path. Specimen Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury. —
Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) O. G. Carraon, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91752

**PLACE OF DEATH**

County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 111
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Walter C. Brower

(a) Residence. No. ..... St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
*HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 29, 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 9 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ann Arbor
(State or country) Michigan

MOTHER FATHER

13. NAME Abraham Brower

14. BIRTHPLACE (city or town) New York City
(State or country) New York

15. MAIDEN NAME Mary Stephens

16. BIRTHPLACE (city or town) Batavia
(State or country) New York

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Dec. 21, 1934

19. UNDERTAKER (Address) F. A. Billberg, Hosp. Asst. Orofino - Idaho.

20. FILED 12/22, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1931, to Dec. 20, 1934.
I last saw him alive on Dec. 20, 1934: death is said to have occurred on the date stated above, at 12:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. ..... | ..... |
| Senility | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| Senile psychosis | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation. None Phys. Signs Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) John Lorrie McKinney M. D.
(Address) Orofino - Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH.**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91753

Registration District No. 96
Primary Registration District No. 2187 Local Registrar's No. 112
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Surridge

(a) Residence. No. ..... St. Harpster, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlotte Smith (Surridge)

6. DATE OF BIRTH (month, day, and year): July 3, 1847

7. AGE — Years: 87 | Months: 5 | Days: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: John Surridge
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Unascertained
16. BIRTHPLACE (city or town) (State or country): Unascertained

17. INFORMANT (Address): Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville. Date: 12/27, 1934

19. UNDERTAKER (Address): Hanson Grangeville

20. FILED: 12/24, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from February 13 1934, to December 23 1934.
I last saw him alive on December 23, 1934; death is said to have occurred on the date stated above, at 7:45 P. m.
The **principal cause of death** and related causes of importance, were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Senile psychosis | |
| | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irving Mitchell M. D.
(Address) Orofino - Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91754

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 113
(No. Orofino Ia
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Harper

(a) Residence. No. ..... St. Orofino Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 10 1866
7. AGE: Years 68 | Months 4 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Irland

FATHER
13. NAME: Harper
14. BIRTHPLACE (city or town) (State or country): ?

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Joe Michels Orofino

18. BURIAL, CREMATION OR REMOVAL
Place: Orofino Date: 12/27, 1934

19. UNDERTAKER (Address): W.A. Shaw Orofino

20. FILED 12/24, 1934. W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to Dec 24, 1934.
I last saw him alive on Dec 24, 1934; death is said to have occurred on the date stated above, at 10 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Nov 1934 |
| Myocarditis, chronic | 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. J. Hopkins, M. D.
(Address) Orofino, Idaho

RECEIVED JAN 1935

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91755

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 114

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

17

2. FULL NAME Ellsworth T. Dunlap

(a) Residence. No. 1620 - 8th Avenue St. Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained Oct 2 - 1903

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 31 | 3.2 | 23? | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER/FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Nova Scotia
(State or country)
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Nova Scotia
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 1/25, 1934

19. UNDERTAKER H. A. Chase
(Address) Orofino

20. FILED 1/26, 1934. H. A. Chase
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from December 23 1934, to Dec. 25, 1934.
I last saw him alive on Dec. 25, 1934; death is said to have occurred on the date stated above, at 3.40 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion of psychosis | 2 weeks. |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Dementia praecox | |
| | |
| | |

Name of operation. None Phys. Signs Date of.....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify...
(Signed) John Lorrue McKelvey M. D.
(Address) Orofino - Idaho.

RECEIVED JAN 4 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Clearwater

City of Headquarters Camp 12 - P. Elmo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91756

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 116

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Henry Matthias

(a) Residence. No. ..... St. Portland Ore

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year): 11

7. AGE: Years: about 50; Months: ; Days: ; If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: camp Cook

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

13. NAME 11

14. BIRTHPLACE (city or town) 11 (State or country)

FATHER

15. MAIDEN NAME 11

16. BIRTHPLACE (city or town) 11 (State or country)

17. INFORMANT (Address) Camp Foreman Camp 12.

18. BURIAL, CREMATION OR REMOVAL

Place Lewiston Ida Date 12 31, 1934

19. UNDERTAKER (Address) Brosier Funeral Home Lewiston Ida

20. FILED 12 31, 1934. V. A. Shaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 1 P. ...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ventricular heart disease | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. Jane S. Herres Coroner M. D.

(Address) Lewiston Ida

RECEIVED JAN 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91757

**PLACE OF DEATH**

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 107

(No. Burns Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Ethel Mary Wyatt

(a) Residence. No. Weippe Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, 10 hrs. or min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burns Hosp
(State or country) Orofino Idaho

FATHER

13. NAME Paul James Wyatt

14. BIRTHPLACE (city or town) Ellis
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Ruth Farance

16. BIRTHPLACE (city or town) Orofino R FD
(State or country)

17. INFORMENT Facter - Frank Weippe Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weippe Ida Date 12/10, 1934

19. UNDERTAKER Frank Wyatt
(Address) Weippe Ida

20. FILED 12/10, 1934 W. A. Shaw
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/9-, 1934, to 12-9, 1934

I last saw her alive on 12-9, 1934: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| No-Post mortem, but Mother had Thyroid Diabetes - and baby a very large baby - which was probably the cause | |
| Other contributory causes of importance: Weak & small- no resistance | |

Name of operation ✓ Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury —

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Carlton, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 29 1934

**PLACE OF DEATH**

County of Custer

City of Macray

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 7 6

Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE
State File No. 91758

Local Registrar's No. 191

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Thomas Lawler

(a) Residence. No. Macray Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wh | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Christina Lawler

6. DATE OF BIRTH (month, day, and year) Nov 14, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71. | 11 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation always

12. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Annis Tagg

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Floyd Lawler Macray Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED Dec 29 1934 Rose Nowocki
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/13 1934

22. I HEREBY CERTIFY, That I attended deceased from December, 1933, to 10/13, 1934

I last saw him alive on 10/10, 1934: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 10/10/33 |
| Chronic Nephritis | 6/6/34 |

Other contributory causes of importance:

Acute Dilatation Heart

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Richards, M.D.

(Address) Macray Idaho

RECEIVED [illegible] 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91759

**PLACE OF DEATH**

County of Custer
City of Mackay

**CERTIFICATE OF DEATH**

Registration District No. 76
Primary Registration District No. 2133
Local Registrar's No. 192
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Infant Olsen

(a) Residence. No. Mackay, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 25, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | | 11 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Mackay, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Jess H. Olsen
11. BIRTHPLACE OF FATHER (city or town) Emery, Utah
(State or Country)
12. MAIDEN NAME OF MOTHER Georgia Anna Perdue
13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or County)

14. Informant Jess H. Olsen
(Address)

15. Filed Dec. 29 1934 Rose Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 6 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1934, to Nov. 6, 1934
that I last saw him alive on Nov. 6, 1934
and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature Birth
6 months gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Carroll A. Pressey, M. D.
Nov. 8th, 1934 (Address) Mackay, Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Mt. McCaleb Cemetery, Mackay | Nov. 8 1934 |
| 20. Undertaker | Address |
| Mann | |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

REGISTERED NO. 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91760

**PLACE OF DEATH**

County of Bingham
City of Blackfoot
Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 193
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Elizabeth Smith Clark

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Female | Cau. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Clark.

6. DATE OF BIRTH (month, day and year) Nov. 16 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 1 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Macedon New York Wayne County

PARENTS

10. NAME OF FATHER Samuel Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Elizabeth Bent
13. BIRTHPLACE OF MOTHER (city or town) (State or County) N. York.

14. Informant William Clark (Address) Mackay Idaho

15. Filed Dec. 29, 1934 Rose C. Thomas Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 20 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/20/34, 19..., to 12/20/34, 19...
that I last saw her alive on 12/20/34, 19...
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar, Double

(duration) — yrs. — mos. 4 ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 2 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Examination
(Signed) F. P. Richards, M. D.
12/22, 1934 (Address) Murray Idaho

19. Place of Burial, Cremation, or Removal: Mackay Idaho — Date of Burial: Dec. 22 1934
20. Undertaker: Mary E. Cooper — Address: Blackfoot Idaho

Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Every item should be carefully classified.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91761

## CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 186

(No. 101a (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Frank Deardon

(a) Residence. No. Challis Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| male | White | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 74 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gambler
(b) General nature of industry, business, or establishment in which employed (or employer) not employed
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS

10. NAME OF FATHER Robert Deardon
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Emmett Donahoo (Address) Challis Idaho

15. Filed Dec 13, 1934. Edna Mae Kennedy Registrar.

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December (Month) 11 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-30 Dec 11, 1934, to 3 am Dec 11, 1934, that I last saw him alive on Dec 11th, 1934, and that death occurred, on the date stated above, at 3 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 1 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) gastritis

(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?

(Signed) C. L. Hurley, M. D.
12/12, 1934 (Address) C Challis

19. Place of Burial, Cremation, or Removal: Challis, Idaho — Date of Burial: Dec 13 1934

20. Undertaker: Gladys Gannon — Address: Ida Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91763

County of Elmore

City of Glenns Ferry

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Eliza Josephine Larson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anthony Larson

6. DATE OF BIRTH (month, day, and year) 4/6/1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME W. J. Arnoldus.

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Inger Sorenson

16. BIRTHPLACE (city or town) (State or country) Demark

17. INFORMENT (Address) Anthony Larson Glenns Ferry Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place 12-10-1934 Date Glenns Ferry

19. UNDERTAKER (Address) D. Zacher Mtn Home, Idaho

20. FILED 12-11, 1934 Mrs Mary Sullivan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to Dec 8, 1934

I last saw her alive on Dec 7, 1934; death is said to have occurred on the date stated above, at 5:34 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 15 years ago |

Other contributory causes of importance:

| | |
|---|---|
| Chronic arthritis | |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Davies M. D.

(Address) Glenns Ferry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91764

**PLACE OF DEATH**

County of Elmore

City of Mt. Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 27

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Rose Reason Johns.

(a) Residence. No. Mt. Home Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-26-1867

7. AGE — Years: 67 — Months: 10 — Days: 28 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Kentucky.

FATHER

13. NAME Jandy Reason.

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Carl F. Johns Mt. Home, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Columbus Nebraska Date 12-29, 1934

19. UNDERTAKER S. S. Barker (Address) Mt. Home Ida.

20. FILED Dec 28, 1934 A. Anderson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to 12-24, 1934

I last saw her alive on 12-24, 1934 death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | |

Other contributory causes of importance:

Name of operation For Gallstones Date of May 1934

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Edwards, M. D.

(Address) Mt. Home Ida

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

91765

DO NOT WRITE IN THIS SPACE

State File No.....

**PLACE OF DEATH**

County of Elmore

City of Mt. Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 2-3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pedro Arrizabalaga

101 W

(a) Residence. No..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-2-1913

7. AGE: Years 21 | Months 10 | Days 21 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep Herder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year) 11/1934

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME John Arrizabalaga

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Martina Beascoechea

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address) Juanita Arrizabalaga Mt. Home

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Home Date 11/26, 1934

19. UNDERTAKER L. D. Barker
(Address) Mt. Home Idaho.

20. FILED Dec 19, 1934 A. F. Anderson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23-, 1934, to 11-23-, 1934

I last saw him alive on 11-23-, 1934: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 11-22-34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) T. E. Carnes, M.D.

(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

B

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91766

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 26

65 Pr

**PLACE OF DEATH**

County of Elmore

City of Mt. Home

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Juan Bermensolo

(a) Residence. No. ..... Mountain Home, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Maria Bermensolo

6. DATE OF BIRTH (month, day, and year) 6-12-1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheepman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Mateo Bermensolo

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Maridominga Echagurre Unknown

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT (Address) Boney Bermensolo ~~Mt. Home~~ Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Home Date 12-26, 1934

19. UNDERTAKER D. S. Zanches. (Address) Mt Home, Idaho.

20. FILED Jan 3, 1935 H. Andrews Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-12-, 193 4, to 12-23-, 193 4

I last saw ~~him~~ alive on 12-23, 193 4; death is said to have occurred on the date stated above, at 6.45 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins Disease | 1-1-34 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. E. Evans, M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of Elmore

City of Mountain Home

Registration District No. 34

Primary Registration District No. 202

Local Registrar's No. 26

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Juan Bermensolo

(a) Residence. No. Mountain Home, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME Mateo Bermensolo

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Maridomingaz Eisagirre

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Boney Bermensolo
(Address) Baial, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED Jan 10, 1935 A. H. Anderson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Supplemental Report | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91767

PLACE OF DEATH
County of Elmore
City of Mt. Home
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 22
(No. ) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Ernest Whitney

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widowed

5a. ~~Married~~, widowed, ~~Divorced~~
HUSBAND of (or) WIFE of Inez W Whitney

6. DATE OF BIRTH (month, day and year) 7-31-1873

7. AGE: Years 61 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer): 4 Years Since employment.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Vermont.

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): ✓
12. MAIDEN NAME OF MOTHER: ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or County): ✓

14. Informant (Address): Guy Whitney Mt. Home Idaho

15. Filed Dec 17, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) — 15 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-12-, 1934, to 12-15-, 1934
that I last saw him alive on 12-15-, 1934
and that death occurred, on the date stated above, at 10:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Bladder

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? Three Operations
(Signed) J E Evans, M. D.
12-17-, 1934 (Address) Mt Home Ida

19. Place of Burial, ~~Cremation, or Removal~~: Boise Idaho. Date of Burial: 12-17 1934

20. Undertaker: B. S. Zacher Address: Mt. Home Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91768

# CERTIFICATE OF DEATH

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 84
Primary Registration District No. 2020
Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. Roy Millard

(a) Residence. No. Seattle Rocky Bar Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. 7 mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 11-6-1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 11 | 12 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gold Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Chippewa Falls Wisconsin

PARENTS

10. NAME OF FATHER B. J. Millard

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Barboo Wis.

12. MAIDEN NAME OF MOTHER Anna Wright

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Louise Millard Seattle Wash.

15. Filed Dec 19 1934 A. A. Anderson Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) — 18 (Day) — 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-17-1934, to 10-18-1934, that I last saw him alive on 10-18-1934, and that death occurred, on the date stated above, at 10:40 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Physical examination

(Signed) J. L. Evans, M. D.
10-20-1934 (Address) Mtn. Home Ida

19. Place of Burial, Cremation, or Removal: Mt. Home, Ida. Date of Burial: 10-22 1934

20. Undertaker: G. S. Zacher Address: Mt. Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91769

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 24
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James A. Ladd. 31

(a) Residence. No. Mt. Home Idaho. St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Sarah Ladd.

6. DATE OF BIRTH (month, day and year) 10-25-1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 75 | 1 | 22 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Texas.

PARENTS

10. NAME OF FATHER John M Ladd.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Texas.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ✓

14. Informant (Address) Jeff Ladd Mt. Home Ida

15. Filed Dec 20 1934 .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 17 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-26, 1934, to 12-17-, 1934
that I last saw him alive on 12-17-, 1934
and that death occurred, on the date stated above, at 3.10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....(duration) ✓ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

.....(duration) ..... yrs. ..... mos. 48 ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of —
Was there an autopsy? Yes
What test confirmed diagnosis? Roentgenogram
(Signed) W. E. Evans, M. D.
12-20-, 1934 (Address) Mt. Home Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Mt. Home Ida. | 12-20 1934 |
| 20. Undertaker D. S. Barker | Address |

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 7 1935

PLACE OF DEATH

County of Franklin

City of Dayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91770

Registration District No. 27

Primary Registration District No. 3119

Local Registrar's No. 37

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Andrew Griffrth

(a) Residence. No. Fairview Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3.SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Elizabeth Griffeth

6. DATE OF BIRTH (month, day, and year) Jan 5 1840

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 85 | II | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenbush Ill.
(State or country)

FATHER

13. NAME Patison D Griffeth

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Carson

16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMENT George Griffeth
(Address) Dayton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place HyrePark Utah Date Jan 2, 1935

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Jan 8, 1935 G. W. Stotts
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934, to Dec 29, 1934
I last saw h[im] alive on Dec 15, 1934: death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | Many |
| Prostatic hypertrophy | years |
| Cystitis | duration |
| Don't Know onset | |
| Other contributory causes of importance: | |
| General debility | — |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Stotts, M. D.
(Address) Preston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91771

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 34
(No. Preston
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Ellen May Auger Hebdon

(a) Residence. No. Preston Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Hebdon

6. DATE OF BIRTH (month, day, and year) May 5 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 41 | 7 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glendale Idaho

FATHER
13. NAME Henry D. Auger
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Hibbert
16. BIRTHPLACE (city or town) (State or country) Morgan County Utah

17. INFORMENT (Address) Edward Hebdon Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Dec 19, 34

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Jan 8, 1935 G. W. State Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 16 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1934, to Dec 16, 1934
I last saw her alive on Dec 16, 1934: death is said to have occurred on the date stated above, at 5 PM.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Hemorrhage | Dec 13-1934 |

Other contributory causes of importance:

| | |
|---|---|
| Hysterectomy | |
| Pyelonephritis | Dec 7, 1934 |

Name of operation Hysterectomy Date of Dec 7 1934
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. R. Cutler, M. D.
(Address) Preston, Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91772

Registration District No. 22
Primary Registration District No. 22
Local Registrar's No. 35

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Sylvia Steadman

(a) Residence. No. Preston St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 29 1918

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 16 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME Authur H Steadman

14. BIRTHPLACE (city or town) (State or country) Grace Idaho

MOTHER

15. MAIDEN NAME Edith McCombs

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Alice Steadman Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Logan Utah Date Dec 28, 1934

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Jany 8, 1935 G. W. Stalker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11/15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Auto skided on the road and tipped over into the water ditch | |
| The girl was drowned | |
| Other contributory causes of importance: | |
| Never came to after she was taken from the water | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] Coroner

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1935

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91773

County of [redacted] Franklin

City of Weston

Registration District No. 27

Primary Registration District No. 219

Local Registrar's No. 34

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME Orella Rose

(a) Residence. No. Weston St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Fredrick G. Rose

6. DATE OF BIRTH (month, day, and year): April 5, 1883

7. AGE: Years 51 | Months 8 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc:

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Utah

FATHER

13. NAME: Zera Whittle

14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Cassanda Pope

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): Charles Rose Weston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Richmond, Utah Date Dec. 12 1934

19. UNDERTAKER (Address): [illegible] Logan, Utah

20. FILED Jan 8, 1935 G. W. Stokes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1934, to Dec 9, 1934
I last saw her alive on Dec 5, 1934, death is said to have occurred on the date stated above, at 4:15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | Dec 6/34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Chronic Myocarditis | ? |

Name of operation: Special Date of:
What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Wm. Russell Budge M.D.
(Address) Preston, Idaho

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91774

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 33

(No. General Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter W. Crockett

117

(a) Residence. No. Weston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabell Crockett

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Smithfield, Utah

MOTHER/FATHER

13. NAME Allen F. Crockett

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Ida May Harris

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Isabell Crockett, Weston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Smithfield, Ut. Date Dec. 7, 1934

19. UNDERTAKER (Address) M. W. Hendricks, Preston, Idaho

20. FILED Jan. 8, 1935 G. W. Stalle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1934, to Dec. 4, 1934.

I last saw him alive on Dec. 4, 1934; death is said to have occurred on the date stated above, at 8:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Appendicitis | Nov. 15-34 |
| Peritonitis | Nov. 25-34 |
| Appendectomy | Nov. 27-34 |

Other **contributory causes** of importance:

Name of operation Appendectomy Date of Nov. 27-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Orson L. Wame M. D.

(Address) Preston Ida

RECEIVED JAN 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91775

PLACE OF DEATH
County of Fremont
City of St Anthony

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 159

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Horby William Mason

(a) Residence. No. St Anthony St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 30 - 1876

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 58 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 17-1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morgan (State or country) Utah

FATHER
13. NAME James H Mason
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Pamela ~~Isaac Hoby~~ Bullock
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Floyd H Mason (Address) St Anthony Route 3.

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Rochung Date ..., 193..

19. UNDERTAKER Chris Teller (Address) Rexburg Idaho

20. FILED 12-21, 1934 Sarah B Munk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20 1934

22. I HEREBY CERTIFY, That I attended deceased from on 12/20, 1934, to Only ..., 193...
I last saw him alive on 12/20, 1934, death is said to have occurred on the date stated above, at 9:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | |
| Internal Hernia | |
| 4 days duration | |

Other **contributory causes** of importance:

Name of operation Separatomy Date of 12/20/34
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D Allison, M. D.
(Address) St. Anthony Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED ... 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91776

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2197

Local Registrar's No. 160

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Albert Butler

(a) Residence. No. St. Anthony Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Beatrice Shanly Butler

6. DATE OF BIRTH (month, day, and year) March 11 1859

7. AGE — Years: 75 — Months: 9 — Days: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Flagspring Mo

MOTHER/FATHER

13. NAME Elphus Butler

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Katherine Miller

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Fay Butler (Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL Place Riverview Cemetery Date 12/30, 1934

19. UNDERTAKER W. W. Hansen (Address) St. Anthony Idaho

20. FILED 1-8, 1935 Sarah B. Mund Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1934, to Dec. 24, 1934.

I last saw him alive on Dec. 21, 1934: death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. M. Griffy M D

(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 14 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91777

Registration District No. 99

Primary Registration District No. 9177 Local Registrar's No. 161

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Alice Yount

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of ~~Sept 10 1918~~

6. DATE OF BIRTH (month, day, and year) Sept 10 - 1918

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 16 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

FATHER

13. NAME Edwin Yount

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME Julia Alice Weaver

16. BIRTHPLACE (city or town) (State or country) Bear Lake Idaho

17. INFORMANT (Address) Edwin Yount St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 12/16 1934

19. UNDERTAKER (Address) W. W. Hancock St. Anthony Idaho

20. FILED 1-8, 1935 Sarah B. Munns Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1934, to Dec. 13, 1934.

I last saw her alive on Dec. 11, 1934; death is said to have occurred on the date stated above, at 2.5 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | |
| Post Operative Frontal Sinus Infection | |

Other **contributory causes** of importance:

Name of operation. Frontal Sinus Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) P. J. Keller M. D.

(Address) St. Anthony, Idaho

RECEIVED JAN [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91778

# CERTIFICATE OF DEATH

**PLACE OF DEATH**

County of FREMONT. Registration District No. 102

City of WARM RIVER IDAHO Primary Registration District No. 6 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** JOSEPH. SILVESTER HOWARD.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| MALE | WHITE | MARRIED. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of CHARLOTTE HOWARD.

6. DATE OF BIRTH (month, day and year) MAY.22th 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 5 | 27 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER & STOCK RAISER

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) HOOPER
(State or country) UTAH

PARENTS

10. NAME OF FATHER WILLIAM. RILLEY HOWARD.

11. BIRTHPLACE OF FATHER (city or town) NEW YORK
(State or Country) NY.

12. MAIDEN NAME OF MOTHER TIRSEY WARNER

13. BIRTHPLACE OF MOTHER (city or town) NEW YORK
(State or County) N.Y

14. Informant MRS. CHARLOTTE HOWARD.
(Address) ASHTON IDAHO.

15. Filed 11/20/34, 19..... Louis Kunz Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11/19/34
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1934 to Nov 19, 1934

that I last saw h[illegible] alive on Nov 19, 34, 5.30 P.M.

and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Bright's disease.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic nephritis

2 years (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) E. L. Hansen, M. D.

Nov 20, 1934 (Address) Ashton Idaho.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| ASHTON IDAHO. | 11/22/34 |
| 20. Undertaker | Address |
| W.M. HANSEN . | ST ANTHONY IDAHO. |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91779

County of Ada

City of Emmett

Registration District No. 12

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

160

2. FULL NAME Barron Ray Renner

(a) Residence. No. ..... Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 19 - 1934

7. AGE: Years — Months — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

FATHER

13. NAME Newell E. Renner

14. BIRTHPLACE (city or town) (State or country) Fairfield Neb

MOTHER

15. MAIDEN NAME May Koontz

16. BIRTHPLACE (city or town) (State or country) Millie Neb.

17. INFORMANT (Address) M. E. Renner

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 12/21 1934

19. UNDERTAKER C. A. Buckmaster
(Address) Emmett Ida

20. FILED 12/21, 1934 J. V. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/21 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1934, to Dec. 21, 1934.
I last saw him alive on Dec. 21, 1934; death is said to have occurred on the date stated above, at 1:10 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital pylorus Atresia | Birth |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. A. Parkinson M. D.
(Address) Emmett Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91780
State File No.....

Registration District No. 6
Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Bell Coberly

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| fem | white | widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 22 - 1866

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Payne
(State or country) Idaho

FATHER

13. NAME William Bell

14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER

15. MAIDEN NAME Esther Boothe

16. BIRTHPLACE (city or town) London
(State or country) England

17. INFORMANT Myrtle Gardner
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 12/30, 1934

19. UNDERTAKER C. D. Buckner
(Address) Emmett Idaho

20. FILED 12/28, 1934 J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Dec. 28....., 1934..
I last saw her alive on Dec. 28, 1934.: death is said to have occurred on the date stated above, at 10 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| Chronic Nephritis | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. L. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1935

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91781
State File No.....

County of Elmore
City of Emmett
Registration District No. 6
Primary Registration District No..... Local Registrar's No.....
(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Arthur B Paris

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | Wht | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Paris

6. DATE OF BIRTH (month, day, and year) Oct 27 - 1854

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 80 | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)..... (State or country) Iowa

FATHER
13. NAME Wm F. Paris
14. BIRTHPLACE (city or town)..... (State or country) Not Known

MOTHER
15. MAIDEN NAME Frances Frazier
16. BIRTHPLACE (city or town)..... (State or country) Iowa

17. INFORMANT Mrs. J. Paris (Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 12/23 1934

19. UNDERTAKER C. Buckmaster (Address) Emmett Ida

20. FILED 12/27 1934 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-20 ....., 1934., to 12-21 ....., 1934.
I last saw him alive on 12-21-, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| with Uremia | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so, specify.....
(Signed) H. M. Cummings, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

RECEIVED JAN 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91782
State File No.....

County of Gem
City of Emmett

Registration District No. 4

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Alice Harrington

(a) Residence. No..... Sweet Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | colo | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 23 - 1877

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or..... min. |
|---|---|---|---|
| 57 | 6 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Provo
(State or country) Utah

MOTHER FATHER

13. NAME Shrine Conrad

14. BIRTHPLACE (city or town)
(State or country) Miger

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Evan L Harrington
(Address) Sweet Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Springville Utah Date 12/12 1934

19. UNDERTAKER C.A. Buckmaster
(Address) Emmett Idaho

20. FILED 12/8..., 1934 J.L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1934, to Oct. 22, 1934.
I last saw her alive on Oct. 22 1934.; death is said to have occurred on the date stated above, at 9:P...m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | 12-1 |
| Mitral stenosis | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C.W. Parkinson, M. D.
(Address) Emmett Idaho

Parkinson

RECEIVED JAN 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91783

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. Home — 15 miles east)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Benjaman Schlupe

(a) Residence. No. ____ Harper, Oregon St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Widower |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schlupe

6. DATE OF BIRTH (month, day, and year) April 13, 1835

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 99. | 7. | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) 6 yrs. ago

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Schlupe

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMENT (Address) Warren Schlupe Rural Route Emmett, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Ontario, Ore. Date Dec. 11, 1934

19. UNDERTAKER H. L. Peterson (Address) Ontario, Oregon

20. FILED 1-3-, 1935 J. L. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1934, to Dec. 9, 1934

I last saw him alive on Dec. 7, 1934: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility - | |
| Other contributory causes of importance: | |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. A. Parkinson, M. D.

(Address) Emmett, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 31784

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joshua S McDonald

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Clara McDonald

6. DATE OF BIRTH (month, day, and year) Jan 22 - 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 67 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** day laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Clara McDonald
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 12/6, 1934

19. UNDERTAKER C. O. Buckmaster
(Address) Emmett Idaho

20. FILED 12/5, 1934 J. L. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably heart failure | |
| No physician in attendance | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. O. Buckmaster Coroner Gem Co.

(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91785

County of Ada
City of Emmett

Registration District No. 4
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Wm Woodruff Proctor

(a) Residence. No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E Proctor

6. DATE OF BIRTH (month, day, and year) Jan 21 - 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 75 | 10 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME Daniel Proctor

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT (Address) Mary E. Proctor

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 12/4, 193.4

19. UNDERTAKER C.O. Buckenmeyer
(Address) Emmett Idaho

20. FILED 12/4, 1934 J.R. Reynolds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1934, to Dec. 2, 193.4.
I last saw him alive on Dec. 2, 193.4; death is said to have occurred on the date stated above, at 9:27 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prostatism | Not known |
| Uremia | Nov. 27 |
| Cerebral Embolism | Nov. 27 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify. .....

(Signed) Otto D Parkman M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Cadmus

City of Trudell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91786

Registration District No. 2

Primary Registration District No. 2 Local Registrar's No. 2

(No. St. Valentine Hospital - Trudell, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Juanita Saragan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 7th = 1924

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 10 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerman Ida.

MOTHER/FATHER

13. NAME M. Saragan

14. BIRTHPLACE (city or town) (State or country) Spain

15. MAIDEN NAME Maria Aspitarte

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT P.D. Saragan
(Address) Hagerman Ida

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Hagerman Date ....., 193..

19. UNDERTAKER Evans & Johnson
(Address) Buhl & Hagerman

20. FILED NOV. 6, 1934 R.H. Evans
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1934, to 10-13, 1934.

I last saw her alive on 10-13, 1934; death is said to have occurred on the date stated above, at 1 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 10-7-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Ruptured appendix | 10-6-34 |
| | |
| | |

Name of operation appendectomy Date of 10-6-34

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...?.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Houston C. Snyder, M. D.
(Address) Hagerman

RECEIVED JAN 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91788

PLACE OF DEATH
County of Gooding
City of "

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 297
(No. Gooding Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

151

2. FULL NAME Edmund L. Crick

(a) Residence. No. (Usual place of abode) Hagerman, Idaho St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A Crick

6. DATE OF BIRTH (month, day, and year) 7-29-63

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 4 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois (State or country)

FATHER
13. NAME Theodore Crick
14. BIRTHPLACE (city or town) Don't know (State or country)

MOTHER
15. MAIDEN NAME Mattie Harbaugh
16. BIRTHPLACE (city or town) Don't know (State or country)

17. INFORMANT August L. Crick (Address) Hagerman Ida

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 12-23, 1934

19. UNDERTAKER A.E. Thompson (Address) Gooding Ida

20. FILED 12-31, 1934 J. H. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-21- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1-34, 193..., to 12-21, 193.4.
I last saw him alive on 12-21, 1934.; death is said to have occurred on the date stated above, at 8:10 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic gangrene | Sept 1934 |
| of leg. | |
| Arteriosclerosis, | |
| Coronary sclerosis | |
| Other **contributory causes** of importance: | |
| Infection of stump | |
| after amputation | |

Name of operation amputation Date of 12-14-
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. H. Cromwell ....., M. D.
(Address) Gooding Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Goodhue

City of ,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91789
State File No.....

Registration District No.....

Primary Registration District No..... Local Registrar's No. 298

(No. Goodhue Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie L Scoggins

(a) Residence. No. Goodhue Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-6-1917

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 17 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lamar
(State or country) Colorado

FATHER

13. NAME J. V. Scoggins

14. BIRTHPLACE (city or town) Paris
(State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Helton

16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMANT J. V. Scoggins
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Goodhue Ida Date 12-26, 1934

19. UNDERTAKER A. E. Thompson
(Address) Goodhue Ida

20. FILED 12-31, 1934 J. H. Cranmell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from October, 1934, to 12-24-, 1934

I last saw her alive on 12-23, 1934; death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | |
| Pelvic cellulitis following | |
| cesarian section. | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic myocarditis | |
| | |

Name of operation. Cesarean section. Date of 12-6-34

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) J. H. Cranmell, M. D.
(Address) Goodhue, Idaho

RECEIVED

**PLACE OF DEATH**

County of Gooding

City of ...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91790

Registration District No. ...

Primary Registration District No. 24 Local Registrar's No. 299

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Gooding Co Hospital)

117

2. FULL NAME Edith Sarah Meek

(a) Residence. No. ... Gooding Ida R.F.D.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Roy Meek

6. DATE OF BIRTH (month, day, and year): 12-11-1899

7. AGE — Years: 35 — Months: — Days: 17 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ...

10. Date deceased last worked at this occupation (mo. and yr.): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Nez Perce Co. Idaho

MOTHER/FATHER

13. NAME: Geo. Price

14. BIRTHPLACE (city or town) (State or country): California

15. MAIDEN NAME: Lola Hites

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mrs. Geo Price Gooding Ida

18. BURIAL, CREMATION OR REMOVAL — Place: Gooding Ida Date: 12-31, 1934

19. UNDERTAKER (Address): A.E. Thompson Gooding Ida

20. FILED 12-31, 1934. J.H. Cromwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-28-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1934, to 12-28, 1934.

I last saw h alive on 12-28, 1934; death is said to have occurred on the date stated above, at 9:15 a.m. p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute gangrenous appendicitis | 12-23 |
| Generale peritonitis | 12-25 |
| **Other contributory causes of importance:** | |
| Acute hepatitis | 12-27 |

Name of operation appendectomy Date of 12-25

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James A. Brewer, M. D.

(Address) Gooding Ida

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91791

**PLACE OF DEATH**
County of Idaho
City of Stites

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 376

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Durant Blakesley

(a) Residence. No. 1 Stites St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Sarah Elizabeth Blakesley

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 87 - | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10 years ago.
11. Total time (years) spent in this occupation 46 Years

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Leander Blakesley
14. BIRTHPLACE (city or town) (State or country) Rankakee Illinois

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Vernon Blakesley Stites Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clearwater Date Dec 27, 1934

19. UNDERTAKER (Address)

20. FILED Dec 31, 1934 J M Verbeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to Dec 25, 1934
I last saw him alive on Dec 10, 1934: death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cystitis with Enlarged prostate - | |
| Confined to bed two years | |
| Other contributory causes of importance: | |
| Dec 10th 1934 Sustained burns of body when house burned down | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A W Wentworth, M. D.
(Address) Stites Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Lattimwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 31492

State File No.....

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 27

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Arnold Woodcock

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl E. Woodcock

6. DATE OF BIRTH (month, day, and year) April 18 1870

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 8 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Practicing Physician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Topeka
(State or country) California

FATHER

13. NAME James Woodcock

14. BIRTHPLACE (city or town) Calais
(State or country) Maine

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT Pearl E. Woodcock
(Address) Lattimwood, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Dec 22nd 1934

19. UNDERTAKER Bronson-Wamp Co.
(Address) Lewiston, Idaho

20. FILED....., 193... .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct....., 193.3., to Dec. 19....., 1934.

I last saw him alive on Dec. 19....., 1934; death is said to have occurred on the date stated above, at 6.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Cerebral Embolism | 12-18-34 |
| b Chronic Interstitial Nephritis | 1933 |
| c | |
| d | |

Other **contributory causes** of importance:

| | |
|---|---|
| Partial Heart block | 1934 |
| Hypertention | unknown |
| Chronic Interstitial Nephritis | unknown |

Name of operation None Date of.....

What test confirmed diagnosis? Clinical findings- Electrocardiogram Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) R. D. Collyns M. D.

(Address) Lewiston, Idaho
Craigmont

RECEIVED JAN 7 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91793

**PLACE OF DEATH**

County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 25

(No. About Seven miles North of Cottonwood on North & South Highway
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Mary Poxlitner

(a) Residence. No. Keutiville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188C

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) April 9, 1931

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 3 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood Idaho

MOTHER FATHER

13. NAME Charlie Poxlitner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ann Schmidt

16. BIRTHPLACE (city or town) (State or country) Cottonwood Idaho

17. INFORMANT (Address) Charlie Poxlitner Keutiville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Keutiville Date 12/5, 1934

19. UNDERTAKER (Address) Glenn Ailor Grangeville, Idaho

20. FILED Dec. 6 1934 T. J. Day Registrar.
per EMK

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Killed in car accident on North & South Highway about one and one half miles South of Ferdinand Ida. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) Geo. H. Freeman M. D.
(Address) Kooskia Ida

Coroner, Ida Co.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91794

Registration District No. 1085

Primary Registration District No. 2181 Local Registrar's No. 26

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

88 t

2. FULL NAME Frank Hanley

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Hanley

6. DATE OF BIRTH (month, day, and year) July 24 - 1858.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Patrick Hanley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Killion

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Harry Hanley Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL

Place Cottonwood Date Dec 29 1934

19. UNDERTAKER (Address) Glenn Anton Grangeville Ida

20. FILED 1-1-, 1935 H. B. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3., 1934, to Aug 10, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... H. B. Chapman, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91795

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Mary Lenon

(a) Residence. No. ..... St. White Bird, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Lenon

6. DATE OF BIRTH (month, day, and year) 1/29/1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 9 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Walla Walla
(State or country) Wash.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Indianapolis
(State or country) Indiana

17. INFORMANT James Lenon
(Address) White Bird Ida

18. BURIAL, CREMATION OR REMOVAL
Place White Bird Idaho Date Nov 3, 1934

19. UNDERTAKER E A Hancock
(Address) Idaho

20. FILED 1-1, 1934 B. Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-31 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1934, to Oct. 31, 1934

I last saw her alive on Oct. 31, 1934 death is said to have occurred on the date stated above, at 11:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Stomach Hemorrhage due to | 1930 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. J. Chapman M. D.
(Address) Grangeville Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91796

## PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 124

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lilian Hansford Harriman

(a) Residence. No. ..... Grangeville St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Harriman

6. DATE OF BIRTH (month, day, and year) 5/2/1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cliftan (State or country) West Virginia

FATHER

13. NAME Felix Hansford

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Luella Hamilton

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT John P. Harriman (Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pratt W. Virginia Date ....., 1934

19. UNDERTAKER Marie L. Green (Address) Grangeville Ida.

20. FILED 1-4, 1935 I. B. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29/1934

22. I HEREBY CERTIFY, That I attended deceased from July ..., 1933, to Dec 29 ..., 1934
I last saw her alive on Dec 29 1934; death is said to have occurred on the date stated above, at 12.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia with Cardiac Complications | Dec 28/34 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) I. B. Chipman M. D.
(Address) Grangeville Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91797

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 125
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John J. Pulley 11a

(a) Residence. No. ..... Grangeville St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 5/8/1862
7. AGE: Years 72 Months 7 Days 14 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Druggist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cleveland Ohio

MOTHER OF FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): A. S. Hardy Grangeville, Ida.
18. BURIAL, CREMATION OR REMOVAL: Place Grangeville Date Dec. 24 1934
19. UNDERTAKER (Address): M. L. Green Grangeville Ida.
20. FILED 1-1-1935 B. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/22/1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934, to Dec 22, 1934
I last saw h....alive on Dec 20, 1934 death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilation of Heart | |
| Influenza | Dec 15-34 |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

22. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) J. D. Hammond M. D.
(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 7 1935

**PLACE OF DEATH**

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 10 3

Primary Registration District No. 1001 Local Registrar's No. 126

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 91798

100 P

2. FULL NAME Keith Alan Walker

(a) Residence. No. .... St. Grangeville, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 10/22/1922

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 12 | 1 | 27 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School boy
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jamestown N. D.

MOTHER FATHER
13. NAME: Sydney A. Walker
14. BIRTHPLACE (city or town) (State or country): London Eng.
15. MAIDEN NAME: Fay Croft
16. BIRTHPLACE (city or town) (State or country): Webster N. D.

17. INFORMANT (Address): Sydney A. Walker Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville, Ida. Date: Dec 21, 1934

19. UNDERTAKER (Address): Marie L. Greene Grangeville Ida.

20. FILED: 1-4, 1935 B. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/19/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934, to Dec 19, 1934.
I last saw h[illegible] alive on Dec 19, 1934; death is said to have occurred on the date stated above, at 8:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 12-18-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Valvular Insufficiency | |

Name of operation: ..... Date of: .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Brennan, M. D.
(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED Dec 26 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91800

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 122

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Arthur Hadcock

(a) Residence. No. ..... St. Grangeville, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Hadcock
6. DATE OF BIRTH (month, day, and year): 8/31/1860
7. AGE: Years 74 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mortician
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Mt. Elgin Ont. Canada

FATHER
13. NAME: Amos Hadcock
14. BIRTHPLACE (city or town) (State or country): Herkemore Co. N. Y. State

MOTHER
15. MAIDEN NAME: Mary Stover
16. BIRTHPLACE (city or town) (State or country): Herkemore Co. N. Y. State

17. INFORMANT (Address): B. Hadcock Grangeville Ida.
18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Ontario Canada Date: Dec. 18 1934
19. UNDERTAKER (Address): Bower & Wanzer Genesee Idaho.
20. FILED 12-14-1934. B. Chipman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/11/1934
22. I HEREBY CERTIFY, That I attended deceased from Jan. 14., 1933., to Dec. 10., 1934.
I last saw him alive on Dec. 10., 1934.; death is said to have occurred on the date stated above, at 10. P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) B. Chipman M. D.
(Address) Grangeville Idaho.

RECEIVED JAN 11 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91803

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 68

1010

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dale Alfred Marshall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
November 10, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

FATHER

13. NAME Alfred Wm. Marshall

14. BIRTHPLACE (city or town) Irwin
(State or country) Idaho

MOTHER

15. MAIDEN NAME Norma Hunsaker

16. BIRTHPLACE (city or town) Presto, Idaho
(State or country)

17. INFORMANT Elva Hunsaker
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date Jan. 1 5, 193

19. UNDERTAKER C. E. Eckersell
(Address) Rigby

20. FILED 1-7-35, 193 C. E. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 31 34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1934, to ....., 193....

I last saw him alive on Dec 30, 1934; death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Anderson, M. D.

(Address) Rigby

RECEIVED JAN 11 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Jefferson.
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91804
State File No.

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 66

(No. ) 164
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary W. Williams.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. M. | hite | Widowed. |

5a. If married, widowed, or divorced
HUSBAND ~~of~~ (or) WIFE of John Williams.

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1845

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 89 | 1 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Wales.
(State or country)

MOTHER FATHER
13. NAME Thomas Ward.
14. BIRTHPLACE (city or town) South Wales.
(State or country)

MOTHER
15. MAIDEN NAME Sarah Arthur.
16. BIRTHPLACE (city or town) South Wales.
(State or country)

17. INFORMANT Mary E Littlford
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 12/31 1934

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 1/2/1935 A. B. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1934, to Dec 27, 1934.
I last saw h~~e~~r alive on Dec 26, 1934. death is said to have occurred on the date stated above, at 4:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old age | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Intestinal Stasis | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Anderson M. D.
(Address) Rigby Idaho

RECEIVED JAN 11 1935

clinic.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91805

**PLACE OF DEATH**
County of Jefferson
City of Menan

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 64

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Austin Robert Green.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Annie L. Green.

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 50 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Menan, Idaho.

FATHER

13. NAME Austin Abraham Green.

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Sarah Jane Hawker.

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Austin R. Green
(Address) Menan, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place ~~Rigby~~ Annis, Ida. Date 12/24, 1934

19. UNDERTAKER Rigby, Idaho.
(Address)

20. FILED 1/2/35, 1934. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1934, to 12/31, 1934

I last saw h.. alive on 12/28, 1934; death is said to have occurred on the date stated above, at 2:45P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | 1933 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Chronic Nephritis | 1934 |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) C. C. Allen, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 11 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91806

**PLACE OF DEATH**
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldona Waters

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Babe |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 16, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 7 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby (State or country) Idaho

FATHER
13. NAME Eldon Waters
14. BIRTHPLACE (city or town) Rigby (State or country) Idaho

MOTHER
15. MAIDEN NAME Elmira Jane Brower
16. BIRTHPLACE (city or town) Teton Basin (State or country) Idaho

17. INFORMANT Eldon Waters (Address) Rigby

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Date Dec. 16 193 4

19. UNDERTAKER none
(Address)

20. FILED Dec. 14 193 4 A. B. Eckersell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) dec. 14 193 4

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1934, to Dec. 14, 1934.
I last saw her alive on Dec. 14, 1934: death is said to have occurred on the date stated above, at 11.00 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 12/12/34 |

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) J. E. Bradley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91807

Registration District No. 98

Primary Registration District No. 2176 Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe Evans Joseph George Evans. 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Dora May Flint.

6. DATE OF BIRTH (month, day, and year) March 12, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 52 | 7 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Portersville, Utah.

FATHER

13. NAME Arthur James Evans.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Rosanna Williams

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Irvin Jones.
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Utah Date 12/12/34

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 12-11, 1934. A. E. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 193.4 to Dec 10, 193.4

I last saw h. alive on Dec 10 193.4, death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac fibrosis and dilatation | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Utah, | |
| | |
| | |

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation deceased?.. If so specify.....

(Signed) H. G. Anderson, M. D.

(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

REC JAN 11 1935

# PLACE OF DEATH

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91808

Registration District No. 98

Primary Registration District No. 2176 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Heggstrom

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) June 7, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 78 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Wilh Olsen
(Address) Rigby, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date Dec. 15 1934

19. UNDERTAKER A. B. Eckersell
(Address)

20. FILED Dec. 15, 1934 A. B. Eckersell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 11 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Nov. 1st, 1934, to ....., 193...

I last saw h...alive on Nov. 1st, 1934; death is said to have occurred on the date stated above, at 5:20 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old age. | |
| Arterial Sclerosis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Anderson, M. D.
(Address) Rigby, Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91809

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No.
Primary Registration District No.
Local Registrar's No.
(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie M. Stradley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced (or) WIFE of Earl Stradley

6. DATE OF BIRTH (month, day, and year) April 7-1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 8 | 10 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Henry Miller
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Letitia Buchanan
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Nina Stewart Jerome

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cemetery Date Dec 20, 1934

19. UNDERTAKER R. P. Ellingson
(Address) Jerome Idaho

20. FILED 1/2/35, 193 Chas. J. Zeller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1934

22. I HEREBY CERTIFY, That I attended deceased from , 1934, to , 1934

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. Zeller, M. D.

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 31 1934

Husted.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91810

## PLACE OF DEATH

County of Kootenai

City of Coeur d' Alene

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 320

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Walter Wiggett.

(a) Residence. No. 416 Wallace Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth 60 yrs. mos. ds.

57

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Wiggett.

6. DATE OF BIRTH (month, day and year): 11 17 1856

7. AGE — Years: 78 | Months: 0 | Days: 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: President C.D.A.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Grain and Milling Co., LTD.

10. Date deceased last worked at this occupation (mo. and yr.): 11/1934

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER FATHER

13. NAME: John Wiggett

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Susan Graham

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. Clara Wiggett.

18. ~~Burial~~, CREMATION OR REMOVAL
Place: Smith and Co. and Spokane, Wash. Date: 12/3..., 1934

19. UNDERTAKER (Address): Mooney Mortuary C.D.A.

20. FILED 12-6-..., 1934 E. L. Apothy, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-26..., 1932, to Nov. 30..., 1934

I last saw him alive on Nov. 30, 1934 death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1927 or 8 |
| Gangrene of left foot | 11/20/34 |
| Other **contributory causes** of importance: | |
| Arterio Sclerosis | Gradual |

Name of operation: None Date of:

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O.M. Husted M. D.

(Address) Coeur d' Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEPARTMENT OF HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91811

County of Kootenai
City of Worley
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 321
(No. R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Vallee

(a) Residence. No. Worley (Usual place of abode) St. R.F.D. 1 Idaho
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | Indian | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 20 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Child

10. Date deceased last worked at this occupation (mo. and yr.) 6

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Lovell, Idaho Benewah Co

FATHER

13. NAME Noah J. Vallee

14. BIRTHPLACE (city or town) (State or country) Worley Idaho

MOTHER

15. MAIDEN NAME Sophia Paul

16. BIRTHPLACE (city or town) (State or country) Lovell Idaho Benewah Co

17. INFORMANT (Address) Sophia Paul Vallee Worley Idaho

18. BURIAL, CREMATION OR REMOVAL Place Jenced Ida. Indian Cemetery Date 11-26, 1934

19. UNDERTAKER (Address) Fuqua Funeral Home Pasquel Ida

20. FILED 12-6-, 1934 E. L. Upton, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Nov 23rd, 193.4.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Auto Accident | |
| Suggestion as to Accidental | |

Other **contributory causes** of importance:

(OVER)

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Lacerated Chest & Spine
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. J. Harrington M. D.
(Address) Worley Idaho

RECEIVED DEC 21 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Kootenai

City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 91812

Local Registrar's No. 322

(No. 2101 Front St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Frank Meyer.

(a) Residence. No. Alsace 1601 Indiana St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth 49 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---------- Unknown

6. DATE OF BIRTH (month, day, and year): 10 29 1871

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 63 | 1 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Head Gardener

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Stanly Easton

10. Date deceased last worked at this occupation (mo. and yr.): 12/34

11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (city or town) (State or country): Alsace-Lorraine

FATHER

13. NAME: Francis A. Meyer

14. BIRTHPLACE (city or town) (State or country): Alsace-Lorraine

MOTHER

15. MAIDEN NAME: Mary Uhl.

16. BIRTHPLACE (city or town) (State or country): Alsace-Lorraine

17. INFORMANT (Address): Francis Meyers Coeur d' Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: St. Thomas, Coeur d' Alene Date: 12/10, 1934

19. UNDERTAKER (Address): Mooney Mortuary

20. FILED 12-8-, 1934. E. I. Applin, M.D. C.D.A.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/6 1934

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 1934.., to 1 7....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 A.M

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Instant Death - apparently Cardiac | |
| while sitting at a Card Table - | |
| Dead before Physician arrived. | |

Other **contributory causes** of importance:

Obesity.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) ... C. C. Kinsley ..., M. D.

(Address) Coeur d' Alene, Ida.

RECEIVED DEC 21 '34

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91813

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 313

(No. 94 Ash)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Henry Travis

(a) Residence. No. 1401-1 2nd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Maria Travis

6. DATE OF BIRTH (month, day, and year): 1855 - 11 - 29

7. AGE: Years 78 | Months 11 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Teamster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 11-27-1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wis

MOTHER FATHER

13. NAME: John Travis

14. BIRTHPLACE (city or town) (State or country): No. Y.

15. MAIDEN NAME: Amelia Davenport

16. BIRTHPLACE (city or town) (State or country): Don't know

17. INFORMANT (Address): Mrs. Grace Kiff 1213 Vine St. Missoula Mont

18. BURIAL, CREMATION, OR REMOVAL: Place Forest - Coeur d'Alene Ida Date 12-1, 1934

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 12-3-, 1934. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1934, to Nov. 28, 1934.

I last saw him alive on Nov. 28, 1934; death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Nov 17 34 |
| Other **contributory causes** of importance: | |
| Arterio Sclerosis | Produd |

Name of operation: None Date of:

What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O M Hewlett, M. D.

(Address) Coeur d'Alene Idaho

RECEIVED DEC 21 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 91814

Local Registrar's No. 314

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Sophia Witherspoon

(a) Residence. No. 723 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. Color or Race: W | 5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Jacob Witherspoon

6. DATE OF BIRTH (month, day, and year) 1868 - 10 - 24

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 0 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Henry Fred

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sophia ——

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry Witherspoon
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 11-16, 1934
Forest

19. UNDERTAKER Cassedy Funeral Home
(Address) CdAlene Idaho

20. FILED 12-3-, 1934 E. L. Cassedy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930 to Oct, 1934.
last saw her alive on ~~Oct~~ 29, 1934; death is said to have occurred on the date stated above, at 6:30 A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage | |
| Carcinoma of lung | |
| Other **contributory causes** of importance: | |

Name of operation None Date of

What test confirmed diagnosis? ~~Was~~ there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold J. Sturges, M. D.
(Address) CdA Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DE

# PLACE OF DEATH

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91815

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 315

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnas Silvia McDonald. 1880

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 3, 1904

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 30 | 2 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School Teacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) Working. | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Lacrosse Wisconsin

MOTHER FATHER

13. NAME A. D. McDonald.

14. BIRTHPLACE (city or town) (State or country) Champaign Co. Ill.

MOTHER

15. MAIDEN NAME Agnas C. Gohres

16. BIRTHPLACE (city or town) (State or country) Lacrosse Wis.

17. INFORMANT Mrs. Lizzie Nelson (Address) Rathdrum Idaho

18. BURIAL, CREMATION OR REMOVAL Coeur d'Alene
Place St. Thomas Cemetery Date 11-22 1934

19. UNDERTAKER Cossedy Funeral Home (Address) Rathdrum Ida.

20. FILED 12-3-, 1934. E. L. Aphin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-19 1934

22. I HEREBY CERTIFY, That I attended deceased from did not see her since 11-19-, 1934., to 11-19-, 1934.
I last saw her alive on 11-17, 1934: death is said to have occurred on the date stated above, at 8. A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Struck by a freight train | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation.... Date of....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.., 193.
Where did injury occur? Kootenai County....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Highway....
Manner of injury Automobile struck by freight train
Nature of injury Fractured skull....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify....

(Signed) .... M. D.
(Address) ....

RECEIVED DEC 21 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91816

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 316

(No. Lakeside)
(If death occurred in a hospital or institution, give its name instead of street and number)

154

2. FULL NAME Jerald Leroy Hunt

(a) Residence. No. Carlin Bay Turners Bay St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-5-1929

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | 4 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

MOTHER FATHER

13. NAME Lloyd T. Hunt

14. BIRTHPLACE (city or town) (State or country) Oregon

15. MAIDEN NAME Mildred Sawtey

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Lloyd T. Hunt Turners Bay
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. C'd'A. Date 11-25 1934

19. UNDERTAKER Mooney Mortuary C'd'A.
(Address)

20. FILED 12-3-, 193 4 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 193 4, to Nov. 22 193 4.

I last saw him alive on Nov. 22 193 4; death is said to have occurred on the date stated above, at 8. P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Purpura Simplex | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold J. Sturges, M. D.

(Address) C'd'A. Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91817

**PLACE OF DEATH**

County of Kootenai
City of Coeur d'Alene
Idaho

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 317

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen Lloyd Wagner

(a) Residence. No. 808 Wallace St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Etta Wagner

6. DATE OF BIRTH (month, day, and year) [illegible]

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 16 | 5 mo | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Veterinarian

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER/FATHER

13. NAME ——— Wagner

14. BIRTHPLACE (city or town) (State or country) Dont-Know

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Frank Tatum
(Address) Pullman, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Maries Date Dec 2, 1934

19. UNDERTAKER Casey Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 12-2-, 1934 C. L. Lyons M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 30 34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 193 4, to Nov 30, 193 4.

I last saw him alive on Nov. 30 193 4: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Months |
| Paralysis of bladder and bowels | |
| Other **contributory causes** of importance: | |
| Old Age | |

Name of operation None Date of ——

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. L. Lyons M. D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 2 1934

PLACE OF DEATH,
County of Kootenai
City of Belmont-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91818

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 318

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Wright

(a) Residence. No. ..... St. Belmont, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W | Married |

5a. If married, widowed or divorced
HUSBAND of
(or) ~~WIFE~~ of Florence Wright-

6. DATE OF BIRTH (month, day, and year) Oct. - 1889

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1-1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calif.

FATHER

13. NAME — Wright-

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME .. ..

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. Emily Smith
(Address) 243 E. Park Butte, Mont.

18. BURIAL, CREMATION OR REMOVAL
Forest- Place Coeur d'Alene Date 11-30., 1934

19. UNDERTAKER Casseday Funeral Home
(Address)

20. FILED 12-3-, 1934. E. L. Apolm, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-20..., 1934., to 11-20-..., 1934. I did not see her alive on 11-20., 1934.; death is said to have occurred on the date stated above, at 11 P..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..No If so, specify.....
(Signed) ..... C. H. Teed, M. D.
(Address) Coeur d'Alene Ida

RECEIVED DEC 21 19[illegible]
Wood.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91819

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 319

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred N. Kilborn

(a) Residence. No. 1010 Sherman St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabel

6. DATE OF BIRTH (month, day, and year): 4 10 1876

7. AGE: Years 58 | Months 7 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Acting Sheriff
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Kootenai Co.
10. Date deceased last worked at this occupation (mo. and yr.): 12/1933
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER, FATHER
13. NAME: Perry Kilborn
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Harriet Nichols
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Mrs. Isabel Kilborn

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest. C.D.A. Date 11/2, 1934

19. UNDERTAKER (Address): Mooney Mortuary. C.D.A.

20. FILED 12-3-, 1934. E. L. Upton, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/10, 1934, to 11/30, 1934.
I last saw him alive on 11/29, 1934: death is said to have occurred on the date stated above, at 7 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocardial degeneration | 1930 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Hypostatic pneumonia | 11/28/34 |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John O'Mead M. D.
(Address) Coeur d'Alene, Ida.

RECEIVED

1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91820

**PLACE OF DEATH**

County of Kootenai

City of Spirit Lake

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leroy Erwin Dickey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 15, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Spirit Lake
(State or country) Idaho

FATHER

13. NAME Alva Dickey

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Rena Watson

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs. Alva Dickey
(Address) Spirit Lake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Spirit Lake Idaho Date 12/21, 1934

19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Idaho

20. FILED 12-21, 1934. A C Spooner
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1934, to Dec. 20, 1934.

I last saw him alive on Dec. 19, 1934; death is said to have occurred on the date stated above, at 3:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1) Spina Bifida very severe type = absence of 2 vertebrae | at birth or 12/15/34 |
| 2) 4 wks. premature | |
| 3) No use of legs (Paralysis) | |

Other **contributory causes** of importance:

| | |
|---|---|
| 1) Icterus Neonatorum | |
| 2) Shock | |
| 3) "Blue baby" | |

Name of operation ..... Date of .....

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Dickson, M. D.

(Address) Spirit Lake, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1935

Sturgis

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91821

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 233

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Joseph Buckle

(a) Residence. No. Hayden Lake St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 6-24-1934

7. AGE Years — Months 6 Days 4 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hayden Lake

MOTHER / FATHER

13. NAME Joseph Buckle

14. BIRTHPLACE (city or town) (State or country) Ida.

15. MAIDEN NAME Pearl [illegible] Horn

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMANT (Address) Joseph Buckle Hayden Lake

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Sturgis Cem. Date 12-30 1934

19. UNDERTAKER (Address) Mooney Mortuary Sandpoint

20. FILED 12-28-, 1934 E. L. Groton M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1934, to Dec. 28, 1934.

I last saw h[illegible] alive on Dec. 28, 1934; death is said to have occurred on the date stated above, at 4 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumococcus Cerebro-spinal meningitis | |
| Pneumonia - Bronchopneumonia | |

Other **contributory causes** of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold J. Sturgis, M. D.

(Address) Coeur d'Alene Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Kootenai

City of Coeur D' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91822

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 332

(No. Coeur D' Alene Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Alice Christina Michael

(a) Residence. No. Mica Flatts St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14, 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 18 | 7 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** High School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vernal
(State or country) Utah

FATHER

13. NAME Don L. Michael

14. BIRTHPLACE (city or town)
(State or country) Kan.

MOTHER

15. MAIDEN NAME Lissie Sessions

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Don Michael
(Address) Coeur D' Alene, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. Date 12/26 1934

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Ida.

20. FILED 12-28- 1934 E. L. Sphn, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24/193

22. I HEREBY CERTIFY, That I attended deceased from ...June....., 1934.., to .Dec.....24.., 1934..
I last saw her alive on Dec. 23, 1934.: death is said to have occurred on the date stated above, at 1.....A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous pneumonia Both lungs | 12-10-34 |
| Tuberculosis in Hip Joint | Over a year |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation....., ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..No.. If so, specify.....

(Signed) ..Hamilton F. Freeman M. D.
(Address) Coeur d'Alene, Idaho..

RECEIVED JAN 2 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91823

Registration District No.

Primary Registration District No. Local Registrar's No. 331

(No. 180)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delmar Eugene Thoose

(a) Residence. No. Hauser Lake St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 7 1934

7. AGE — Years | Months: 2 | Days: 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash

FATHER

13. NAME George C. Thoose

14. BIRTHPLACE (city or town) (State or country) Sweet Grass Montana

MOTHER

15. MAIDEN NAME Delphene Wright

16. BIRTHPLACE (city or town) (State or country) Bangor Maine

17. INFORMANT (Address) Geo. A. Moore Hauser Lake

18. BURIAL, CREMATION OR REMOVAL
Place Post Falls, Idaho Date 12, 1934

19. UNDERTAKER (Address) Casper Undertaking Co. Coeur d'Alene Idaho

20. FILED 12-27-1934 C. L. Apgar M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from No visits during Life, 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apparently asphyxia | Dec. 23 1934 |
| Probably from overlying in bed | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Appearance of child Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec. 23 1934
Where did injury occur? In parents bed at home
(Specify city or town, county, and state) Hauser Lake Idaho
Specify whether injury occurred in **industry**, in **home**, or in **public place**. At home
Manner of injury Probably overlying in bed
Nature of injury Stated

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John O'Neal M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 91824

State File No.....

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 330

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Packer

(a) Residence. No. Harrison, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

164

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 1, 1837

7. AGE: Years 97 | Months 4 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1916

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Penn.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Elmer Packer, Harrison Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Stites, Ida. Date: Dec. 14 1934

19. UNDERTAKER (Address): Mooney Mortuary, Coeur D' Alene, Idaho.

20. FILED 12-27- 1934 E. L. Upham M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old Age. | |
| Over on reverse side. | |

Other **contributory causes** of importance:

Name of operation: None Date of.....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. L. Upham M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Husted.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91825

PLACE OF DEATH

County of Kootenai

City of Coeur d' Alene

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 323

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Julia E. Case.

(a) Residence. No. 510 Foster Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: not known

6. DATE OF BIRTH (month, day, and year): 3 1 1857

7. AGE — Years: 77 Months: 9 Days: 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Powell, Michigan

FATHER

13. NAME: ------- Sharp

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: May June Taylor

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): A.B. Case. Coeur d' Alene

18. BURIAL, CREMATION, OR REMOVAL: Forest Cem. Place Coeur d' Alene Date 12/7/, 193.4

19. UNDERTAKER (Address): Mooney Mortuary Coeur d' Alene Idaho

20. FILED 12-8-, 193.4 E. L. Upolin M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 193.4, to 12-4, 193.4

I last saw her alive on 12-4, 193.4 death is said to have occurred on the date stated above, at 1:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage ("Apoplexy") | Nov 9 '34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: arteriosclerosis | Gradual |
| | |
| | |

Name of operation None Date of -

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. M. Husted M. D.

(Address) Coeur d' Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 21 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91825

PLACE OF DEATH
County of Kootenai
City of Rockford Bay

Registration District No. 3c
Primary Registration District No. 1050
Local Registrar's No. 324

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abts Mrs. Lucia Cargill

(a) Residence. No. Rockford Bay St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year): 7 28 1844

7. AGE: Years 90 | Months 4 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Nathan Richardson
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Matilda Willoughby
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Mrs. O.A. Harris, Rockford Bay

18. BURIAL, ~~CREMATION OR REMOVAL~~: Forest Cem. Place Coeur d' Alene Date 12/8/ 1934

19. UNDERTAKER (Address): Mooney Mortuary

20. FILED 12-10-1934 E. J. Upton C.D.A. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/6/ 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 1927, to Dec 6, 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Sclerosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Atonic Senility | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) C. E. Grove, M. D.
(Address) 308 Rookery Bld. Spokane, Wash.

OFFICE PHONE 725

RESIDENCE PHONE 725-X

DR. E. L. SPOHN
PHYSICIAN AND SURGEON
122-N. 4TH ST.
COEUR D'ALENE, IDAHO

COUNTY AND CITY
HEALTH OFFICER

2-25-1935

Bureau of Vital Statistics
Boise - Idaho.

Gentlemen.

We wish you to make a correction on one Certificate of Death - Registrar # 324 - The name should read "Abia Lucia Cargill" instead of "Lucia Cargill" -
It is of vital importance that the correction be made.

Sincerely
E. L. Spohn M.D.
By A.B.K.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

Dr. Barclay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91827

**PLACE OF DEATH**
County of Kootenai
City of Coeur d' Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 325

(No. C.D.A. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Louis Soholt

31

(a) Residence. No. Potlatch, Idaho St. Potlatch, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year): 4 12 1910

7. AGE: Years 24 | Months 7 | Days 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Potlatch
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lumber Mill
10. Date deceased last worked at this occupation (mo. and yr.): 4/12/32
11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): S. Dakota

FATHER

13. NAME: Ole Soholt
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Thea Soholt
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Mrs. Thea Soholt, Potlatch, Ida.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place. Potlatch, Idaho Date 12/11, 1934

19. UNDERTAKER (Address): Mooney Mortuary, Coeur d' Alene

20. FILED 12-10-1934 E. L. Lyon M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7/ 1934

22. I HEREBY CERTIFY, That I attended deceased from August, 1933 to Dec. 7, 1934.
I last saw him alive on Dec 7 1934; death is said to have occurred on the date stated above, at 12:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) H. Livingston Barclay M. D.
(Address) Coeur d' Alene, Idaho.

Husted.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91828

**PLACE OF DEATH**
County of Kootenai
City of Coeur d' Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 326

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Gladys E. Ficklin

(a) Residence. No. 16th and Indiana St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of: E.A. Ficklin
6. DATE OF BIRTH (month, day, and year): 12 6 1907
7. AGE: Years 27 | Months 0 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spangle, Wash.

MOTHER FATHER
13. NAME: Jess Booher
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Essie Hubbard
16. BIRTHPLACE (city or town) (State or country): Wash.

17. INFORMANT (Address): Jess Booher C.D.A.
18. BURIAL, ~~CREMATION OR REMOVAL~~ C.D.A. Place: Forest Cem. Date: 12/9/, 1934
19. UNDERTAKER (Address): Mooney Mortuary C.D.A.
20. FILED 12-13- 1934 E. L. Lyons, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/7/34.

22. I HEREBY CERTIFY, That I attended deceased from 12/6, 1934, to ....., 193....
I last saw her alive on 12/6, 1934. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | 12/4-34 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Miscarriage | 12/30-34 |

Name of operation: None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ..... Deforrest, M. D.
(Address) ..... St. Maries

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1934

**PLACE OF DEATH**

County of Kootenai

City of Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 91829

Local Registrar's No. 327

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy E Chase

(a) Residence. No. .... St. Hayden Lake, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married divorced |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Marie Chase

6. DATE OF BIRTH (month, day, and year) 1882-5-13

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | 6 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) 12-9-34

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Louisiana Forza

MOTHER FATHER

13. NAME Rose E Chase

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Elizabeth Lemons

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT (Address) J. L. Robertson

18. BURIAL, CREMATION OR REMOVAL. Forest Place Coeur d'Alene Ida Date 12-13, 1934

19. UNDERTAKER Coeur d'Alene Funeral Home (Address) Coeur d'Alene Idaho.

20. FILED 12-13-, 1934 E. L. Upton, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-10 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1934, to Dec. 10, 1934.

I last saw him alive on Dec 10, 1934; death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of ....

What test confirmed diagnosis? Exam ~~was~~ there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Harold J Seeger, M. D.

(Address) Coeur d'Alene Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 91830

Local Registrar's No. 328

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sumner Rideout

(a) Residence. No. 839 - 6th St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1856 - Dad-Know

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Scaler

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. B.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N. B.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. B.

17. INFORMANT C. F. Kuster
(Address)

18. BURIAL, CREMATION OR REMOVAL
Forest Place Coeur d'Alene Date 12-10, 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 12-13-1934 E. L. Spokesman M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1934, to Dec. 8, 1934.
I last saw him alive on Dec. 7, 1934; death is said to have occurred on the date stated above, at 2a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| + senility | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold K. Sturgis M. D.
(Address) Cda d'Alene

RECEIVED JAN 2 1935

**PLACE OF DEATH**

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91831

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 234

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John D. Hitt

(a) Residence. No. 328 - N. 16th St. 164
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-25-1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 0 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Don't Know
(State or country)

FATHER

13. NAME " Hitt

14. BIRTHPLACE (city or town) .....
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) .....
(State or country) "

17. INFORMANT Mrs. Winnie K. Phinney
(Address) Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL
Pine Grove Place. Rathdrum Ida Date 12-22 1934

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 12-28-, 1934. E. L. Hopkins M. D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1934, to Dec. 20, 1934.

I last saw him alive on Dec. 19 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old Age. | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

None - Unless a slight stroke years ago.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) E. L. Hopkins, M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 91832

## CERTIFICATE OF DEATH

PLACE OF DEATH
County of Kootenai
City of Post Falls
R.F.D. No 1

Registration District No. 30
Primary Registration District No. 1050
(No. ....)
Local Registrar's No. 329

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Charles Riggle

(a) Residence. No. R.F.D. No 1 Post Falls Ida
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Rowena Riggle

6 DATE OF BIRTH (month, day and year) June 19th 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| Ffo | 76 | 5 | 13 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolteacher. Rancher
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS
10 NAME OF FATHER Jacob Riggle
11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana
12 MAIDEN NAME OF MOTHER Louina Spangler
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Mrs Chas. Riddle
(Address) Post Falls Ida R.F.D 2

15 Filed 12-27-, 1934 E. L. Upham, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 2nd 1934
(Month) (Day) (Year)

17 ~~I HEREBY CERTIFY, That I attended deceased from~~ Died before I arrived
Dec 2, 1934, to Dec 2, 1934
that I last saw him ~~alive on~~ Dec 2, 1934
and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:
Apoplexy
(duration) ... yrs. ... mos. 1 ds.
CONTRIBUTORY (Secondary) Arteria-Sclerosis
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Known
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Statement of wife
(Signed) E. L. McCauley M. D.
Dec 3, 1934 (Address) Post Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date ~~of Burial~~ |
|---|---|
| Cremation | Dec 5 1934 |
| 20. Undertaker | Address |
| Hennessy & Calloway | Spokane Wash |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Troy (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91834

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. C.C.C. Camp No. 260
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Robert Grant

(a) Residence. No. St. Bovill, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If ~~single~~ widowed, or ~~married~~ divorced HUSBAND (or) WIFE of: Maggie Grant

6. DATE OF BIRTH (month, day, and year): Dec. 11, 1886

7. AGE: Years 48 | Months 0 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: C.C.C. Camp

10. Date deceased last worked at this occupation (mo. and yr.): 12/34

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): North Dakota

MOTHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

FATHER

15. MAIDEN NAME: Margaret Wilson

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Dollie Grant ###### Bovill, Ida.

18. BURIAL, ~~CREMATION~~ or REMOVAL
Place: Moscow Date: 12/18, 1934

19. UNDERTAKER (Address): H.R. Short Moscow, Ida.

20. FILED Dec. 17, 1934 Lucy M. Packard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1934, to Dec 15, 1934.

I last saw him alive on Dec 15, 1934 death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Tumor | 1922 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A. Meyer M. D.

(Address) Troy Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE

State File No. 91835

Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johannes Mathias Olson

164

(a) Residence. No..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 24 - 1854

7. AGE — Years: 80 — Months: 4 — Days: 20 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norway

MOTHER / FATHER

13. NAME: Ole Olson

14. BIRTHPLACE (city or town) (State or country): Norway

15. MAIDEN NAME: Sara Sorley

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Ed Rairdodale Troy

18. BURIAL, CREMATION OR REMOVAL

Place: Moscow Date: Dec. 18 1934

19. UNDERTAKER (Address): John J. Pickard Troy

20. FILED: Jan 5., 1935 Lucy M. Pickard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 14 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 1 yrs..., 1934..., to Dec. 14 ....., 1934.

I last saw him alive on Dec. 14, 1934. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No If so, specify.....

(Signed) ... Chas. A. Meyer M. D.

(Address) ..... Troy, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91836

**PLACE OF DEATH**
County of Latah
City of Potlatch

Registration District No. 6 5
Primary Registration District No. 2 1 45
Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Alice Jeanette Warren

(a) Residence. No. Potlatch St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 6 | | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Spokane -

FATHER

13. NAME Marcels. Warren -

14. BIRTHPLACE (city or town) (State or country) Spokane

MOTHER

15. MAIDEN NAME Mida Carter

16. BIRTHPLACE (city or town) Mt Pleasant (State or country) Utah

17. INFORMENT (Address) Marcels. Warren.

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch cemetery Date 16 Dec, 1934

19. UNDERTAKER Parents. (Address) Potlatch

20. FILED Dec 15, 1934 Dr. Jno. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1934, to Dec 15, 1934

I last saw her alive on Dec. 14, 1934: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho. pneumonia. | Dec 12 |
| Other contributory causes of importance: | |
| Cretinism | |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jno. Thompson, M. D.

(Address) Potlatch

RECEIVED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91838

Registration District No. 6 1

Primary Registration District No. 1 0 1 1 Local Registrar's No. 89

(No. 716 West A St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Lee Clark

(a) Residence. No. 716 West A St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sallie Clark

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 71 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Janitor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** University Idaho

10. Date deceased last worked at this occupation (mo. and yr.) 12/34

11. Total time (years) spent in this occupation 18 years

12. BIRTHPLACE (city or town) Fulton (State or country) Mo.

FATHER

13. NAME Benton Clark

14. BIRTHPLACE (city or town) Not known (State or country) "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Benton Clark (Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Idaho Date 12/30 1934

19. UNDERTAKER H.R. Short (Address) Moscow, Idaho

20. FILED 12/29, 1934 Harry Emhouse Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1934 to Dec 27 1934, 1934

I last saw him alive on Dec 27 1934, death is said to have occurred on the date stated above, at 4:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| Arteriosclerosis | 12-7-34 |
| Hypertension | 3-19-34 |
| Arrhythmia Decline | |

Other **contributory causes** of importance:
Bronchopneumonia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph E. Wilson M. D.
(Address) Moscow, Ida.

RECEIVED JAN 7 1935

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 1839

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 87

(No. 517 East A St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha W. Griffith

(a) Residence. No. 517 East A St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. P. Griffith

6. DATE OF BIRTH (month, day, and year): May 31, 1852

7. AGE: Years 82 | Months 6 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pittsfield Ohio

MOTHER FATHER

13. NAME: Artimus Wilder

14. BIRTHPLACE (city or town) (State or country): Vermont

15. MAIDEN NAME: Eliza Barber

16. BIRTHPLACE (city or town) (State or country): Vermont

17. INFORMANT (Address): Stephen M. Griffith Los Angeles, Calif.

18. BURIAL, CREMATION OR REMOVAL
Place Northeast, Pa. Date....., 193..

19. UNDERTAKER (Address): H. R. Short Moscow, Idaho.

20. FILED 12/11, 1934 Harry Eastwood Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/22/34, 193..., to 12/9/34, 193....
I last saw her alive on 12/9/34, 193...: death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmhorrage | 12/5/34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| arteriosclerosis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Doyle M. Sochs M. D.

(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91840

Registration District No. 61

Primary Registration District No. 611 Local Registrar's No. 86

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

100 0

2. FULL NAME John D. Manor

(a) Residence. No. Latah County Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Manor

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE: Years: about 72 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) W

MOTHER

15. MAIDEN NAME W

16. BIRTHPLACE (city or town) (State or country) W

17. INFORMANT (Address) Mrs. W. B. Dorsett, Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 12/8, 1934

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 12/6, 1934 Harry Emboral Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-30-1934 to 12-6-, 1934.

I last saw him alive on 12-5, 1934; death is said to have occurred on the date stated above, at 6:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Bronchopneumonia | |
| Left nephrolithiasis | |
| Left nephritis | |

Other **contributory causes** of importance:

| | |
|---|---|
| Senility | |

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? none
(Specify city or town, county, and state)
*Specify whether injury occurred in* **industry**, *in* **home**, *or in* **public place.** none
Manner of injury none
*Nature of injury* none

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Joseph D. Wilson, M. D.
(Address) Moscow, Ida.

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91841

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 84

(No. Gritman Hospital 117)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clyde Norman McFerron

(a) Residence. No. Gritman Hospital St. Troy, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 5 1930

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 14 | 9 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School boy

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Troy, Idaho
(State or country)

FATHER

13. NAME Everett McFerron

14. BIRTHPLACE (city or town) Brownsville
(State or country) Oregon

MOTHER

15. MAIDEN NAME Dessie Byrd

16. BIRTHPLACE (city or town) Pullman
(State or country) Wash.

17. INFORMANT Everett McFerron
(Address) Troy Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Troy Utah Date Dec 2 1934

19. UNDERTAKER John J. Parker
(Address) Troy Idaho

20. FILED 12/4 1934 Mary Erickson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/4/34 193

22. I HEREBY CERTIFY, That I attended deceased from 12/2/34 193..., to 12/4/34 193...
I last saw him alive on 12/4/34 193...: death is said to have occurred on the date stated above, at 9:30 P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured appendix | 11/29/34 |

Other **contributory causes** of importance
Several Peritonitis abscesses

Name of operation Drainage Date of 12/2/34

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Doyle M. Fuehr M. D.
(Address) Moscow Idaho

FILED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91842
State File No.....

Registration District No. 6
Primary Registration District No. 1011 Local Registrar's No. 85
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

118 F

2. FULL NAME Daisy Armstrong

(a) Residence. No..... St. Troy, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmer Armstrong

6. DATE OF BIRTH (month, day, and year)
Aug. 13, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 3 | 21 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waseca County Minn.

FATHER
13. NAME Albert H. Johnson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Christinia Thompson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Mrs. W. R. Sellar 2728 W. 18th Ave Spokane, Wn

18. BURIAL, CREMATION, REMOVAL
Place. Moscow, Ida. Date. 12/6, 1934

19. UNDERTAKER (Address) H. R. Short Moscow Ida.

20. FILED 12/6, 1934 Harry Gritman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/4/34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1934 to Dec. 4, 1934.
I last saw her alive on Dec 4, 1934 death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralytic Ileus | 11-28-34. |
| | |
| | |
| | |

Other contributory causes of importance:
Senility

Name of operation Laparotomy Date of 11-29-34
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Chas. F. Meyer, M. D.
(Address) Troy Idaho

RECEIVED [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Bovill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91843

Registration District No. 66

Primary Registration District No. 2148 Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Odin Homer Tarbox

(a) Residence. No. Bovill, Ida. St.

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mae Tarbox

6. DATE OF BIRTH (month, day, and year) March 14, 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Steam Engineer & Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging camp

10. Date deceased last worked at this occupation (mo. and yr.) 9/29/34

11. Total time (years) spent in this occupation 44 years

12. BIRTHPLACE (city or town) (State or country) Pine Island, Minn.

MOTHER/FATHER

13. NAME Martin Tarbox

14. BIRTHPLACE (city or town) (State or country) Albany, N.Y.

15. MAIDEN NAME Roberta Hamlin

16. BIRTHPLACE (city or town) (State or country) Kinzna, Pa.

17. INFORMANT (Address) Willard Tarbox Emida, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Moscow, Ida. Date 9/29/34, 193..

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED Oct. 2, 1934. E. B. Blasker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion | |
| Automobile accident | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~?..... Date of injury 9/29 1934

Where did injury occur?..... Bovill
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury..Auto accident

Nature of injury....Fractured skull

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. R. Short Coroner, M. D.

(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Latah
City of Bovill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 31844

Registration District No. 66
Primary Registration District No. 2148 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Otis R. Tice

(a) Residence. No. ..... St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Tice

6. DATE OF BIRTH (month, day, and year) Aug. 3, 1899

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 35 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Boiler mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging camps

10. Date deceased last worked at this occupation (mo. and yr.) 9/22/34

11. Total time (years) spent in this occupation .....

MOTHER/FATHER

12. BIRTHPLACE (city or town) ..... (State or country) Mo.

13. NAME Joseph W. Tice

14. BIRTHPLACE (city or town) ..... (State or country) Mo.

15. MAIDEN NAME Susan A. Morgan

16. BIRTHPLACE (city or town) ..... (State or country) Indiana

17. INFORMANT (Address) Mrs. Maude Tice 712 N. Walnut. Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 9/29, 1934

19. UNDERTAKER Hazen & Jaeger
(Address) Spokane, Wash.

20. FILED Oct. 1, 1934. E. B. Flasher
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/29/1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |
| Automible accident | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 9/29, 1934
Where did injury occur? Bovill
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury... Auto accident
Nature of injury... Fractured skull

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ... No
(Signed) H. R. Stark M. D.
(Address) Moscow, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91845

**PLACE OF DEATH**
County of Lemhi
City of (If outside limits of city or village, write RURAL and give name of township) North Fork Idaho
Registration District No. 41
Primary Registration District No. 2416 Local Registrar's No.
(No. ) 161a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orene Ann Stone

(a) Residence. No. ~ North Fork Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): December 5th, 1934
7. AGE: Years | Months | Days: 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North Fork Idaho

FATHER
13. NAME: Ed Stone
14. BIRTHPLACE (city or town) (State or country): Washington

MOTHER
15. MAIDEN NAME: Helen Hull
16. BIRTHPLACE (city or town) (State or country): North Fork Ida

17. INFORMANT (Address): Ed Stone N. Fork Ida
18. BURIAL, CREMATION OR REMOVAL
Place: North Fork Ida Date: 12-19-, 1934
19. UNDERTAKER (Address): Ord A Hadley Salmon Ida
20. FILED: Jan 10., 1935 Chas E. Bellomy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-18 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1934 to Dec 18, 1934
I last saw her alive on Dec 5, 1934: death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia due to premature birth of gestation | |
| Other **contributory causes** of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....
(Signed) W. C. Hatton M. D.
(Address) Salmon, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Lemhi
City of Leadore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91849

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blanch Winnie Warner

(a) Residence. No. Leadore St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced ~~HUSBAND of (or) WIFE of~~: 28th
6. DATE OF BIRTH (month, day, and year): Oct ~~28~~ 29th, 1934.
7. AGE: Years | Months | Days | If LESS than 1 day, 18 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Leadore (State or country) Lemhi Idaho

FATHER
13. NAME John Alexander Warner
14. BIRTHPLACE (city or town) Wayne (State or country) Wayne Co Nebr.

MOTHER
15. MAIDEN NAME Winnifred Blanch
16. BIRTHPLACE (city or town) Lemhi Idaho (State or country) Lemhi Idaho

17. INFORMANT (Address) John Warner Leadore Idaho
18. BURIAL, CREMATION OR REMOVAL Place Leadore Ida. Date 10/30, 1934
19. UNDERTAKER (Address) Wm C. Taeble Salmon Ida.
20. FILED Jan 10, 1935 Chas E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 29 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A.-..m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Blue Baby | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) William C. Taeble D
(Address) Salmon Ida. Coroner

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91850

Registration District No. 4

Primary Registration District No. 2116 Local Registrar's No.

(No. 74a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Huron Horbert Burbridge

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M Burbridge

6. DATE OF BIRTH (month, day, and year) Sept 15- 1866

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 68 | 2 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Transfer Business

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oconto Iowa

FATHER

13. NAME Absolem Burbridge

14. BIRTHPLACE (city or town) (State or country) Bolling Green Ky

MOTHER

15. MAIDEN NAME Emmeline Howland

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Huron L Burbridge Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 12/4 1934

19. UNDERTAKER (Address) Mr. W.C. Doebler

20. FILED Jan 10, 1935 Clio E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-2" 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Dec 2 1934

I last saw him alive on Dec 1 1934 death is said to have occurred on the date stated above, at 7-15 Am.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Nov 30/34 |
| Thrombosis | |

Other **contributory causes** of importance:

Name of operation ..... Date of ..... No.

What test confirmed diagnosis? .... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Bellamy M.D.
(Address) Salmon, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91851
State File No.....

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.....

(If death occurred in a hospital or institution, give its name instead of street and number) No. .....

2. FULL NAME Josephine Adeline Hopper

(a) Residence. No. Forney, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or WIFE of) Wesley T. Jones

6. DATE OF BIRTH (month, day, and year) May - 22 - 1863

7. AGE: Years 71 | Months 6 mo. | Days 7 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) 11/28/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fayetteville Tennessee

FATHER

13. NAME Joseph Sleeper

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Adeline Pettibone

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Forest W. Jones (Address) Forney, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 12/1, 1934

19. UNDERTAKER Wm C. Daehler (Address) Salmon Idaho

20. FILED Jan 10, 1935 Alice C. Bellamy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9-A.-m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Natural Causes. | |
| Probaly heart Trouble | |
| No Medical attendan | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm C. Daehler Coroner
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91852

**PLACE OF DEATH**
County of Lemhi
City of Carmen

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No. Clive)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Elbee Neal

(a) Residence. No. Carmen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Meade Neal

6. DATE OF BIRTH (month, day, and year) April 12-1863

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 7 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Long

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Harley Kelsey

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Meade Neal Carmen

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 11/29/ 1934

19. UNDERTAKER (Address) Jno C. Jackling Salmon Ida

20. FILED Jan 10, 1935 Chas C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Nov 28, 1934
I last saw h.. alive on Nov 21, 1934 death is said to have occurred on the date stated above, at 4-30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Trouble | |
| Mitral | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) J. S. Wright, M. D.
(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lemhi

City of Tendoy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91853

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Alma Warren

(a) Residence. No. Gibbonsville, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 6 wks yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | American | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Inez Caroline Warren

6. DATE OF BIRTH (month, day, and year) March 16, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 66 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Sept.

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) ..... (State or country) Nebraska.

FATHER

13. NAME Lyman Warren

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME Mary Howard

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Inez C. Warren (Address) Tendoy, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date Dec 1st, 1934

19. UNDERTAKER Wm C. Doehler (Address)

20. FILED Jan 2, 1935 Chas C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-28-1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Nov 28, 1934

I last saw him alive on Nov 27, 1934 death is said to have occurred on the date stated above, at 7-5 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Cerebral Hemorrhage | |
| Embolism | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. J. Wright, M. D.

(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91854

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Louise Poulsen

(a) Residence. No. Salmon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | S. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 1931

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 3 | 6 th | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salmon
(State or country)

FATHER

13. NAME William LeRoy Poulsen

14. BIRTHPLACE (city or town) Grace Ida.
(State or country)

MOTHER

15. MAIDEN NAME Eva Master

16. BIRTHPLACE (city or town) Saxonburg Cal.
(State or country)

17. INFORMANT William LeRoy Poulsen
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 11-25, 1934

19. UNDERTAKER Hall & Darbee Salmon Ida
(Address)

20. FILED Jan 10 1934 Chas. C. Bellamy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1934, to Nov. 24 1934.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malnutrition | |
| Cystic Duct | |
| Amputation | |

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) Salmon, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lemhi
City of Salmon Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

DO NOT WRITE IN THIS SPACE
State File No. 91855

1050

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nona Louise Rennaker

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): August 6 1933
7. AGE: Years 1 | Months 2 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salmon

MOTHER FATHER
13. NAME: Marion Rennaker
14. BIRTHPLACE (city or town) (State or country): Missouri
15. MAIDEN NAME: Belle Foster
16. BIRTHPLACE (city or town) (State or country): Idaho Falls

17. INFORMANT (Address): Marion Rennaker Salmon Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Date: 10/24 1934
19. UNDERTAKER (Address): Mac C. Dacies Salmon Ida
20. FILED: Jan. 10, 1935. Chas. E. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1934., to Oct 21, 1934.
I last saw h[illegible] alive on Oct 21, 1934.; death is said to have occurred on the date stated above, at [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial pneumonia | about Oct 16 |
| Other **contributory causes** of importance: | |
| Whooping cough | about Oct 1 |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Chas F Hammer, M. D.
(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Lemhi

City of Gibbonville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 91856

100 01

2. FULL NAME Beverly Ann Dean

(a) Residence. No. Gibbonville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 29, 1932

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Salmon
(State or country)

FATHER

13. NAME Ralph W. Dean

14. BIRTHPLACE (city or town) Salmon
(State or country)

MOTHER

15. MAIDEN NAME Georgine M. Terry

16. BIRTHPLACE (city or town) Salmon
(State or country)

17. INFORMANT V. L. Robertson
(Address) Salmon, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 10/15/1934

19. UNDERTAKER Ann C. Dockeler
(Address) Salmon Ida.

20. FILED Jan 1a., 1935 Chas. E. Bellamy
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-14 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934, to Oct 14, 1934.

I last saw h[illegible] alive on Oct 14, 1934: death is said to have occurred on the date stated above, at 12 AM. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | about Oct 7 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Whooping cough | Sept 10 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Clark Hammer, M. D.

(Address) Salmon

RECEIVED JAN 1 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91857

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Horace Beach

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT (Address) Charles Beach Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date 9/15, 1934

19. UNDERTAKER Arc Jacobs
(Address) Salmon Ida

20. FILED Jan 10, 1935 Clio C. Bellamy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to Sept 14, 1934
I last saw h alive on Sept 14, 1934: death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | about 1931 |
| | |
| | |
| | |
| Other contributory causes of importance: Chr. pneumonia, not further specified | about 1932 |
| | |

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas F Hanna, M. D.
(Address) Salmon

Information should be carefully supplied. AGE should be given CORRECTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91858

**PLACE OF DEATH**

County of Lewis

City of Craigmont

Registration District No. 30

Primary Registration District No. 2109

Local Registrar's No. 10

(No. ....) 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Oren Lockridge

(a) Residence. No. .... St. Craigmont Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elmina J. Lockridge

6. DATE OF BIRTH (month, day, and year): April 16 1862

7. AGE: Years 72 | Months 7 | Days 4 | If LESS than 1 day, .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farmer

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Spring Hill Iowa

FATHER

13. NAME: Joseph Lockridge

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Mary Perkins

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMENT (Address): Bruce Lockridge

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date Nov 22 1934

19. UNDERTAKER: C E Clow (Address) Craigmont

20. FILED .... 1934 .... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 20 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1933, to Nov 20 1934, last saw him alive on Nov 19 1934; death is said to have occurred on the date stated above, at 6:15 AM. The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1933 |
| Other contributory causes of importance: | |
| Carcinoma of Liver | 1934 |

Name of operation: None Date of: ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193.

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) R. H. Collins, M. D.

(Address) Craigmont Idaho

RECEIVED DEC 19 1934

FORM V. S. No. 1—Rev. 1-19

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 91859

Local Registrar's No.

1. PLACE OF DEATH
County of Lewis
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49
Primary Registration District No. 2127
(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dorcas Ellen Sanders

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: November 27 1863 (Month) (Day) (Year)

7. AGE: 70 Yrs. 10 Mos. 25 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF Father: Enoch Kenworthy

11. BIRTHPLACE OF FATHER (State or Country): Indianna

12. MAIDEN NAME OF MOTHER: Catherine Ramey

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Sanders
(Address) Woodland Idaho

15.
Filed 12-10 1934 Nell Robertson
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September 24 1934 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 4 1934, to September 23 1934, that I last saw her alive on September 23 1934, and that death occurred on the date stated above, at 10 A. M.
The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
& Heart Disease

(Duration) 3 yrs. - mos. - ds.
Contributory (Secondary): Senility
(Duration) ....yrs. ....mos. ....ds.

(Signed) G. W. Cooper M. D. M. D.
9/29 1934 (Address) Nezperce, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs. ....mos. ....days. In the State ....yrs. ....mos. ....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Woodland — DATE OF BURIAL: Sept 26 1934

20. UNDERTAKER: Kamiah Funeral Home — ADDRESS: Kamiah Ida

Every item of information should be carefully supplied. And the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91860

**PLACE OF DEATH**

County of Lewis

City of Kamiah

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. (If death occurred in a hospital or institution, give its name instead of street and number))

760

2. FULL NAME Mary Johnson Thompson

(a) Residence. No. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm W. Thompson

6. DATE OF BIRTH (month, day, and year): 8-25-1852

7. AGE — Years: 81 — Months: 8 — Days: 2 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER

13. NAME: Jas. E. Pretty man

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Jones

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT (Address): Mrs Jennie G. Thompson Stites Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Kamiah Date: 12-9-1934

19. UNDERTAKER (Address): Kamiah Funeral Home

20. FILED 12-10, 1934. Nell Robertson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-27-1934 193

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Dec, 193..
I last saw her alive on 12-27-1934: death is said to have occurred on the date stated above, at 9 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| | |
| Cerebral Hemorrhage | |
| | |
| Other **contributory causes** of importance: | |
| | |
| Chronic Nephritis | |
| | |

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. S. Bryan, M. D.
(Address) Kamiah Idaho

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 17 1934

**PLACE OF DEATH**

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91861

Registration District No. 16

Primary Registration District No. ..... Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Lola Clark

(a) Residence. No. ..... Shoshone St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Morris Clark

6. DATE OF BIRTH (month, day, and year): Aug. 3 94

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 40 | 3 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Duncomb Iowa

MOTHER/FATHER

13. NAME: Frank Eaton
14. BIRTHPLACE (city or town) (State or country): Ill
15. MAIDEN NAME: Emily Hubbs
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Clarence Eaton

18. BURIAL, CREMATION OR REMOVAL
Place: Wendell Ida. Date: 11-21, 1934

19. UNDERTAKER (Address): A. G. Thompson Funeral Parlors

20. FILED 11/26, 1934. J. L. Fuller Registrar.
By Agnes Mahon Dep.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1934., to Nov. 18, 1934.

I last saw her alive on Nov. 18 1934.: death is said to have occurred on the date stated above, at 10 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Nov. 15-34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pulmonary Tuberculosis (Fibroid) | 1915 |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. Barrett M. D.
(Address) Shoshone Ida.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Lincoln
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91862

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 26
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

RECEIVED JAN 5 1935

88 b

2. FULL NAME Vojtech Basel.

(a) Residence. No. ..... Malad Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Basel.

6. DATE OF BIRTH (month, day, and year) May 1 1860

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Czech. Slovakia

FATHER

13. NAME Frank Basel

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Steve Basel. (Address) .....

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Strahorn Date 12/10 ..., 1934

19. UNDERTAKER G. E. Thompson (Address) Per F. P. Enright

20. FILED 12/10 ..., 1934 ... L. L. Fuller Registrar.
By A. McMahon Dep.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 ..., 193 4., to Dec 1 ..., 193 4.
I last saw him alive on Dec 1., 193 4: death is said to have occurred on the date stated above, at 5:30 Am.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1920 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hypertension | 9 |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) F. P. Barrett, M. D.
(Address) .....

N. B.—WRITE information shou state CAUSE OF D OCCUPATION is very important. E should be stated ACTLY. PHYSICIANS should , so that it may be properly classified. Exact statement of See instruction on back of certificate. ORD. Every item of

**PLACE OF DEATH**
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91863

RECEIVED JAN 5 1935

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Russell. Dufreau. 159C

(a) Residence. No. ..... St. .....
(Usual place of abode) Richfield,
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male. | White | Mar. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22 — 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| | 7 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Richfield, (State or country) Idaho

MOTHER FATHER

13. NAME Russell. Dufreau.
14. BIRTHPLACE (city or town) Richfield. (State or country)
15. MAIDEN NAME Ivy. Thompson
16. BIRTHPLACE (city or town) Kalby. (State or country) Idaho

17. INFORMANT Mrs. Dufreau (Address) Richfield Ida

18. BURIAL, CREMATION OR REMOVAL
Place Richfield Ida Date 9 Dec 1934

19. UNDERTAKER None (Address)

20. FILED 12/8 1934 L. L. Fuller Registrar.
By A M Mahon Dep.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1934 to Dec. 8 1934.
I last saw him alive on Dec. 1st 1934.: death is said to have occurred on the date stated above, at 1.0 m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Marasmus. | Oct 20 34 |
| | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:
congenital Rylein's disease,

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? None Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None. If so, specify .....

(Signed) ..... M. D.
(Address) Rexburg Idaho

RECEIVED JAN 7 1935

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91864

Registration District No. 100

Primary Registration District No. 2128 Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorin R Holman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days: 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rexburg Idaho

FATHER

13. NAME: Lorin R Holman

14. BIRTHPLACE (city or town) (State or country): Salem Idaho

MOTHER

15. MAIDEN NAME: Norma Sainsbury

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Lorin R. Holman Sugar City Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 12-25-1934

19. UNDERTAKER (Address): none

20. FILED 1-5-1935 J. Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-21-1934

22. I HEREBY CERTIFY, That I attended deceased from birth, 193.4 to Dec 21, 1934.

I last saw him alive on Dec 20, 1934.; death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-pneumonia | Dec 16-1934 |

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? / Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** /
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lorin R. Holman M. D.
(Address) Rexburg Idaho

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91865

PLACE OF DEATH

County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Dewaine Briggs

(a) Residence. No. Burton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 22 - 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, 8 hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Burton Ida

FATHER

13. NAME Francis Gunnel Briggs

14. BIRTHPLACE (city or town) (State or country) Burton Idaho

MOTHER

15. MAIDEN NAME Eliza Beardall

16. BIRTHPLACE (city or town) (State or country) Burton Ida

17. INFORMANT (Address) Frances Gunnel Briggs Rexburg R. 2. D. #1

18. BURIAL, CREMATION OR REMOVAL
Place Burton Date Dec. 23 1934

19. UNDERTAKER none
(Address)

20. FILED 1-3-, 1935 J. R. Young
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 193.4 to Dec. 22, 193.4
I last saw him alive on Dec. 22, 193.4 death is said to have occurred on the date stated above, at 7.40 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity 6½ Mos | |
| Debility 6 hrs. | |
| (Pleurisy with Pneumonia) | |

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. C. Young, M. D.
(Address) Rexburg

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 1935

**PLACE OF DEATH**

County of Madison

City of Plano

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91866

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Ellen Emerett Fisher

(a) Residence. No. Plano St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert Fisher

6. DATE OF BIRTH (month, day, and year)
April 27, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 72 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Virgin City
(State or country) Utah

FATHER

13. NAME Charles Frank Randall

14. BIRTHPLACE (city or town) Munson
(State or country) Ohio

MOTHER

15. MAIDEN NAME Ellen Jane Duncan

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Robert Fisher
(Address) Rexburg, R. F. D. 3

18. BURIAL, CREMATION OR REMOVAL
Place Plano Date 12-22 1934

19. UNDERTAKER Russell R. Klamm
(Address) Rexburg, Idaho

20. FILED 1-5, 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-19 1934

22. I HEREBY CERTIFY, That I attended deceased from August, 193.4, to Dec 19, 193.4.

I last saw her alive on Dec 19, 193.4; death is said to have occurred on the date stated above, at 8:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid | 1932 |

Other **contributory causes** of importance:

| | |
|---|---|
| general metastasis | |
| Resection of Sigmoid | |

X Name of operation July 1932 Date of .....

What test confirmed diagnosis? Laboratory & sympt. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12/20/34 (Signed) Louis A. Rich, M. D.

(Address) Rexburg, Idaho

X 440 Spencer Bld - Idaho Falls - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91867
State File No.

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 68

(No. Rexburg General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rex Verdell Radford

(a) Residence. No. St. Independence
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
July 20 1929

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | 5 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ririe
(State or country) Idaho

FATHER

13. NAME James Radford

14. BIRTHPLACE (city or town) lemmington
(State or country) Utah

MOTHER

15. MAIDEN NAME Mary Jane Carpenter

16. BIRTHPLACE (city or town) Washington
(State or country) Utah

17. INFORMANT James Radford
(Address) Independence Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ririe Date Jan. 2 193 5

19. UNDERTAKER Russell F. Lamm
(Address) Rexburg Idaho

20. FILED 1-3-, 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1934 to Dec. 31, 1934.
I last saw him alive on Dec. 31, 1934.: death is said to have occurred on the date stated above, at 8:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute edema Larynx | |
| Asphyxia | |

Other **contributory causes** of importance:

Tracheotomy
Intubation

Name of operation Date of Dec 31,

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91868

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard C. Bierwert

(a) Residence. No. Rexburg, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced, (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) ~~WIFE~~ of Son Chauncey Bierwert

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1929

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho.

FATHER

13. NAME Chauncy Bierwert

14. BIRTHPLACE (city or town) (State or country) Shelby Mich

MOTHER

15. MAIDEN NAME Mildred Oldham

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT Chauncy Bierwert
(Address) Rexburg

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 12/24, 1934

19. UNDERTAKER Wassell R. Flamm
(Address) Rexburg Idaho

20. FILED 1-3, 1935 J. R. Lyon
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1934, to 12-22, 1934.
I last saw him alive on 12-22, 1934. death is said to have occurred on the date stated above, at 8:P.....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Blow on Head | |
| Convulsions (12) | |
| Probably Brain injury | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury., 1934
Where did injury occur?.... Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Fell
Nature of injury Fell & struck Head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) Rexburg

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91869

**PLACE OF DEATH**
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 65

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David D Yancey

(a) Residence. No. .... Rexburg St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Wilcox Yancey
6. DATE OF BIRTH (month, day, and year): January 29 - 1879
7. AGE — Years: 55 — Months: 11 — Days: 30 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 30 days ago
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Quincy Mississippi

FATHER
13. NAME: Jasper Yancey
14. BIRTHPLACE (city or town) (State or country): Alabama

MOTHER
15. MAIDEN NAME: Sarah Tunnell
16. BIRTHPLACE (city or town) (State or country): Alabama

17. INFORMANT (Address): Flora Bowden American Fork Utah
18. BURIAL, CREMATION OR REMOVAL — Place: Archer Date: Dec 24 1934
19. UNDERTAKER (Address): Alvin Teeler Rexburg
20. FILED: 1-3-, 1935 J. C. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-21- 193 4

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 193 4, to 12-21-, 193 4
I last saw ~~him~~ alive on 12-21-, 193 4 death is said to have occurred on the date stated above, at 5 P. M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Right Labor Pneumonia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**, .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) L. D. Bingham, M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91870

**PLACE OF DEATH**

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Edward Harrison Dunn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Matilda Dunn

6. DATE OF BIRTH (month, day, and year): Dec 22 1874

7. AGE: Years 59 | Months 8 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Walker Mo

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date Sept. 14 1934

19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho

20. FILED 12-18, 1934. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1934, to Sept. 11, 1934.

I last saw her alive on 9-11, 1934, death is said to have occurred on the date stated above, at 8:32 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Sept 11, 34 |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |
| | |

Name of operation: none Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Jensen, M. D.

(Address) Rupert Idaho

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91871

**PLACE OF DEATH**

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John B. Kenagy 91

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 13 1863

7. AGE: Years 71 Months 9 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Physician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Asa Kenagy

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Salome Yoder

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Mrs Harriett Kenagy Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Cem Date: Nov 18, 1934

19. UNDERTAKER (Address): W. G. Boardman

20. FILED 12-18-1934 A. M. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 17, 1934

I last saw ~~him~~ alive on Nov 17, 1934; death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Mesenteric thrombosis | |
| myocarditis | |
| | |

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fayette A. Kenagy, M D.
(Address) Rupert Idaho

RECEIVED JAN 7 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91872
State File No.

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 66

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie S Cox

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 29 1864
7. AGE — Years: 69 Months: 10 Days: 16 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER
13. NAME: Eliza Osborne
14. BIRTHPLACE (city or town) (State or country): Dont Know

FATHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Arthur Cox Rupert Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Rupert Cem Date: Sept 18, 193X
19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho
20. FILED 12-18, 193X E. V. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 15 1934 193
22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1933, to Sept. 15, 1934
I last saw her alive on Sept. 12, 1934: death is said to have occurred on the date stated above, at 3 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis and Arterio Sclerosis | 1930 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. V. Elmore, M. D.
(Address) Rupert Idaho

REGISTERED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 24873

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 65

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Nadine S. Dell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 13 1892

7. AGE — Years: 41 Months: 11 Days: 24 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Colorado

FATHER

13. NAME: R. Hardison

14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER

15. MAIDEN NAME: Leona Cropper

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Ella M. Toombs

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Rupert Date: Dec. 19 1934

19. UNDERTAKER: W. A. Goodman (Address) Rupert Idaho

20. FILED 12-18-, 1934. E. E. Edmonds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1934, to December 7, 1934.

I last saw her alive on Dcamber 7 1934.: death is said to have occurred on the date stated above, at 9:00 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from Oesoph[illegible] | Dec 6, 1934. |
| secondary to Portal Cirrhosis | Unknown |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: none Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. E. Edmonds M. D.

(Address) Rupert Idaho

RECEIVED JAN 7 1935

E

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91874

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 64

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

128

2. FULL NAME Floyd A Gampedri

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Child
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 20 1931
7. AGE: Years 2 | Months 9 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rupert Idaho

FATHER
13. NAME: Joe Gampedri
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME: Angelina Stenech
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Joe Gampedri Rupert Idaho
18. BURIAL, CREMATION OR REMOVAL: Place. Rupert Cem Date Oct 17 1934
19. UNDERTAKER (Address): W. G. Goodman
20. FILED 12-18, 1934. A. B. Edmonson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1934, to Oct. 15, 1934.
I last saw him alive on Oct. 13, 1934; death is said to have occurred on the date stated above, at 2:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephritis and | July 16-34 |
| Acute Myocarditis | |

Other **contributory causes** of importance:
Followed exposure playing cold irrigating water ditch
other children

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. B. Edmonson, M. D.
(Address) Rupert, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Terhune

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9187

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 67

(No. ....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME R. L. Yost Baby Still

1617

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day 3 hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country)

FATHER

13. NAME R. L. Yost

14. BIRTHPLACE (city or town) Duluth (State or country)

MOTHER

15. MAIDEN NAME Ora Ruth

16. BIRTHPLACE (city or town) Don't Know (State or country)

17. INFORMANT R. L. Yost (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date Nov 20, 1924

19. UNDERTAKER W. A. Goodhyman (Address) Rupert Idaho

20. FILED 12-18, 1924 E. K. Erhart Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 19 1924

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1924, to Nov. 19, 1924.

I last saw him alive on Nov. 19, 1924.: death is said to have occurred on the date stated above, at 12 Noon.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Nov. 19 24 |
| Pt. Birth | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| None | |
| | |
| | |

Name of operation None Date of....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury.., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury Hard Working at Birth
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Chas. H. Lafferty, M. D.
(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91876

**PLACE OF DEATH**

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loren Linzy

(a) Residence. No. 71 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 25

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or 13 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rupert Idaho

FATHER

13. NAME: Wayne Linzy

14. BIRTHPLACE (city or town) (State or country): Mississippi

MOTHER

15. MAIDEN NAME: Ruth Widdop

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Mr Linzy Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date ....., 193.

19. UNDERTAKER (Address): W. G. Gorhman

20. FILED 12-18-1934 Edith E. Simms Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 26 1934

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1934, to Aug 26, 1934

I last saw him alive on Aug 26, 1934; death is said to have occurred on the date stated above, at 10:4 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra Cranial Hemorrhage - Birth Injury | 8/26/34 |

Other **contributory causes** of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) E. C. Johnson M. D.

(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1935

1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91877

PLACE OF DEATH
County of Oneida
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emmanuel Elsbee

44

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 25 1867
7. AGE: Years 67 | Months | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country) Indiana
13. NAME William M Evans
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Roy Elsbee Rupert Idaho
18. BURIAL, CREMATION OR REMOVAL Place Rupert Cem Date Sept 4 1934
19. UNDERTAKER (Address) W A Goodman Rupert Idaho
20. FILED 1-8-1935 E A Elsmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934, to Sept 2, 1934.
I last saw h-r alive on Sept 2, 1934; death is said to have occurred on the date stated above, at 5:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E E Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of NezPerce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91878

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 216

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rudolph Anton Kazda

(a) Residence. No. 723-3rd St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Marie J. Kazda

6. DATE OF BIRTH (month, day, and year) April 17, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Saw Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Kazda

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Magdlin Pavel

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMENT (Address) Mrs. Marie Kazda 723- 3rd ST.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Ida. Date 12/18/34 193

19. UNDERTAKER Vassar Shaughnessy Rawls (Address) Lewiston, Idaho

20. FILED Dec. 19., 1934. J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Dec 15, 1934

I last saw h. alive on Dec 15, 1934: death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | 1934 |
| Broken Compensation | 1934 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Broadbent, M. D.

(Address) Lewiston Idaho

RECEIVED JAN 14 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91879

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 2 15

(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Anna Tilton

(a) Residence. No. 203 1st Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3.SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 12/8/34

11. Total time (years) spent in this occupation 5yrs

12. BIRTHPLACE (city or town) (State or country) Not Obtainable

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) Not Obtainable

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Not Obtainable

17. INFORMENT (Address) Mrs C.J.Whithorne Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 12/13/34 193

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston Idaho.

20. FILED Dec 15, 1934 J.M. Doyle Registrar. by E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/12/34 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 12, 1934

I last saw h alive on Dec 12, 1934: death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Dec 5-34 |
| (Rt) | |

Other contributory causes of importance:

| | |
|---|---|
| Flu | Nov 29-34 |

Name of operation Cardinal Symptoms Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr White.

101a

RECEIVED JAN 2 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91880

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 2 14

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Preston Reed

(a) Residence. No. 2nd St. Clarkston Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Not Known |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired School Teacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Not Known

11. Total time (years) spent in this occupation Not Known

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Whites Hospital
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn. Date 12/8, 1934

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wash.

20. FILED Dec. 14, 1934 L. M. Lyle Registrar.
by G

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 193 4., to 12-6-, 193 4.

I last saw h[illegible] alive on 12-6-, 193 4. death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of bowels. | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. M. Elvrum, M. D.

(Address) Asotin, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91881

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 212

(No. 1827-11th Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jonas C. Palmer

(a) Residence. No. 1827-11th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie Palmer

6. DATE OF BIRTH (month, day, and year) Dec. 30, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70-11 | | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrison Couty
(State or country) Iowa

FATHER

13. NAME William Palmer

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Fry

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMENT Carl L. Palmer
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date Dec. 9 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Dec. 9, 1934 J. M. Lyle Registrar.
by E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to Dec. 5, 1934

I last saw him alive on Dec 5, 1934: death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | 1930 |
| Brasen confusation near Cardiac | 1934 |
| Other contributory causes of importance: | |
| Generu adema | Sept 1934 |

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Broadbent, M. D.

(Address) Lewiston Idaho

RECEIVED JAN 14 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hanson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91882

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 211

(No. 817 ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Emily White

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: R. White

6. DATE OF BIRTH (month, day, and year): Jan 26th 1870.

7. AGE: Years 64 | Months 10 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): London Canada

FATHER

13. NAME: Nelson Lewis

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Hannah Walker

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): R. White Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 12/6, 1934

19. UNDERTAKER: Brosius Wample
(Address) Lewiston Idaho

20. FILED Dec. 7, 1934. L. M. Lyle Registrar.
by G

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1934, to Dec 4, 1934.
I last saw h[illegible] alive on Nov 20, 1934: death is said to have occurred on the date stated above, at 1.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. myo. carditis | |
| dural edema | |
| & malaria | |
| decompensation | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Poss. adenoma | |
| of thyroid | |
| | |

Name of operation: — Date of: —

What test confirmed diagnosis? Etiology Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul G. Hanson M. D.
(Address) Lewiston Idaho

RECEIVED JAN 14 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 31883

Registration District No. 1209

Primary Registration District No. 96 Local Registrar's No. 210

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tolistie Amanda Sampson

(a) Residence. No. 117 St. Spalding, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: East Sampson.

6. DATE OF BIRTH (month, day, and year): December 13th 1892.

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 41 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oklahoma.

MOTHER FATHER

13. NAME: William Tilley

14. BIRTHPLACE (city or town) (State or country): Kentucky.

MOTHER

15. MAIDEN NAME: Mary F. Lane.

16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT: Ezra Sampson (Address) Spalding Idaho

18. BURIAL, CREMATION OR REMOVAL Place. Lewiston Ida. Date 12/4, 193 4

19. UNDERTAKER: Brown-Wagner Co. (Address) Lewiston Idaho.

20. FILED Dec. 7, 1934. J. M. Lyle Registrar. by G

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2nd 193 4

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1934, to Dec. 2, 1934.

I last saw h....alive on Dec 2, 1934: death is said to have occurred on the date stated above, at 8:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gangrenous | Nov 27. |
| Appendicitis | 1934 |
| Acute General | Nov 29 |
| Peritonitis | 1934 |

Other **contributory causes** of importance:

Name of operation Appendectomy Date of Nov 30 1934

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Ed Broadbrook, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91884

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 205
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Savannah A. Griffith

(a) Residence. No. 18th St and 7th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W. Griffith
6. DATE OF BIRTH (month, day, and year): April 20th 1856.
7. AGE: Years 78 | Months 7 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Middleton (State or country) Mississippi

FATHER
13. NAME Thomas King
14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER
15. MAIDEN NAME Martha Singh
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT ... (Address) R. H. Stubbard Lapwai Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 12/4, 1934

19. UNDERTAKER ... (Address) Brosius Mortuary Lewiston Idaho.

20. FILED Dec. 4, 1934. J. M. Doyle Registrar.
by G.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 193.4, to Dec. 2, 193.4
I last saw h alive on Dec 1, 193.4; death is said to have occurred on the date stated above, at 1 a. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 11/26/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) W. O. Clark, M. D.
(Address) Lewiston Idaho

RECEIVED JAN 14 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91885

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 209

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Mc Donald

(a) Residence. No. Graingeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) St Joseph Hospital Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grain ville, Ida Date , 193

19. UNDERTAKER Allor Mortuary
(Address) Graingville, Idaho

20. FILED Dec. 10, 1934 J. M. Engle Registrar.
by E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 13 /34 193

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1934, to Nov. 13, 1934

I last saw him alive on November 3, 1934: death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of the Stomach | 4 months |

Other contributory causes of importance:

Don't Know

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. E. Carsson, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Carsson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91886

**PLACE OF DEATH**
County of Nesperce
City of Lenora

Registration District No. 93
Primary Registration District No. 2321
Local Registrar's No. 144

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Marguerite Pontius

(a) Residence. No. ..... St. Lenore Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred M. Pontius

6. DATE OF BIRTH (month, day, and year): May 30 1901

7. AGE: Years 33 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Juliaetta

FATHER
13. NAME: Henry Schutzler
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Phoebe Doggett
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Fred M Pontius Troy Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lenora Date: 9/19, 1934

19. UNDERTAKER (Address): John D Pickett Troy Idaho

20. FILED 9-19, 1934 Samuel Tyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Since 1929, 193..., to 9/18, 193.4.
I last saw her alive on 9/17, 193.4; death is said to have occurred on the date stated above, at 5a m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Haemorrhage or fracture lumbar center trauma or both | about 9/7/34 |
| Running to above 2 wk 2 d | |

Other **contributory causes** of importance:

| | |
|---|---|
| Pregnancy - Miscarriage and Tuberculosis | |

Name of operation: none Date of: —
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... to specialty .....
(Signed) W. M. Stinson M. D.
(Address) Orofino Idaho

RECEIVED [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Peck

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91887
State File No.....

Registration District No. 93

Primary Registration District No. 2371 Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Glen Fairley

(a) Residence. No..... Peck Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of O. L. Fairley

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Homework

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Lacey

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Melpha Drennan Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 9/9, 1934

19. UNDERTAKER (Address) Crofins Mortuary Crofins Idaho

20. FILED 9-9-, 1934 Daniel Tyler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to Feb. 13th, 1934

I last saw h.. alive on 7.13..., 1934.; death is said to have occurred on the date stated above, at 6 P...m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Brights Disease | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. T. Robinson, M. D.

(Address) Orofino Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 91888

State File No.

**PLACE OF DEATH**

County of Nez Perce

City of Pierce

Registration District No. 93

Primary Registration District No. 2371

Local Registrar's No.

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence Lucille Weakley

(a) Residence. No. Pier St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edgar E Weakley

6. DATE OF BIRTH (month, day, and year): Oct 6th 1900

7. AGE: Years 34 | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: -

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town) (State or country): Central Ridge Idaho

FATHER

13. NAME: Allen Shortridge

14. BIRTHPLACE (city or town) (State or country): Del.

MOTHER

15. MAIDEN NAME: Carrie Wheat

16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMENT (Address): Husband Edgar Weakley

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston Idaho Date: 12-15, 1934

19. UNDERTAKER (Address): Irwin Funeral Home Lewiston Idaho

20. FILED 12/13, 1934 Daniel Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-29-1933, to 12-12-1934

I last saw her alive on 12-12-1934; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Tuberculosis Peritonitis - | |
| | |
| | |

Name of operation: - Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury, 193

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) W E Johnston, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91889

County of Nez Perce

City of Lewiston Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 2 A9

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Daughter of Oral Craig

(a) Residence. No. St. Leland, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-5-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho

FATHER

13. NAME Oral Craig

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Sue Robeson

16. BIRTHPLACE (city or town) (State or country) Princeton, Idaho

17. INFORMENT (Address) Mr. Oral Craig Leland, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Leland, Idaho Date Dec. 6, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary (Address) Lewiston, Idaho

20. FILED Dec 6, 1934 J. M. Lyle Registrar. by L.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1934 to Dec 5, 1934

I last saw her alive on Still born, 193...: death is said to have occurred on the date stated above, at 7-40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Difficult Labor Resulting in death during applications. | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul O. Johnson, M. D.

(Address) Doctor - Lewiston, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 11 1935

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Lyle

DO NOT WRITE IN THIS SPACE

State File No. 01830

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 225

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Mary Hoffman

(a) Residence. No. 0117 - 22nd St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

160

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec 13th 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | — | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME James Hoffman

14. BIRTHPLACE (city or town) (State or country) St Lawrence South Dakota

MOTHER

15. MAIDEN NAME Rebecca Frick

16. BIRTHPLACE (city or town) (State or country) Des Lacs North Dakota

17. INFORMENT (Address) James Hoffman Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date Jan 7, 1935

19. UNDERTAKER (Address) Brosseau & Gamm Co. Lewiston Idaho

20. FILED Jan. 8, 1935 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31st 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934, to Dec 31, 1934

I last saw h[illegible] alive on Dec 31, 1934; death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Lyle M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Melrose

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 91891

Local Registrar's No. 224

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Whitefield

(a) Residence No. Melrose, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Whitefield

6. DATE OF BIRTH (month, day and year): May 15-1872

7. AGE — Years: 62 | Months: 7 | Days: 14 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Gen. Store
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER
13. NAME: Thos. Whitefield
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Mary Johnson
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Mrs. J. Whitefield Melrose Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place: Melrose Idaho Date: 12/30 1934

19. UNDERTAKER: Brewer-Mann Co. (Address): Lewiston, Idaho

20. FILED Jan. 8, 1935 J. M. Lyle Registrar. By

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Dec 29, 1934
last saw him alive on Dec. 1, 1934; death is said to have occurred on the date stated above, at 4:15 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer Liver. | Jan-1934 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm. A. Whitefield, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91892

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 223

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles R. Sartin

(a) Residence. No. 1129 12th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Sartin

6. DATE OF BIRTH (month, day, and year) Dec 15 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | 0 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME W.J.Sartin
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Mary E. White
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) W.J.Sartin Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 12/31/34 193

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston Idaho.

20. FILED Jan 8, 1935 J. M. Lyle Registrar.
By E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12.28.34 193

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1934, to 12/28, 1934
I last saw h[illegible] alive on 12/28, 1934: death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suppression of urine over 72 hours | |
| | |
| | |
| | |
| Other contributory causes of importance: Lobar Pneumonia | |
| | |
| | |

Name of operation None Date of ~
What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ~

(Signed) Ronald G. Mauss, M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91893

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 222
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Arthur Owen

(a) Residence. No. St. Clarkston, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mildred Owen

6. DATE OF BIRTH (month, day, and year) August 12, 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 34 | 4 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Chief Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. W. Power Co.

10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland, Oregon

FATHER

13. NAME William N. Owen

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Emma McDonald

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMENT (Address) Mildred Owen Clarkston, Washington

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Bend, Oregon Date 12-29, 1934

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Jan. 8, 1935 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1934, to Dec. 27, 1934
I last saw him alive on Dec 27, 1934; death is said to have occurred on the date stated above, at 12:15 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | Dec 21 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pneumonia | Dec 25 |
| | |
| | |
| | |

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Paul O. Johnson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91894

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 221

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Marie Ester Fuchs

(a) Residence. No. ..... St. Uniontown, Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ~~Male~~ Female | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Alex Fuchs

6. DATE OF BIRTH (month, day, and year) Aug. 24, 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 26 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Ruf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amalia Loeffler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Alex Fuchs Uniontown, Washington

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Uniontown, Wash. Date 12-29, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Jan 8, 1935 J. M. Lasle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1934, to Dec. 26, 1934

I last saw him alive on Dec. 26, 1934, death is said to have occurred on the date stated above, at 6:00 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Appendix | |
| General Peritonitis | |

Other contributory causes of importance:

Name of operation Appendectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M.D.

(Address) Lewiston Idaho

Braddock

**PLACE OF DEATH**

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91895
State File No.....

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 220

(No. 331 — 2nd Normal)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer E. Gill

(a) Residence. No..... St. Cook, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Gill

6. DATE OF BIRTH (month, day, and year) May 6th 1863

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 71 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Buffalo New York
(State or country)

FATHER

13. NAME David Gill

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME — McEntire

16. BIRTHPLACE (city or town) Not Given
(State or country)

17. INFORMANT Kenneth E. Gill
(Address) Cook Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 1/7/35

19. UNDERTAKER Brown-Wasem Co.
(Address) Lewiston Idaho

20. FILED Jan. 8, 1935 J. M. Lyle
Registrar.
By E

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934, to Dec. 21, 1934.

I last saw him alive on Dec. 20 1934: death is said to have occurred on the date stated above, at 1. a. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | 1932 |
| Chronic myo. carditis | 1932 |
| Failure Compensation | 1934 |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. E. Broadbent M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91896

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 219
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amelia Mc Gowan
(a) Residence. No. St. Palouse Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Mc Gowan

6. DATE OF BIRTH (month, day, and year) June 25 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 79 | 5 | 25 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home
10. Date deceased last worked at this occupation (mo. and yr.) June 1934
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) St Bruno Canada

MOTHER FATHER
13. NAME Rufus Anderson
14. BIRTHPLACE (city or town) (State or country) Vermont
15. MAIDEN NAME Amelia Bowsey
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) E. L. Anderson Lewiston, Wash

18. BURIAL, CREMATION OR REMOVAL
Place Palouse Wash. Date Dec 20 1934

19. UNDERTAKER (Address) H. E. Kimball Palouse Wash.

20. FILED Dec 21, 1934 J. M. Lyle Registrar.
by E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to Dec 21, 1934.
I last saw her alive on Dec 20 1934: death is said to have occurred on the date stated above, at 6:50 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | June 2nd 1934 |
| 2nd Haemorrhage | Dec 12-1934 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hyper tension | |
| Arterio Sclerosis | 1930 |

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so specify
(Signed) E. L. White, M. D.
(Address) Lewiston Ida

Label

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91897

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 218
(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Dora May Parker

(a) Residence. No. Lewiston Orchards
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. M. Parker

6. DATE OF BIRTH (month, day, and year) April 19th 1871.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 63 | 8 | — | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kokomo
(State or country) Indiana

FATHER
13. NAME David Moore
14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER
15. MAIDEN NAME Mary —
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT J. M. Parker
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date Dec 23, 1934

19. UNDERTAKER Brosius & Daniels
(Address) Lewiston Idaho.

20. FILED Jan. 8, 1935 J. M. Doyle Registrar.
by E.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10., 193.4., to Dec 19., 193.4.
I last saw h[illegible] alive on Dec. 10 1934; death is said to have occurred on the date stated above, at 8:35 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Interstitial Nephritis | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, what? .....
(Signed) William Hibbard, M. D.
(Address) Lewiston Idaho.

RECEIVED JAN 14 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

White

DO NOT WRITE IN THIS SPACE

State File No. 91898

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 217

(No. 321 - 17th Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Emma Jamison. 31

(a) Residence. No. 321 - 17th St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Webster Jamison.

6. DATE OF BIRTH (month, day, and year) December 16th 1891.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 42. | 11. | 29. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Dakota.

FATHER

13. NAME Thos. C. Wells

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Marion Stevenson

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Mrs. Marion Wells (Address) Lewiston Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Idaho Date Dec. 18th 1934

19. UNDERTAKER Brown-Wasson Co. (Address) Lewiston Idaho

20. FILED Jan. 8, 1935 J. M. Doyle Registrar. By

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 193 4, to Dec 15, 193 4.

I last saw her alive on Dec. 15, 193 4: death is said to have occurred on the date stated above, at 11:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Feb. 1934 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, Specify

(Signed) C. L. White M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 8 1935

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91899

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 35

(No. 162)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mattie Louise Harding

(a) Residence. No. Malad Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Baby |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 8 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Benjamin Williams Harding

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME June Yearsley Harding

16. BIRTHPLACE (city or town) Woodruff
(State or country) Idaho

17. INFORMANT Ben W Harding
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place. Malad Idaho Date. Dec 12 1934

19. UNDERTAKER J. Ben Hansen
(Address) Malad Idaho

20. FILED 12/31, 1934 J. W. Parsons
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10. 1934, to Dec 10., 1934.

I last saw her alive on Nov., 1934; death is said to have occurred on the date stated above, at 1:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown - Natural | |
| Cause - | |
| Baby was dead | |
| on My arrival | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Marion J. Kerns M. D.

(Address) Malad Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91900

**PLACE OF DEATH**
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2614 Local Registrar's No. 36
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

189

2. FULL NAME Emil Albert Ekstrom

(a) Residence. No. ..... St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wilhelmina Ellis

6. DATE OF BIRTH (month, day, and year) August 30 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 40 | 3 | 16 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming And Trucking
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) Dec 1934
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Smithfield (State or country) Utah

FATHER
13. NAME John Ekstrom
14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER
15. MAIDEN NAME Annie Bunting
16. BIRTHPLACE (city or town) ..... (State or country) Utah

17. INFORMANT Mrs. Bert Ekstrom (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Dec 19 1934

19. UNDERTAKER Jesse Hansen (Address) Malad Idaho

20. FILED 12/31, 1934 J. H. McKenna Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month and day) Dec 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934, to Dec. 16, 1934.
I last saw him alive on Dec. 14, 1934: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction following injury in lower right side of abdomen | Dec. 10. |

Other **contributory causes** of importance:
peritonitis

Int. obs. removed.
Name of operation sigmoidostomy Date of Dec. 13 34
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accidental Date of injury Dec. 10, 1934
Where did injury occur? country
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Stepped on by steers
Manner of injury Jump from manure spreader allowing
Nature of injury int. obstruction

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify. Handling steers
(Signed) W. F. Thomas M. D.
(Address) Malad, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 3 1935

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91901

County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME James J Evans

(a) Residence. No. Malad Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 60 yrs. 8 mos. 19 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Williams

6. DATE OF BIRTH (month, day, and year) March 30 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 8 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Sept 1933

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME William T Evans

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Ann Jones

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Jim J. Evans
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Dec 22 1934

19. UNDERTAKER J. Guy Ranson
(Address) Malad Idaho

20. FILED 1/31/, 1934 J. M. Evans Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 19 193 4

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Dec 19, 1934. I last saw him alive on Dec 14, 1934: death is said to have occurred on the date stated above, 8.00 A.m. The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic condition | Oct 1934 |
| Sloughing from | |
| infected skin | |
| and tissues around | |
| buttox from colitis | |

Other **contributory causes** of importance:

Name of operation ← Date of ←

What test confirmed diagnosis? ← Was there an autopsy? ←

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ← Date of injury ← 193

Where did injury occur? ←
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** ←

Manner of injury ←

Nature of injury ←

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. O. Yost, M. D.

(Address) Malad, Ida.

RECEIVED JAN 9 1935

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91902

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald H Stuart

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 14 1933

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 1 | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)..... Malad
(State or country) Idaho

FATHER

13. NAME Daniel W Stuart

14. BIRTHPLACE (city or town)..... Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Pearl Hughes

16. BIRTHPLACE (city or town)..... Malad
(State or country) Idaho

17. INFORMANT Dan Stuart
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Dec 26 1934

19. UNDERTAKER J. Dan Hansen
(Address) Malad Idaho

20. FILED 12/31, 1934 J. M. Rees
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6:45 A M

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| Following measles | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed *diagnosis*?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) J. M. Rees, M. D.
(Address) Malad

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

**MARGIN RESERVED FOR BINDING**

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91903

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 34

(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Jones Evans

(a) Residence. No. ..... St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin D Evans

6. DATE OF BIRTH (month, day, and year) January 17 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 81 | 10 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER
13. NAME Richard Jones
14. BIRTHPLACE (city or town) .....
(State or country) Wales

MOTHER
15. MAIDEN NAME Mary Evans
16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMANT Thomas D Evans
(Address) Malad Idaho,

18. BURIAL, CREMATION OR REMOVAL Burail
Place ... Malad Idaho. Date Dec 13 1934

19. UNDERTAKER J. Guy Benson
(Address) Malad Idaho

20. FILED 12/31/34 1934 J. M. Rees
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.0., to Dec 10 193.4.
I last saw h...alive on ..... 193.4.: death is said to have occurred on the date stated above, at 4.10P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile debility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or ~~injury~~ in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Oneida

City of Samaria

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2064

DO NOT WRITE IN THIS SPACE

State File No. 91904

Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Reese Huntsman

(a) Residence. No. Samaria Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Franklin Huntsman

6. DATE OF BIRTH (month, day, and year) Oct 20 1883

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 51 | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1934

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) Samaria
(State or country) Idaho

FATHER

13. NAME Samuel Reese

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Mary Ann Morse

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT Frank Huntsman
(Address) Samaria Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Samaria Idaho Date Dec 26 193 4

19. UNDERTAKER J. Guy Benson
(Address) Malad Idaho

20. FILED 12/31/34 193... J. M. Reavis
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Dec (day) 22 (year) 193 4

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:15P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. Reavis, M. D.
(Address) Malad

RECEIVED JAN 11 1935

# STANDARD CERTIFICATE OF DEATH

On Res.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

91905

1. PLACE OF DEATH:
County Owyhee. State Idaho. Registered No. ---
Township Western Shoshone Reservation. or Village None. or
City None. (Not in hospital.) Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. -- mos. -- days. How long in U. S., if of foreign birth? -- yrs. -- mos. -- days.

2. FULL NAME Dot Thomas.

Residence: Western Shoshone Reservation, Idaho. Work ---
(Usual place of abode) (If nonresident, give city or town and State)

10 12

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female. | 4/4 Paiute Indian. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ? ? 1917.

| 7. AGE | Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|---|
| | 17 | ? | ? | -- hrs. or -- mins. |

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc None.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc None.

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town and State or country):
Western Shoshone Reservation, Idaho.

FATHER

13. NAME: Harry Thomas.

14. BIRTHPLACE (city or town and State or country):
Oreano, Idaho.

MOTHER

15. MAIDEN NAME: Marie Hanks.

16. BIRTHPLACE (city or town and State or country):
Winnemucca, Nevada.

17. INFORMANT (name and address): Harry Thomas.
Western Shoshone Reservation, Idaho.

18. BURIAL, Place W. Shoshone Res., Ida. Date Dec. 15, 1934

19. UNDERTAKER (name and address):
Friends. Owyhee, Nevada.

20. FILED Jan. 9, 1935 D. A. Marsh
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 12, 1934

22. I HEREBY CERTIFY, That I attended deceased nurses On December 11, 1934 to ---, 193
I last saw her alive on December 11, 1934; death is said to have occurred on the date stated above, at 1.00a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably, pneumonia, lobar (See statement) | 12-9-34 |

Other contributory causes of importance:
---

Name of operation --- Date of ---

What test confirmed diagnosis? --- Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? --- Date of injury ---, 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify ---

(Signed) Louis W. Egan
(Address) Owyhee, Nevada.

8—209g

U. S. GOVERNMENT PRINTING OFFICE: 1933 o11—3184

RECEIVED JAN 2 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Tindell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 43

Primary Registration District No. 2120

DO NOT WRITE IN THIS SPACE

State File No. 91906

Local Registrar's No. 39

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Clarence Franklin Frost

(a) Residence. No. Tindell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 4, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Clarence Franklin Frost.

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Laura Allen

16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Thomas B. Frost Tindell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Frost ranch Date Dec 15, 1934

19. UNDERTAKER (Address) No Undertaker

20. FILED Dec 15th, 1934 R. H. Leonard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| No Dr in attendance | |
| died with Heart Trouble, | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on the Tindell ranch.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John Trelly Coroner, M. D.

(Address) Owyhee Co. Silver City Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91907

PLACE OF DEATH
County of Gunnison
City of Bunnean

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 25
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin F. Robertson

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Robertson

6. DATE OF BIRTH (month, day and year) 8-12-1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 74 | 4 | 11 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Arkansas

PARENTS

10. NAME OF FATHER William Robertson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Addie Hiler
(Address) Ellens Ferry, Idaho

15. Filed Dec 28, 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 23, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
10-20-, 1934, to 12-23-, 1934
that I last saw him alive on 12-21-, 1934
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical

(Signed) J. E. Evans M. D.
12-27-1934 (Address) Gunnison Idaho

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Bunnean, Idaho | 12-26 1934 |

| 20. Undertaker | Address |
|---|---|
| D. C. Zacher | Ant. Home, Ida. |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Smeltersville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 91908
Local Registrar's No. 65

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

#9

2. FULL NAME Catherine McCallum Van Tassel

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | White | married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Ernest Van Tassel

6. DATE OF BIRTH (month, day, and year) Oct 21, 1906

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 1 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME David Watson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margie Wilson Irvine

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Ernest Van Tassel, Smeltersville, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida. Date Nov 24, 1934

19. UNDERTAKER (Address) M. O. Thornhill, Kellogg Ida.

20. FILED 1-10, 1935 Mrs. Helen M. Bride, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1934, to Nov 8th, 1934
I last saw h[illegible] alive on Nov 8 1934: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm T. Smyth, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 1935

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 91909

Local Registrar's No. 66

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Christina Wayland 46

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Nash Wayland

6. DATE OF BIRTH (month, day, and year) May 20 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 3 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Lorenz M. Pung

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Schilling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Nash Wayland Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date Dec 9, 1934

19. UNDERTAKER (Address) M. C. Timmerby Kellogg Idaho.

20. FILED 1-10, 1935 Mrs. Ellen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1934, to Dec 5, 1934

I last saw her alive on Dec 5, 1934; death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma fundus uteri | Mar. 1934 |
| Other contributory causes of importance: | |
| Pelvic peritonitis | 10-16-34 |

Name of operation Hysterectomy - Date of 10-16-34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Kellogg, M. D.

(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91910

**PLACE OF DEATH**

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 46

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

161

2. FULL NAME Infant Davis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7 - 1934

7. AGE — Years | Months | Days | If LESS than 1 day, 12 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida.

FATHER

13. NAME Jesse E Davis

14. BIRTHPLACE (city or town) (State or country) Houston Arkansas

MOTHER

15. MAIDEN NAME LaVeda Howell

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Jesse E Davis Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Dec 10, 1934

19. UNDERTAKER John Bever (Ward and Co)
(Address) Wallace Ida.

20. FILED Dec 9, 1934 John Bever
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934, to Dec 8, 1934

I last saw him alive on Dec 8, 1934: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature infant (6 mos) | |

Other contributory causes of importance:

| | |
|---|---|
| Ruptured Amniotic Sac 1 Month before | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James K Dean, M. D.

(Address) Wallace

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91912

Registration District No. 70

Primary Registration District No. 1911 Local Registrar's No. 55

(No.) Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Joseph Richotte

(a) Residence. No. Wallace Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or ~~WIFE of~~): Georgiana Richotte

6. DATE OF BIRTH (month, day, and year): Nov 20 1850

7. AGE: Years 84 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Epiphanie Montreal Canada

FATHER

13. NAME: Isaie Richotte

14. BIRTHPLACE (city or town) (State or country): Epiphanie Canada

MOTHER

15. MAIDEN NAME: Aurelie Forest

16. BIRTHPLACE (city or town) (State or country): Epiphanie Canada

17. INFORMENT (Address): Sister Gaynard Wallace Ida

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place: Missoula Date: Dec 25th 1934

19. UNDERTAKER (Address): Bruce Morstell Wallace Ida

20. FILED Dec 23, 1934 John Beyer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12/23 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.. to Dec 23, 1934.

I last saw him alive on Dec 23, 1934 death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| A Pneumonia | |
| Bronchial | 7 da |
| | |
| | |
| Other contributory causes of importance: | |
| Influenza | 10 da |

Name of operation: None Date of:

What test confirmed diagnosis: None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) D. A. Mitchell M.D.

(Address) Wallace Ida

RECEIVED JAN 14 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91013

PLACE OF DEATH

County of Shoshone

City of Mullan

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 54

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Josephine McMurphy. 164

(a) Residence. No. Mullan Idaho St. Mullan Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Jan 5 - 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 83 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Dean Rogers

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Martha Stevens

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs C D Miller Mullan Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Idaho Date Dec 26, 1934

19. UNDERTAKER Jo Brown (word Funeral Home) (Address) Wallace Ida

20. FILED Dec 26, 1934 John Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933, to Dec 17, 1934

I last saw her alive on Dec 17, 1934; death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Arteriosclerosis | |
| Other contributory causes of importance: | |
| Uremia | Dec 1-34 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Pancoast Collis, M. D.

(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91914

**PLACE OF DEATH**
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 53

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miner Waldo.

(a) Residence. No. Mullan Idaho St. Mullan Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Divorced. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced.

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 50. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.

10. Date deceased last worked at this occupation (month and year) Dec 1933.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Alfred Carlson Mullan Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho. Date Dec 22, 1934

19. UNDERTAKER J. A. Bower (Ward and Co.) (Address) Wallace Idaho.

20. FILED Dec 21, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934, to Dec 18, 1934

I last saw him alive on Dec 16, 1934; death is said to have occurred on the date stated above, at 1130 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart failure caused by inebriety | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in Saloon place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Rolfe M. D.

(Address) Mullan Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91915

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 51

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Renwick

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): Feb 14 - 1858

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 9 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Scotland.

FATHER
13. NAME: John Renwick
14. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Scotland.

17. INFORMENT (Address): Jack Renwick Wallace Ida.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place: Pinehurst Ida. Date: Dec 16, 1934
19. UNDERTAKER (Address): A Burr Ward Mort Co Wallace Ida
20. FILED: Dec 14, 1934 John Burr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to Dec 6, 1934
I last saw him alive on Dec 6, 1934; death is said to have occurred on the date stated above, at 7 05 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of lip with | |
| Metastases to neck | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Wm T. Smith, M. D.
(Address) Wallace Idaho

RECEIVED JAN 14 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91916

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No.

Primary Registration District No. Local Registrar's No. 50

(No. 186)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carr Duncan

(a) Residence. No. Wallace St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Edith Duncan

6. DATE OF BIRTH (month, day, and year) April 21 1882

7. AGE: Years 52 | Months 7 | Days 19 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Quarts Mine

10. Date deceased last worked at this occupation (month and year) Dec 14 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mc Bradley Missouri

FATHER

13. NAME Wm Burgeton Duncan

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Helen Carr

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Edith Duncan Missoula Mont

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Ida. Date Dec 14th 1934

19. UNDERTAKER (Address) E. E. Worstell Wallace Ida

20. FILED ....., 193..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..... to ....., 193.....

I last saw him alive on Dec 11, 1934, death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Crushed Chest | |
| Fracture of Skull | |
| Fall down Shaft 500 ft | |
| Broken Neck | instantaneous |

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Dec 14, 1934

Where did injury occur? Morris Mine Burke Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place. Fall down Shaft 500 ft

Manner of injury Broken Neck & Crushed Chest & Internal Injuries

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. Howey Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

County Infirmary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 70

Primary Registration District No. 101

DO NOT WRITE IN THIS SPACE

State File No. 91917

Local Registrar's No. 49

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chris Ljungren

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | White | Widowed |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 12, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 11 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME — Ljungren

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Caroline Sarenson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Hedda Phillips 918 W 4th Spokane Wash

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida. Date Dec 11, 1934

19. UNDERTAKER M. P. Thomburg
(Address) Kellogg Idaho

20. FILED Dec 12, 1934 John Brown
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Dec 8th, 1934

I last saw him alive on Dec 8, 1934; death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Old age, 8 | |
| Dementia. | |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Lucas, M. D.

(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNFADING INK

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91918

**PLACE OF DEATH**

County of Shoshone

City of Kellogg

Registration District No. 10

Primary Registration District No. 1011

Local Registrar's No. 48

(No. 151)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fleming Taylor

(a) Residence. No. ..... St. Kellogg Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occ... mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL P...**

3. SEX: Male

4. COLOR OR RACE: Colored

5a. If married, widowed, or divorc...
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (mo...

7. AGE Years ...s than ... hrs. ... min.

OCCUPATION

8. Trade
kin...

9. ...

Total time (years) spent in this occupation ...

... (city or town) ...
country)

... NAME

...THPLACE (city or town) ...
(State or country)

... INFORMENT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date Nov 27, 1934

19. UNDERTAKER R. R. Stout
(Address) Kellogg Idaho.

20. FILED Dec 9, 1934 John Baker
Registrar.

FLEMING TAYLOR, colored, was a transient, he was found ill in a cabin, and removed to the county infirmary. There is no available information, as he was unable to give any details, other than his name.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Nov 27 1934

I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1934, to Nov 27, 1934.

I last saw him alive on Nov 26th, 1934; death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrene of Penis testicles and scrotum | |

Other contributory causes of importance: Filth + uncleanliness

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. L. Lindsay, M. D.

(Address) Kellogg Idaho

RECEIVED JAN 14 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91919

**PLACE OF DEATH**

County of Shoshone

City of Kellogg Ida.

Registration District No. 70

Primary Registration District No. 1911

Local Registrar's No. 47

(No. Residence.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

8825

2. FULL NAME Alfred Hillstrom

(a) Residence. No. Kellogg Ida St. Kellogg Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Emelia Hillstrom

6. DATE OF BIRTH (month, day, and year) Aug 28-1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 2 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Finland.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT Emelia Hillstrom (Address) Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Dec 11, 1934

19. UNDERTAKER John Bever (Ward Lund Co.) (Address) Wallace Ida

20. FILED Dec 10, 1934 John Bever Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 3, 1934

I last saw him alive on Dec 3, 1934; death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Mitral regurgitation | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Mark T. Lynch, M. D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91920

Registration District No. 70
Primary Registration District No. 1911
Local Registrar's No. 44

(No. Providence Hospital)
If death occurred in a hospital or institution, give its name instead of street and number.)

1912

2. FULL NAME Charles E Torkelson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Agnes Torkelson

6. DATE OF BIRTH (month, day, and year) June 17-1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 47 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER
13. NAME Sigvid Torkelson
14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER
15. MAIDEN NAME Marie Olson.
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMENT (Address) Sig. Torkelson Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Dec 8, 1934

19. UNDERTAKER (Address) J H Boyer (Ward and Co.) Wallace Ida

20. FILED Dec 7, 1934 John Boyer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1934, to Dec 6, 1934
I last saw h[illegible] alive on Dec 6, 1934; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar Double Pleurisy Hiliar Left Lobe | 3 days |
| Other contributory causes of importance: | |
| Influenza Myocarditis Acute | Dec 3 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dr Mowrer M.D.
(Address) Wallace Ida

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91921

**PLACE OF DEATH**
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 43

(No. [illegible] St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irving Thomas Fairweather

(a) Residence. No. [illegible] St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE of~~: Lena Fairweather

6. DATE OF BIRTH (month, day, and year): July 4 - 1875

7. AGE — Years: 59 — Months: 4 — Days: 29 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retail Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Hardware Store.
10. Date deceased last worked at this occupation (month and year): ~~20 yrs.~~
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): New Brunswick

FATHER
13. NAME: Thomas Fairweather
14. BIRTHPLACE (city or town) (State or country): New Brunswick

MOTHER
15. MAIDEN NAME: Sugan
16. BIRTHPLACE (city or town) (State or country): New Brunswick

17. INFORMENT (Address): Lena Fairweather Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place: Wallace Idaho — Date: Dec 5, 1934

19. UNDERTAKER (Address): J. A. Burr (Ward and Co) Wallace Ida.

20. FILED: Dec 4, 1934 — John Burr — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible] to [illegible], 193[illegible]
I last saw h~~im~~ alive on Dec 3, 1934 death is said to have occurred on the date stated above, at 11:0 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apparently Heart failure | few minutes |
| Influenza | 2 wks |

Other contributory causes of importance:

Name of operation: [illegible] Date of: [illegible]
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible], 193[illegible]
Where did injury occur? [illegible]
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. [illegible]
Manner of injury [illegible]
Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify [illegible]

(Signed) [illegible] M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Shoshone

City of Avery

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91922

Registration District No. 127

Primary Registration District No. 2400 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd Annatone 1880

(a) Residence. No. ..... St. Rigby - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 21 - 1909
7. AGE — Years: 25 — Months: 6 — Days: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: C.C.C. Camp F 118
10. Date deceased last worked at this occupation (mo. and yr.): Nov. 14/34
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Rigby Idaho

FATHER

13. NAME: Not informed
14. BIRTHPLACE (city or town) (State or country): *

MOTHER

15. MAIDEN NAME: *
16. BIRTHPLACE (city or town) (State or country): *

17. INFORMANT (Address): C.C.C. Camp F record

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Fort Wright, Spokane Date Dec. 1, 1934

19. UNDERTAKER (Address): Fort Wright Undertakers

20. FILED Dec 1, 1934 C.C. Emery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 1 1934

22. I, HEREBY CERTIFY, That I ~~attended deceased~~ did not see deceased alive from ....., 193..., to ....., 193....

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 1:30 A..m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental death due to accidental fall under railway train. Decapitation | |
| Other **contributory causes** of importance: | |

Name of operation None Date of -

What test confirmed diagnosis? -. Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1934 Dec. 1st
Where did injury occur? Avery - Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury Run over by Train
Nature of injury Decapitation

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify -

(Signed) C.C. Emery M. D.
(Address) Avery - Idaho

* Not informed

RECEIVED JAN 14 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1923

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 20
Primary Registration District No. 1911 Local Registrar's No. 42

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack La Bantz

(a) Residence. No. Co Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Co Hospital Records Wallace Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Idaho Date Dec 4, 1934

19. UNDERTAKER J. A. Bower Ward Undertaking Co (Address) Wallace Ida.

20. FILED Dec 3, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1934, to Dec 1st, 1934.
I last saw him alive on Nov 30, 1934; death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| F | |
| Other contributory causes of importance: | |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Ludwig, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 14 1935

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91924

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 4

(No.) Providence Hospital

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME T. L. Bonneker

(a) Residence. No. Sweets Hotel St. Wallace Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 20 1856

7. AGE: Years 78 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 3-1-32.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Prov. Hospital Wallace

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mullan Date Dec 8, 1934

19. UNDERTAKER (Address): B.G. Worstell Wallace Ida

20. FILED Dec 8, 1934 John Bower Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/30/34 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 193 4 to 11-30, 193 4

I last saw him alive on 11-29, 193 4; death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobular | 11-20-34 |
| Arterio Sclerosis | Yrs |

Other contributory causes of importance: none

Name of operation: None Date of

What test confirmed diagnosis: Clinical Autopsy: No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. T. Worstell M.D.

(Address) Wallace Ida

RECEIVED JAN 14 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91925

**PLACE OF DEATH**

County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 52
(No. St. Co Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John T. Sherrard
(a) Residence. No. Mullan Idaho St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 16-1865
7. AGE: Years 69 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Probate Judge.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1932.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: John C. Sherrad
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Ann Maria Wagner
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Co Hospital Wallace Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Mullan Ida Date: Dec 23 1934
19. UNDERTAKER (Address): J. S. Bowers (Undertaking Co) Wallace Ida.
20. FILED Dec 20, 1934 John Bowers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 19 193
22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932, to Dec 16, 1934
Last saw him alive on Dec 13, 1934: death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows: apoplexy

| | Date of onset |
|---|---|
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Ludwig, M. D.
(Address) Kellogg Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Sacramento, California,
February 28, 1935.

State Registrar,
Department of Public Welfare,
State of Idaho,
Boise, Idaho.

Dear Madam:

I wish to thank you for the copy of the death certificate of Mr. John S. Sherrard, my Uncle. I note that the information as to his father's and mother's name is unknown and I wish to advise that I can furnish this information. It is as follows:

Name of Father -- John C. Sherrard
Birthplace of Father -- Ohio
Maiden name of Mother -- Ann Maria Wagner
Birthplace of Mother -- Ohio.

If you wish an affidavit to this effect, shall be pleased to make same upon request.

Yours very truly,

Gladys M. Crosby

(Mrs.) Gladys M. Crosby
1723½ You Street

RECEIVED JAN 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91926

**PLACE OF DEATH**

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 254

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Roy Mingo

(a) Residence. No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | " " " " |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 5-1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho.

MOTHER/FATHER

13. NAME Roy Mingo

14. BIRTHPLACE (city or town)
(State or country) No. Dak

15. MAIDEN NAME Margrett Klaus

16. BIRTHPLACE (city or town) No. Dak
(State or country)

17. INFORMANT Roy Mingo
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec. 8 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED Dec. 7, 1934 J. W. Mingo Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th 1934, to Dec. 7th 1934
I last saw him alive on Dec 6 1934. death is said to have occurred on the date stated above, at 9 AM m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| at 8 mos | |
| | |
| | |
| | |

Other **contributory causes** of importance:
Acute Pneumonia Bilateral
Meningeal Hemorrhage one week Prior to birth

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) John L. Daugherty M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

Registration District No.

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 91927

Local Registrar's No. 272

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose I. Mock

(a) Residence. No. 1227 11th East St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1920

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 14 | 5 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Schoolgirl

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

FATHER

13. NAME Ivan J. Mock

14. BIRTHPLACE (city or town) Oakley, Kan.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Poulson

16. BIRTHPLACE (city or town) Brigham, City
(State or country) Utah

17. INFORMANT Ivan J. Mock
(Address) 1227 11th East Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 12/30/34 193..

19. UNDERTAKER S.C. Phillips
(Address)

20. FILED 12/30/34, 193... J. P. Humphreys
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18..., 193.4., to Dec 26..., 1934.

I last saw her alive on Dec 25..., 1934; death is said to have occurred on the date stated above, at 1 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma of Uterus | unknown. |

Other **contributory causes** of importance:

Name of operation Laparotomy Date of Dec 19/34

What test confirmed diagnosis? Ghenstin Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Wilson M. D.
(Address) Twin Falls, Idaho

RECEIVED JAN 1 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91928

## PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 271

(No. 236 -3rd Ave. N.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabelle Greenslate

(a) Residence. No. 236 - 3rd Ave. N. St. Twin Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 20, 1849

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 85 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Daniel Crist,

14. BIRTHPLACE (city or town) (State or country) Pennsilvania

MOTHER

15. MAIDEN NAME Bradley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) J. E. Greenslate, 236-3rd Ave. N.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 12-28, 1934

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 12-28-34 193... J. A. Humphreys Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to Dec. 25, 1934.
I last saw her alive on Dec. 25, 1934: death is said to have occurred on the date stated above, at 7:00 P.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis | |
| Nephritis chronic | |
| Myocarditis | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Age | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ? Date of injury.., 193.
Where did injury occur? ?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

Registration District No.

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 91929

Local Registrar's No. 270

(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Louise Dierks

(a) Residence. No. 1428 8th Ave. East St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
(of) WIFE of Henry Dierks

6. DATE OF BIRTH (month, day, and year) December 25, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME August Fox

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) W. F. Porter, Twin Falls, Idaho.

18. BURIAL, Place. T. F. Cemetery Date. 12/28/1934

19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls, Idaho.

20. FILED 12-27-34 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1934, to Dec. 25, 1934.
I last saw her alive on Dec. 25, 1934.: death is said to have occurred on the date stated above, at 8:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-renal Vascular disease | 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Cerebral Haemorrhage | 6 hrs. |
| | |
| | |

Name of operation. none Date of.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. W. Weaver, M. D.
(Address) Twin Falls, Idaho.

RECEIVED JAN 1 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

Registration District No.....

Primary Registration District No. 1085 Local Registrar's No. 269

(No. 506, 3rd Ave. E. Twin Falls, Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 91930

1010

2. FULL NAME Janice Helen Wold

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb., 25, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 10 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME Earl Wold

14. BIRTHPLACE (city or town) Preston,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Dortha Decker

16. BIRTHPLACE (city or town) Murtaugh,
(State or country) Idaho.

17. INFORMANT Earl Wold
(Address) Murtaugh, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 12-28, 1934

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 12-27-34, 193... J. A. Cumpston
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1934, to Dec. 25, 1934.
I last saw her alive on Dec., 25, 1934. death is said to have occurred on the date stated above, at 1:30 A.M
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| none | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) J. E. Langenwalter, M. D.
(Address) Twin Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 91931

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls

Registration District No.
Primary Registration District No. 1085
Local Registrar's No. 267

(No. 309-- 2Nd. Ave, West)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W.H. Eckles

(a) Residence. No. 309--2Nd ave, West St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 6 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Do Not Know

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marshall Co Illinois

FATHER

13. NAME Nimrod Eckles

14. BIRTHPLACE (city or town) (State or country) Tazewell Co Illinois

MOTHER

15. MAIDEN NAME Rebecca Eckles

16. BIRTHPLACE (city or town) (State or country) Tazewell Co Illinois

17. INFORMANT (Address) Mrs W. Hall

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec. 21 1934

19. UNDERTAKER (Address) S.C. Phillips Twin Falls

20. FILED 12-24-34 193... J.M. Humphreys Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ....., 193....
I last saw him/her on Dec. 16 1934; death is said to have occurred on the date stated above, at ...2..AM
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 15 years. |
| | |
| | |
| | |

Other **contributory causes** of importance: 15 years.
Angina
Incoordinency of function of heart muscles

Name of operation None Date of.....
What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? City of Twin Falls
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury Loss of heart function
Nature of injury Natural

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F.A. Dwight M.D.
(Address) Twin Falls Idaho
Coroner of Twin Falls County.

RECEIVED JAN 1 - 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91932

37
Registration District No.

Primary Registration District No. 2085 Local Registrar's No. 264

(No. Kimberly, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

#7

2. FULL NAME Joseph H. Sudweeks

(a) Residence. No. Kimberly, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Sarah Sudweeks

6. DATE OF BIRTH (month, day, and year) Dec. 21-1858

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 75 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nevi. (State or country) Utah

FATHER

13. NAME Henry Sudweeks

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Sweet

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Don Sudweeks (Address) Kimberly

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Date Ded. 21- 34, 193..

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho.

20. FILED 1/22/35 193... J. D. Humphreys Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-15..., 1934., to Dec-18..., 1934.
I last saw h alive on Dec. 18., 1934.; death is said to have occurred on the date stated above, at 6. PM m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Respiratory infection | 12/13/34 |
| | |
| | |
| Other **contributory causes** of importance Circulatory failure | 12/18/34 |
| Senility | |

Name of operation 0 Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. K. Davis M. D.
(Address) Kimberly Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

37

Registration District No.

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 91933

Local Registrar's No. 263

(No. Hansen, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Wayne Durk

(a) Residence. No. Hansen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 22-1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 0 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, (State or country) Idaho.

FATHER

13. NAME Frank Durk

14. BIRTHPLACE (city or town) Glenwood (State or country) Iowa

MOTHER

15. MAIDEN NAME Lola Mae Lowe

16. BIRTHPLACE (city or town) Kirksville (State or country) Mo

17. INFORMANT Frank Durk
(Address) Hansen, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec. 22 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 12-27-, 1934 J. C. Humphreys Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19-, 1934, to Dec 20, 1934.

I last saw him alive on Dec 19, 1934; death is said to have occurred on the date stated above, at 515 Am

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis (unspecified) | 12-16-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: Enlarged Thymus (?) | Birth |
| | |
| | |

Name of operation. Date of.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Harvard L. Stowe, M. D.

(Address) Kimberly, Idah

RECEIVED JAN 1935

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91934

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 262

(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Mrs Emma Ann

(a) Residence. No. 620 Main Ave No St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel S. Ann

6. DATE OF BIRTH (month, day, and year) September 17

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 82 | 3 | no | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newton Canada

FATHER

13. NAME Robert Boles

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Synthia Boles

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 12/20, 1934

19. UNDERTAKER Evans & Johnson Funeral Home
(Address) Twin Falls

20. FILED 12/20/34, 193... J. Peterson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 193.4, to 12/17, 193.4

I last saw h.~~er~~ alive on 12/15, 193.4: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile dementia | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cystitis with | |
| Obstruction | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Weaver, M. D.

(Address) .....

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91935

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 261

(No. County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Adah Shettle

(a) Residence. No. 126-4Th St. West St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb.20-1879

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME Thos. Taggart

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Margaret Hanks

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT (Address) Miss Maude Taggart Decatur, Ill.

18. BURIAL, CREMATION OR REMOVAL

Place Decatur, Ill. Date dec 19, 193 4

19. UNDERTAKER S.C.Phillips (Address) Twin Falls, Idaho.

20. FILED 12-18-34 193.. [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 17 193 4

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1934, to 12-17, 1934

I last saw her alive on 12-17, 1934 death is said to have occurred on the date stated above, at 9.45 PM.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Cervix Primary | 12 months |
| Carcinoma Uterus Secondary | 4 yrs. |

Other **contributory causes** of importance:

None

Name of operation... None Date of... -

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No. Date of injury.., 193.

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. -

Manner of injury.... None

Nature of injury. -

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify...

(Signed) Charles B. Raymer, M. D.

(Address) Twin Falls Idaho

This Patient seen in absence of Dr. C. R. Scott, Attending Physician.

RECEIVED JAN 1 / 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 91936

Local Registrar's No. 260

(No. 159 C)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Lorene Lancaster

(a) Residence. No. ..... St. Hansen

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 1 - 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | | 4 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

MOTHER

13. NAME Benjamin F Lancaster

14. BIRTHPLACE (city or town) (State or country) Fairview Okla.

FATHER

15. MAIDEN NAME Dorothy Kevan

16. BIRTHPLACE (city or town) (State or country) Skyleon Grove Kans

17. INFORMANT (Address) B F Lancaster Hansen

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Creek Date Dec 16, 1934

19. UNDERTAKER S D Drake
(Address) Twin Falls Ida

20. FILED Dec 15th 1934 J C Humphrey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Dec 15, 1934

I last saw him alive on Dec 14, 1934; death is said to have occurred on the date stated above, at 1 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spina Bifida | 8-1-34 |
| Hydro Cephalis | |
| Other **contributory causes** of importance: | |

Name of operation Rachet Spina B Date of 8/1/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) J M Davis, M. D.

(Address) Kenneth Ida

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91937

## PLACE OF DEATH

County of Twin Falls
City of Murtaugh

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 259

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

990

2. FULL NAME William Morrison

(a) Residence. No. Murtaugh, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ######## Myrtle L. Morrison

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 62 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stockman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Illinois

MOTHER FATHER

13. NAME Nathan M. Morrison

14. BIRTHPLACE (city or town) Rockriver, (State or country) Ill.

15. MAIDEN NAME Abbie H. Hines

16. BIRTHPLACE (city or town) Livermore, (State or country) Maine

17. INFORMANT Mrs. Myrtle Morrison (Address) Murtaugh, Idaho

18. BURIAL, ########## Place T. F. Cemetery ..... Date 12/15/, 1934.

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED Dec 15, 1934 ..... J. P. Humphreys Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-13 ..., 193.4, to Dec. 13, ....., 1934..
I last saw him alive on Dec. 13, 193.4: death is said to have occurred on the date stated above, at 1:20 p.m
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis | 12/10/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Cardiac and Circulatory failure | 12/13/34 |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. H. Davis, M. D.
(Address) Kimberly, Idaho

RECEIVED JAN 1 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91938

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 256

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1050

2. FULL NAME Afton Blair

(a) Residence. No. 322 3rd Ave. South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 5 Th 1919

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 15 | 3 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School girl

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Portland O
(State or country) Oregon.

FATHER

13. NAME John Blair

14. BIRTHPLACE (city or town) dont know
(State or country)

MOTHER

15. MAIDEN NAME Vera Morse

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMANT Mrs. Vera Urie
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Filer Ida. Date Dec. 9 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls Ida.

20. FILED Dec. 8, 1934 J. O. Pettingill Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1934, to Dec 5, 1934.

I last saw her alive on Dec 4, 1934. death is said to have occurred on the date stated above, at 12.20 AM

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Nov 28/34 |
| following Appendectomy | |

Other **contributory causes** of importance:

| | |
|---|---|
| Appendectomy | |

Name of operation Appendectomy Date of Nov 27

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Wilson, M. D.

(Address) Twin Falls Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91939

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 255

(No. Buhl General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

168C

2. FULL NAME Mrs. Sarah Bolton

(a) Residence. No. Buhl, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Oscar Bolton

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1898

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 36 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pawnee Co., Nebr.

MOTHER FATHER

13. NAME Nathan L. Sandhill

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Rachel E. Van Ness

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) Mrs. Howard Rogers Twin Falls Ida.

18. ~~BURIAL, CREMATION or~~ REMOVAL

Place. Twin, Ida Date 12/7/, 1934

19. UNDERTAKER (Address) W. Keith Zollinger Inc. Twin Falls Ida.

20. FILED Dec. 7th 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1934, to 12-6, 1934.

I last saw her alive on 12-6, 1934; death is said to have occurred on the date stated above, at 9:50 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abdominal | |
| Lemoral Lage C. | 12-5-34 |
| & rupture of urinary | |
| bladder from | |
| automobile collision | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 12-5, 1934

Where did injury occur? Buhl Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** on Public highway

Manner of injury Auto collision

Nature of injury can fell on ice

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo Simms M. D.

(Address) Buhl Ida

RECEIVED JAN 19 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91940

**PLACE OF DEATH**
County of Twin Falls
City of Twin Falls
Registration District No. 31
Primary Registration District No. 2085
Local Registrar's No. 253
(No. Twin Falls Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Maurice Charles Hennessey

(a) Residence. No. Shoshone St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | - |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 18-1917

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|
| 17 | 2 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minneapolis
(State or country) Minn.

FATHER

13. NAME Maurice Hennessey

14. BIRTHPLACE (city or town) St Paul
(State or country) Minn.

MOTHER

15. MAIDEN NAME Anna Irene Finn

16. BIRTHPLACE (city or town) LeSueur Co.
(State or country) Minn.

17. INFORMENT Maurice Hennessey
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Date 12-6, 1934

19. UNDERTAKER A. E. Thompson
(Address) Per Ida Bright.

20. FILED Dec 7th, 1934 J. M. Pumphrey
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Dec 4, 1934

I last saw him alive on Dec 4, 1934; death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcal Sepsis | Nov 15-1934 |
| Streptococcal Nephritis | Nov 15-1934 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Tonsilitis Embolism | Nov 20 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 193..

Where did injury occur? Shoshone Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place Highway

Manner of injury [redacted]

Nature of injury Run over by car

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify ....

(Signed) F. E. Barnett, M. D.

(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91941

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 252

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Waddell

(a) Residence. No. 736--4Th. Ave, West St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

188

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug.2Nd.1920

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 14 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School Boy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orchard
(State or country) Colo

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec.7, 1934

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED Dec 7th, 1934 J.B. Humphreys
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov28 1934

22. I HEREBY CERTIFY, That I attended deceased from ..11-26....., 1934., to ....11-28....., 1934.
I last saw h/m alive on ..11-28..., 1934.: death is said to have occurred on the date stated above, at ..12.30 Am
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatism To Skull, Fracture To Ant. base, + Hemorrhage | 11-26-34 |
| Concussion Of Br. | |
| Other **contributory causes** of importance: Disorganization of Resp- iratory + Vagus Centers | 11-26-34 |

Name of operation None Date of None
What test confirmed diagnosis? X Ray - Clinical - Spinal Aspirations Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, ~~or homicide~~? Date of injury 11-26-, 1934
Where did injury occur? Twin Falls, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Highway #30
Manner of injury Automobile Accident
Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Duncan L. Alexander M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Twin Falls
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 91942
Local Registrar's No. 265

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Swain Pennington

(a) Residence. No. ..... Kimberly ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| — | — | 5 hours | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Idaho

FATHER

13. NAME R. O. Pennington

14. BIRTHPLACE (city or town) ..... (State or country) Okla

MOTHER

15. MAIDEN NAME Eva Hayhurst

16. BIRTHPLACE (city or town) ..... (State or country) Kansas

17. INFORMANT R. O. Pennington
(Address) Kimberly Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls ... Date Dec 20 1934

19. UNDERTAKER T. E. Drake
(Address) Twin Falls

20. FILED 12-24-34 193... J. O. Sandgathe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 12-21-34 4 PM to 8 PM., 193...
I last saw him alive on 12-21..., 1934; death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature infant 7½ mo. | |
| Atelectasis | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) ..... H. L. Stowe, M. D.
(Address) .... Kimberly, Ida

RECEIVED JAN 1 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91944

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 277

(No. Twin Falls General Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

98 F

2. FULL NAME Dr. Frank A. Dwight

(a) Residence. No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 7 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Medicine

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Decatur, Ill.
(State or country)

FATHER

13. NAME Solomon Dwight

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Charles Dwight
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec. 30 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls

20. FILED Jan 3 1935, 193... [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec, 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-24-34, 193..., to 12-27, 193.4.

I last saw him alive on 12-27, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic with | years |
| progressive dilatation | (7) |
| Oedema general | |
| | |
| Other **contributory causes** of importance: | |
| Secondary Uremia acute | 1 week |
| | |
| | |

Name of operation. None Date of.

What test confirmed diagnosis? Clinical - Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.

(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91945

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 279

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerelyn Joy Apgood

(a) Residence. No. 172 Washington St. N. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1929

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 5 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denver, Colo.

FATHER

13. NAME Elmer W. Apgood

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME Beth Waldson

16. BIRTHPLACE (city or town) (State or country) Malad, Idaho

17. INFORMANT Elmer W. Apgood
(Address) 172 Wash. St. N.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec. 31 1934

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls

20. FILED Jan 3, 193[illegible] [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 28 34

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1934, to 12-28, 1934.

I last saw her alive on 12-28, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lymphinigitis neck Right | 11-14-34 |
| Staphylococcus blood stream infection | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Meningitis Basal | 2 weeks |
| Staphylococcus (spute culture) | |

Name of operation Decompression Date of 12-27-34
Damage Internal vein.
What test confirmed diagnosis? V Was there an autopsy? No
operation today- Laboratory

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Duncan L. Graham, M. D.
(Address) Twin Falls Idaho

Rec'd Vital Jan 13 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91946

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No.

(No. Twin Falls Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Cristion Wold

(a) Residence. No. City St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7, 1869

7. AGE: Years 65 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** no information

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trondhjem (State or country) Norway

FATHER

13. NAME Krestian A. Wold

14. BIRTHPLACE (city or town) Trondhjem (State or country) Norway

MOTHER

15. MAIDEN NAME No Information

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Victor H. Wold (Address) San Francisco, Calif.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Dec. 31 1934

19. UNDERTAKER S. C. Phillips (Address) Twin Falls

20. FILED Jan 3-35 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-13-, 193 4, to 12-27-, 193 4.

I last saw him alive on 12-27-, 193 4.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis with Secondary | about |
| interstitial nephritis - Uremia | 2 years. |
| Chronic Hypertension | |
| | |
| Other **contributory causes** of importance: | |
| Uremia Acute | 11-28-34 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury .., 193.

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓

Manner of injury None

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Duncan L. Alexander M. D.

(Address) Twin Falls Idaho

RECORDED JAN 7 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 3134

State File No.....

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 276

(No. Shoshone)

(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Maude Miller

(a) Residence. No. Sollester St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2nd 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Wisconsin

15. MAIDEN NAME Wisconsin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Sandpoint Cem. Date Jan 3 1935

19. UNDERTAKER F E Drake (Address) Twin Falls

20. FILED Jan 3rd, 1935 C. Eddy Fuller Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934, to 12/31/34, 1934

I last saw her alive on 12/30, 1934; death is said to have occurred on the date stated above, at 7.45 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Undetermined | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Followed operation for uterine prolapse | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. P. Weaver, M. D.

(Address) Twin Falls, Ida.

RECEIVED JAN 2 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9194[illegible]

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 275

(No. ..... Poole)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A Murphy

(a) Residence. No. ..... Filer St. ..... 6 yrs
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jul 24 1876

7. AGE — Years: 58 | Months: 10 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER FATHER

13. NAME: J B Murphy
14. BIRTHPLACE (city or town) (State or country): Ohio
15. MAIDEN NAME: Eliza Simon
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Mun Pug Filer
18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Jan 4 1935
19. UNDERTAKER (Address): F E Drake Twin Falls
20. FILED 1-2-35, 193... [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1934, to Dec 29, 1934
I last saw him alive on Dec 29, 1934; death is said to have occurred on the date stated above, at 6 [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | 7-13-34 |
| Lobar Pneumonia | 12-26-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | 7-13-34 |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury, 193..
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in home or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) A Murphy, M. D.
(Address) Filer Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls,

City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
91949
State File No.

Local Registrar's No. 274

(No. Died on way to Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1882

2. FULL NAME Thomas Owens

(a) Residence. No. Kimberly, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ###### Margaret Ellen Owens

6. DATE OF BIRTH (month, day, and year)
November 16, 1862

7. AGE — Years: 72 — Months: 1 — Days: 14 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Londonderry, Ireland

FATHER

13. NAME: Patrick Owens

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mary Owens, Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Salt Lake, Utah. Date: 12/31/34 193..

19. UNDERTAKER (Address): White Mortuary Inc. Twin Falls, Idaho.

20. FILED: 12/31/34 193... J. Rumbley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/30/1934

22. I HEREBY CERTIFY, That I attended deceased from 1926 193..., to 12-30 193.4.
I last saw him alive on 12-30 1934.: death is said to have occurred on the date stated above, at 5 P m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion of left chest & lung | 12-30-34 |
| Automobile accident | |
| | |
| Other **contributory causes** of importance: Chronic valvular heart disease | 1925. |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide?~~ Yes. Date of injury.. 193..
Where did injury occur?.. Kimberley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On highway
Manner of injury Effects from long injured
Nature of injury Coronary Occlusion of left chest & lung

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John H. Angulus, M. D.

(Address) Twin Falls, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91951

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. 9)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Frank Dalarna

(a) Residence. No. (9) St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18 - 1932

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.
— | — | 13 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burke Ida.

MOTHER/FATHER

13. NAME Frank Dalarna

14. BIRTHPLACE (city or town) (State or country) Burke Ida

15. MAIDEN NAME Virginia Harwood

16. BIRTHPLACE (city or town) (State or country) Springville Utah

17. INFORMANT (Address) Frank Dalarna Burke Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burke Date 1/3 193

19. UNDERTAKER (Address) Evans Mortuary Burke Ida

20. FILED 1-1-, 193 J. W. Murphy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1933, to 1-1, 1934

I last saw him alive on 1-1, 1934; death is said to have occurred on the date stated above, at 10 P.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| No Autopsy | |
| Cause - probably | |
| age & injury | |
| at birth | |

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Murphy M. D.

(Address) Burke Ida

RECEIVED JAN 4 1935

**PLACE OF DEATH**

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91952
State File No.

Registration District No. 39

Primary Registration District No. 7087

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Buhl General Hospital)

2. FULL NAME Patricia Josephine Dunham 13

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 0
6. DATE OF BIRTH (month, day, and year) March 21-1933
7. AGE — Years 1 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buhl Ida.

MOTHER FATHER
13. NAME R. G. Dunham
14. BIRTHPLACE (city or town) (State or country) Denver Colo.
15. MAIDEN NAME Josephine Bentley
16. BIRTHPLACE (city or town) (State or country) Brown City Mich

17. INFORMANT (Address) R. G. Dunham Buhl

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls. Date 1/2/18, 1934

19. UNDERTAKER (Address) Evans & Johnson Buhl Ida

20. FILED 1-7, 1934 [signature illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1934, to 1-16, 1934

I last saw her alive on 1-16-34, 193... death is said to have occurred on the date stated above, at 3:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute gastro enteritis | 12-13-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. K. Berry, M. D.
(Address) Buhl Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91953
State File No.

Registration District No. 39

Primary Registration District No. 7087 Local Registrar's No.

(No. 1 ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Leroy Wheeler Jr

(a) Residence. No. (Usual place of abode) St.

Length of residence in city or town where death occurred. yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

1000

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of, (or) WIFE of 0

6. DATE OF BIRTH (month, day and year) Sept. 27 / 34

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| X | 2 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Twin Falls (State or country) Ida

MOTHER

13. NAME Chas L Wheeler

14. BIRTHPLACE (city or town) Lewiston (State or country) Utah

FATHER

15. MAIDEN NAME Dorthea E Childs

16. BIRTHPLACE (city or town) Buhl (State or country) Ida

17. INFORMANT Mrs. Geo. Childs (Address) Buhl

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Cornish Mtg Co Date 12/15 193 4

19. UNDERTAKER Evans & Johnson (Address) Burley at Lenciston

20. FILED 12-15, 193 4 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/15 193 4

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 193 4, to 12-14, 193 4

I last saw him alive on 12-12, 193 4; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-pneumonia | 12-1-34 |
| acute suppendicitis | 12-10-34 |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation none Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur? No injury (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. V. Barry, M. D.

(Address) Buhl Idaho

RECEIVED JAN 4 1935

**PLACE OF DEATH**

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91954
State File No.....

Registration District No. 39

Primary Registration District No. 3917 Local Registrar's No.....

(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susanne Brechet

51

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Daniel Brechet

6. DATE OF BIRTH (month, day, and year): Jan 16 - 1865

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 69 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Leipzig Russia

FATHER

13. NAME: Christ Heintz

14. BIRTHPLACE (city or town) (State or country): Leipzig Russia

MOTHER

15. MAIDEN NAME: Kat Knauer

16. BIRTHPLACE (city or town) (State or country): Leipzig Russia

17. INFORMANT (Address): Mrs. W. R. Brechet Buhl Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Cem. Date: 1-7-1934

19. UNDERTAKER (Address): Evans Johnson Buhl Ida

20. FILED 1-7-11, 1934 H. W. Wakely

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/7/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 2 P.M, 1934, to 9-Dec-8 A.M, 1934

I last saw h alive on 9-Dec, 1934.: death is said to have occurred on the date stated above, at 8 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Decubitis | unknown |
| Arteriosclerosis | |
| Parenchymatous nephritis | |
| Hypostatic pneumonia | |
| Which delaid | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) D. W. McManus, M. D.

(Address) Buhl, Idaho

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1935

**PLACE OF DEATH**
County of Twin Falls
City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91955

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No. 164 )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Abell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Cyntha A. Abell
6. DATE OF BIRTH (month, day, and year): Sept. 30 — 1848
7. AGE: Years 86 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Independence Ohio

MOTHER FATHER
13. NAME: D. B. Abell
14. BIRTHPLACE (city or town) (State or country): Vermont
15. MAIDEN NAME: Mary Rebecca Loomis
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: D. C. McSherry
(Address): Burke Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Burke Date: 12/3, 1934

19. UNDERTAKER: Evans & Johnson
(Address): Burke Ida

20. FILED: 12-11, 1934
(Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/1 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1934, to 12-1, 1934.
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 9 A.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart failure | |
| Senility. | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: No Date of:
What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?... Date of injury.., 193.
Where did injury occur?...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury...
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?... If so, specify...

(Signed) J. F. Murphy M. D.
(Address) Burke Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91956

**PLACE OF DEATH**

County of Valley

City of McCall

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number.)

91

2. FULL NAME Matt Ruatsalla

(a) Residence. No. near McCall Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | one | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Country

FATHER

13. NAME MATT RUATSALA

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Harvey Ruatsala McCall, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Fir. Cem. Valley Date DEC 8, 1934

19. UNDERTAKER (Address) [illegible] Cascade Ida

20. FILED Dec 6, 1934 H. Gardner Keely Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-17-, 1934, to Called on Dec, 1934

I last saw him alive on 11-17, 1934: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-Sclerosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Heart Block — Dropsy (Cardiac type)

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify Coffee excess

(Signed) A. J. Alexander, M. D.

(Address) McCall Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91957
State File No.

Registration District No. 86

Primary Registration District No. 1510 Local Registrar's No. 16

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Roxana Deans

(a) Residence. No. 770 E Comm St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | wht | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Lee M Deans

6. DATE OF BIRTH (month, day, and year) Sept 22- 1844

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 90 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John F Adams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy J. Steele

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs J H Hawkins Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 12-29- 1934

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Jan. 8., 1935. Ds. Hyden Hasselbee
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-28-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23., 1934., to 12-28., 1934.

I last saw h-2 alive on 12-27, 1934.: death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) F. A. Stromquist M. D.

(Address) Weiser Idaho

RECEIVED JAN 10 1935

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91958

County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 15
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Leonard Lawrence

(a) Residence. No. Co. Poor Farm St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | wht | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 8th 1855

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 79 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Co. Poor Farm Recorder
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida Date 12-26 1934

19. UNDERTAKER K. C. Northam
(Address) Weiser Idaho

20. FILED Jan. 8, 1935 Dr. Hyden Hawthorn
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934., to Dec 28, 1934.

I last saw him alive on Dec 20 1934.; death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | 1933 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) F. A. Johnson, M. D.
(Address) Weiser Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
91935
State File No.....

Registration District No. 86

Primary Registration District No. 1010 Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irene Hurd

(a) Residence. No. 914 - E Park St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100 a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | Wht | widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Joshua Hurd

6. DATE OF BIRTH (month, day, and year) Feb 4 - 1857

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 77 | 10 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Henry W Cofer

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Anna Mercer

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Mrs Roy Brodegan Weiser, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 12-13 1934

19. UNDERTAKER (Address) L. C. Markham Weiser Idaho

20. FILED Jan. 8, 1935. Dr. Hyden Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934, to Dec. 30, 1934.
I last saw her alive on Dec. 26, 1934. death is said to have occurred on the date stated above, at 2A m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal bronchio-pneumonia | Dec. 19 |
| Cerebral hemorrhage | Dec. 10 |
| | |
| | |
| Other **contributory causes** of importance: | |
| Arteriosclerosis | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. Curtis, M. D.

(Address) Weiser Bldg

Curtis

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91960

Registration District No. 8-6

Primary Registration District No. 1-10 Local Registrar's No. 12

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eunice J. Lyman

(a) Residence. No. 1024 J W 2nd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | wht | Widowed |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lorenzo Lyman

6. DATE OF BIRTH (month, day and year) July 29 1850

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 84. | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Indiana

MOTHER FATHER

13. NAME Lewis Reynolds

14. BIRTHPLACE (city or town) ..... (State or country) Pa.

15. MAIDEN NAME Martha Wasters

16. BIRTHPLACE (city or town) ..... (State or country) Dont Know

17. INFORMANT Minnie Lyman (Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 12-14-1934

19. UNDERTAKER L. L. Northam (Address) Weiser Idaho

20. FILED Jan. 8, 1935 Dr. Hyden Hanchett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-11-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1934, to Nov. 28, 1934.

I last saw h.er alive on Nov. 28, 1934: death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abdominal malignancy | ? |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Atherosclerosis | ? |
| Hypertension | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Curtis, M. D.

(Address) Fuller Bldg.

RECEIVED JAN 1 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 91961

**PLACE OF DEATH**

County of Washington

City of Weiser

Registration District No. 86

Primary Registration District No. 1010 Local Registrar's No. 11

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph O Anderson

(a) Residence. No. 711 E Court St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Wht

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary Alice Anderson

6. DATE OF BIRTH (month, day, and year): Jan 22 - 1871

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 63 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Barber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Utah

MOTHER FATHER

13. NAME: O. P. Anderson

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Ellen Pearson

16. BIRTHPLACE (city or town) (State or country): Scandinavia

17. INFORMANT (Address): Mrs Vida Brown Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hyrum Utah Date ....., 193..

19. UNDERTAKER (Address): L. C. Northam Weiser Idaho

20. FILED Jan. 8, ..., 1935 ... Dr. Hyden Hancher Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1934, to Dec 1, 1934.

I last saw him alive on Dec 1, 1934; death is said to have occurred on the date stated above, at 4:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation from fall | Nov 28, 1934 |
| Cerebral Concussion | " " |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 11/28 1934

Where did injury occur? Weiser Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** Public Place

Manner of injury Fall to basement

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Weiser Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92010

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles W. Rea

(a) Residence. No. 709 Hays St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hanna M. Rea

6. DATE OF BIRTH (month, day, and year): Nov 25-1846

7. AGE — Years: 88 | Months: 1 | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Carpenter

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Madison Wis.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Ethan Allen W. Rea Boise Ida

18. BURIAL, CREMATION OR REMOVAL: Morris Hall
Place: Boise Date: 12-26 1934

19. UNDERTAKER (Address): Schreiber & McCann

20. FILED 1-2, 1935 W. H. Rhodes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1934, to Dec 25, 1934.
I last saw him alive on Dec 24, 1934; death is said to have occurred on the date stated above, at 8:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis & Arteriosclerotic Heart disease | Years ago |
| | |
| | |
| | |
| Other **contributory causes** of importance: Decompensation & Pulmonary Oedema | Dec 24, 1934 |
| | |

Name of operation: None Date of:

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Braxton, M. D.

(Address) .....

Braxton

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 92011

Local Registrar's No. 2

1612

2. FULL NAME Donna Mae Ashley

(a) Residence. No. 2024 North 16th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16 - 1934

7. AGE — Years | Months | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **salesman, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

FATHER

13. NAME A. A. Ashley

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Mae Irene Bowman

16. BIRTHPLACE (city or town) (State or country) Caldwell, Ida

17. INFORMANT (Address) John C. Bowman Boise, Ida

18. BURIAL, CREMATION OR REMOVAL Morris Hill
Place Boise Ida Date 12-27-1934

19. UNDERTAKER (Address) Schreiber & McCann

20. FILED 1-2, 1935 W. H. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934, to Dec 17, 1934

I last saw him alive on Dec 17 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature infant born of diabetic mother. | |
| | |
| | |

Other **contributory causes** of importance:

Uremic Convulsions in mother

Child too weak to survive

Duration of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. B. Beach, M. D.

(Address) Boise Ida

Dr. Albert Beach

RECEIVED FEB 12 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92022

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 281

(No. St. Anthony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Ida Cast

164

(a) Residence. No. 835 E. Lander St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | widowed |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eric

6. DATE OF BIRTH (month, day, and year) Apr. 14, 1844

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 90 | 7 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. A. A. Smith Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake Utah Date Nov. 13, 1934

19. UNDERTAKER (Address) Downard's Funeral Home Pocatello Idaho

20. FILED 11-12, 1934 D C Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1934, to Nov. 11, 1934
I last saw h alive on Nov. 11, 1934: death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |

Other contributory causes of importance:
Fall one week ago causing concuss- ion of brain

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. Folsom, M. D.
(Address) Pocatello

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
92034
State File No.

PLACE OF DEATH
County of Bannock
City of Grace

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 3

(No. 101 F)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Marie Jenkins

(a) Residence. No. (Usual place of abode) St. Lund (If nonresident give city or town and state) Idaho

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | S. |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 15 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| - | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lund, Idaho

FATHER

13. NAME Deloyus Jenkins

14. BIRTHPLACE (city or town) (State or country) Kaysville, Utah

MOTHER

15. MAIDEN NAME Dorothy Helen Harrison

16. BIRTHPLACE (city or town) (State or country) Bancroft, Idaho

17. INFORMENT (Address) Mrs. D. Jenkins

18. BURIAL, CREMATION, OR REMOVAL Place Central Dis. Date Dec 5, 1934

19. UNDERTAKER Had none
(Address)

20. FILED Feb 3, 1935 Mrs. G. G. Fish
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934, to Dec 4, 1934

I last saw her alive on Dec 4, 1934: death is said to have occurred on the date stated above, at 9 00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. S. Bowerman, M. D.

(Address) Grace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92038

**PLACE OF DEATH**
County of Bear Lake
City of St. Charles Ida.
Registration District No. 55
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10/a

2. FULL NAME Corrine W. Arnell

(a) Residence. No. ..... St. Charles Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Clemeth E. Arnell

6. DATE OF BIRTH (month, day, and year): Feb 3, 1914

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 20 | 10 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Neil Wilhelmsen
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Cora Fow
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): Delpha Anderson

18. BURIAL, CREMATION, OR REMOVAL. Place St. Charles Ida. Date 12-23, 1934

19. UNDERTAKER (Address): .....

20. FILED Jan 5, 1935 Hannah Nielson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934, to Dec 20, 1934
I last saw h[illegible] alive on Dec 20, 1934; death is said to have occurred on the date stated above, at 11:20 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar RUL-LLL | Dec 10 1934 |
| | |
| | |
| | |

Other contributory causes of importance:
Bronchial Asthma
Cardiac Failure

Name of operation: Denied Pending Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C O Moore, M. D.
(Address) Paris Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92073

PLACE OF DEATH

County of Bingham
City of Shelley
Registration District No. 12
Primary Registration District No. 2194
Local Registrar's No. 1
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Theodore Albert Nelsen

(a) Residence. No. ..... Shelley Idaho ..... St.
(Usual place of abode)
Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ellen Nelson

6. DATE OF BIRTH (month, day and year) Sept 13" 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 44 | 3 | 6 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self

9. BIRTHPLACE (city or town) Sweeden
(State or country)

PARENTS

10. NAME OF FATHER Nels Peter Nelson
11. BIRTHPLACE OF FATHER (city or town) Sweeden
(State or Country)
12. MAIDEN NAME OF MOTHER Christina Sjonason
13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)

14. Informant Ellen Nelson
(Address) Shelley Idaho

15. Filed Jan. 22, 1935 Mrs Nalus E. Patmore
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 18 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934, to Dec 18, 1934
that I last saw him alive on Dec. 17", 1934
and that death occurred, on the date stated above, at 1:10 A m.
The CAUSE OF DEATH* was as follows:
Recent adherant Thrombus in left coronary artery
(duration) Very short time yrs. mos. ds.
CONTRIBUTORY (secondary) Death followed two hours very hard work.
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? #
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? See cause of Death
(Signed) T. D. Nelson M. D.
Jan 12, 1935 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Shelley Dist. Cem. Shelley Ida. | Dec 21. 1934 |
| 20. Undertaker | Address |
| Nelder-Fedorsell Co | Shelley Idaho |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

**PLACE OF DEATH**

County of Bonner

City of Clarkfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92081

Registration District No. 80

Primary Registration District No. 2157

Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Alvin Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Wilson

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 65 | 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Proprietor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Service Station

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1934

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) ..... (State or country) Indiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country) Indiana

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) ..... (State or country) Illinois

17. INFORMANT Murl R. Wilson (Address) Clarkfork, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Clarkfork, Ida Date Dec. 31, 1934

19. UNDERTAKER L. S. Mason (Address) Sandpoint, Idaho.

20. FILED Dec. 31, 1934 John Larson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... died, 193.. to attend ....., 193..

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Dec 23 1934 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Ida ho.

Health Officer, Bonner Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Bonneville

City of Alpine Hot Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9211

Registration District No. 73

Primary Registration District No. 21V-0

Local Registrar's No. 4

(No. 205)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise M. Nickerson

(a) Residence. No. Alpine Hot Springs St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emery Nickerson (Dec'd)
6. DATE OF BIRTH (month, day and year): Feb 8 1884
7. AGE: Years 50 | Months 10 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Chicago Ill.

MOTHER FATHER
13. NAME: Joseph De Rone
14. BIRTHPLACE (city or town) (State or country): Beebee Canada
15. MAIDEN NAME: Matilda
16. BIRTHPLACE (city or town) (State or country): Beebee Canada

17. INFORMANT (Address): Mrs. Eleanor Bailey Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Alpine Hot Sp. Date 12-29, 1934

19. UNDERTAKER (Address): V. F. McCann Idaho Falls Idaho

20. FILED 1/4, 1935 Geo. Timmins Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 10.45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown - No medical | ? |
| attendance | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Geo. Timmins, M. D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92114

County of Boundary

City or Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Norman Vance

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Daisy Vance
6. DATE OF BIRTH (month, day, and year): July 27 1875
7. AGE: Years 59 | Months 5 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Excelsior Wisconsin

MOTHER FATHER
13. NAME: Henry Vance
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Caroline Bibby
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Daisy Vance, Bonners Ferry, Ida
18. BURIAL, CREMATION, OR REMOVAL. Place: Bonners Ferry Cem. Date: Dec 21 193 4
19. UNDERTAKER (Address): A. E. Aronyck, Bonners Ferry, Ida
20. FILED Dec 19 1934 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. ....., 1934., to Dec. 17 ....., 1934.
I last saw him alive on Dec. 17 1934. death is said to have occurred on the date stated above, at 10:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | about 1931 |

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... E. E. Fry ....., M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 00115

County of Boundary
City Bonners Ferry

Registration District No. 29
Primary Registration District No. 2154 Local Registrar's No.

(No.) Bonners Ferry Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Phyllis Nunnally

(a) Residence. No. St. Sylvanite Mont.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leon E. Nunnally

6. DATE OF BIRTH (month, day, and year) Mar. 24 1902.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 32 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME Charles Moy

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Grace Epperson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) L. E. Nunnally Sylvanite, Mont.

18. BURIAL, CREMATION OR REMOVAL Bonners Ferry Date Dec. 15 1934

19. UNDERTAKER (Address) R. P. Branch Bonners Ferry Ida

20. FILED Dec. 16 1934 E. E. Lee Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934, to Dec 15, 1934.

I last saw ~~her~~ alive on Dec 15, 1934; death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitre Poisoning | |
| Self Induced Abortion | About Dec. 4 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Complete suppression | |
| Urine | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. E. Lee M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92116

**PLACE OF DEATH**

County of Boundary

City or Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara E. Des Voignes.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred

6. DATE OF BIRTH (month, day, and year) Feb. 22 - 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 41 | 9 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mendon Mich

MOTHER FATHER

13. NAME E. E. Des Voignes

14. BIRTHPLACE (city or town) (State or country) Mendon Mich

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMANT (Address) Mrs. Mildred Des Voignes Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL Place Bonners Ferry Date Dec. 12 1934

19. UNDERTAKER (Address) H. P. Arongle Bonners Ferry.

20. FILED Dec. 11, 1934 E. E. Eng Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1934, to Dec 10, 1934

I last saw him alive on Dec 10, 1934; death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wound of abdomen | Dec 9 1934 |
| Secondary shock | |

Other **contributory causes** of importance:

Name of operation Laparotomy Date of Dec 9

What test confirmed diagnosis. Was there an autopsy? Yes

23. If death was due to ext'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 9, 1934

Where did injury occur? Near Priest River Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In woods

Manner of injury Rifle shot

Nature of injury Wounds of Intestines & Stomach

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Bovill M. D.

(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Boundary

City or Town Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
92117
State File No.....

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Arleen Dabbens

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 18 - 1932
7. AGE: Years 2 | Months | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Brigham City (State or country) Utah

FATHER
13. NAME Sebastian Dobbins
14. BIRTHPLACE (city or town) Martinsburg (State or country) Ohio

MOTHER
15. MAIDEN NAME Jessie Graff
16. BIRTHPLACE (city or town) Mokmes (State or country) Kansas

17. INFORMANT (Address) L. Dabbens Bonners Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL Bonners Ferry Date Dec. 6 1934

19. UNDERTAKER (Address) R. P. Crouch Bonners Ferry

20. FILED Dec. 5, 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1934, to Dec 4, 1934

I last saw her alive on Dec 4, 1934; death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | about |
| Ruptured appendix | Nov 30-1934 |

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in a **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ray Powell M. D.

(Address) Bonners Ferry Idaho

RECEIVED FEB 1935

COPY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92134

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 2
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

146

2. FULL NAME Alberta Mc Kague

(a) Residence. No. Homedale, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | white | married. |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Clarence Mc Kague

6. DATE OF BIRTH (month, day, and year) December 16-1905

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 29 | - | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton, Wash.,
(State or country)

MOTHER FATHER

13. NAME Frank Herndon
14. BIRTHPLACE (city or town) Not known
(State or country)
15. MAIDEN NAME Alma Bamford
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Clarence Mc Kague
(Address) Homedale, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. Canyon Hill Date. 1-2-35

19. UNDERTAKER C.V. Peckham
(Address) Caldwell, Idaho

20. FILED Jan 14, 1935 Lyda Rodgers, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934, to Dec 31, 1934.
I last saw her alive on Dec 31, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia from an incomplete miscarriage | 12/29/34 12/24-34 |
| Other **contributory causes** of importance: Fall from high chair to floor striking lower abdomen on corner of sofa | 12/24/34 |
| Name of operation. Curettage | Date of 12/30/3 |
| What test confirmed diagnosis? Operation | Was there an autopsy? No |

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accd Date of injury 12/24/34
Where did injury occur? At home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** In home
Manner of injury. Fell from high chair
Nature of injury. Caused miscarriage

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) V.C. Beckham, M. D.
(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 3 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92150

PLACE OF DEATH
County of Cassia
City of Declo
Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. #31

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leo J Jensen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 12 1918

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 16 | 1 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Eleanna Jensen

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Ellen B Austin

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cem Date Mar 25, 1934 Burial

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED Feb 8, 1935 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1934, to 3-22, 1934

I last saw h alive on 3-21-34 1934; death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valv Hrt. Dis Mitral Insuf. | 10 yrs |
| Other contributory causes of importance: Pneumonia. Lobar, Unilateral | 3-9-34 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB - 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92151

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 2

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

171

2. FULL NAME Leo Caldwell Gilman

(a) Residence. No. Burley St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): March 2 1902

7. AGE: Years 32 | Months 9 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (mo. and yr.): 12/8/34

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Alicel Oregon

FATHER

13. NAME: Samuel James Gilman

14. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

MOTHER

15. MAIDEN NAME: Caroline E. Caldwell

16. BIRTHPLACE (city or town) (State or country): Huntsville Utah

17. INFORMANT (Address): Mrs. C. E. Gilman Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Cem 12/12/34

19. UNDERTAKER (Address): D. E. Johnson Mortuary Percy McCulloch

20. FILED 12/10/34 Laura Greco
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1934, to 12-6, 1934.

I last saw h... alive on 12-6, 1934; death is said to have occurred on the date stated above, at 5-23 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Result of attempt at Suicide - Cut across throat into larynx with sharp instrument | 12-3-34 |

Other **contributory causes** of importance:

Name or operation: repair of wound of throat Date of: 12-3-34

What test confirmed diagnosis?... Was there an autopsy? no

23. If death was due to external causes (**violence**) fill in also following: Accident, suicide or homicide? attempt Date of injury 12-3 1934

Where did injury occur? Burley Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. in home

Manner of injury: Larynx

Nature of injury: Throat wound cut

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Leland Rogers, M. D.

(Address) Burley Idaho

Dean

RECEIVED FEB 6 - 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92152

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nile Benjamin Powell

31

(a) Residence. No. 122 N. Miller Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 8-1925

7. AGE: Years 9 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At School
10. Date deceased last worked at this occupation (mo. and yr.) 12/8/34
11. Total time (years) spent in this occupation Life. 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER

13. NAME Benjamin F. Powell
14. BIRTHPLACE (city or town) (State or country) Albion Idaho

MOTHER

15. MAIDEN NAME Annie Laura Bailey
16. BIRTHPLACE (city or town) (State or country) Coalville Utah

17. INFORMANT (Address) B. F. Powell Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 2/21, 1935

19. UNDERTAKER (Address) H. C. Johnson Burley Idaho

20. FILED 2/21, 1935 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934 to Dec 19, 1934.
I last saw him alive on Dec 19, 1934; death is said to have occurred on the date stated above, at 5:00 P.M.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Tuberculosis | Dec 16 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Deaton M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB - 1935

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 02153

Registration District No. 117

Primary Registration District No. 2496 Local Registrar's No. 4

(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert B. Chappel

(a) Residence. No. E. 2nd & Golden St St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Mrs. R. B. Chappel

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years 84 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Self

10. Date deceased last worked at this occupation (mo. and yr.): 12/24/34

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Unknown Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown Unknown

17. INFORMANT (Address): Mrs. F. M. Cutler Burley Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Burley Idaho Date: 1/3/..., 1935.

19. UNDERTAKER (Address): W. C. Johnson Burley Idaho

20. FILED 1/2/..., 1935 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/31 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193....

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Probable | |
| Acute Dilatation | |
| of Heart. | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Burley Idaho

RECEIVED FEB 15 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92186

PLACE OF DEATH

County of FREMONT

City of ASHTON

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME EMMA WYCKLE

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of WILL. WYCKLE

6. DATE OF BIRTH (month, day and year) APRIL.4th1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 49 | 7 | 12 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSE WIFE

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10. NAME OF FATHER RUFUS. NELSON

11. BIRTHPLACE OF FATHER (city or town) (State or Country) N.C.

12. MAIDEN NAME OF MOTHER REBECCA RODGERS

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) N.C.

14. Informant WILL. WYCKLE
(Address) ASHTON IDAHO.

15. Filed 12/13/, 19.... LEWIS KISER
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11/16/34
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....
that I last saw h.... alive on .... 19....
and that death occurred, on the date stated above, at 10. A.M. m.
The CAUSE OF DEATH* was as follows:
NO MEDICAL ATTENDANCE

.... (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) ....

.... (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) LEWIS KISER. REG., M. D.
...., 19.... (Address) ASHTON IDAHO.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| GREEN TIMBER IDAHO. | 11/17/34 |

| 20. Undertaker | Address |
|---|---|
| LEWIS KISER ASHTON | IDAHO. |

RECEIVED FEB 15 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92187

**PLACE OF DEATH**

County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6

Local Registrar's No. 1

(No. ..... )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MARY ANN. BROOKS.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMLE | WHITE | WIDDOWED. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) SEPT. 24th. 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 2 | 18 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work AT HOME

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) IOWA

PARENTS

10. NAME OF FATHER JOHN BUTLER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) ENGLAND

12. MAIDEN NAME OF MOTHER MARY BYERS

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) OHIO.

14. Informant JOHN .E BROOKS
(Address) ASHTON IDAHO .

15. Filed 1/13/35, 19.... LEWIS KISER
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12/12/35
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 19.., to Dec 12, 19..
that I last saw h.. alive on ....., 19..
and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:
Cerebro hemorrhage
Cerebro arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. E. Thompson, M. D.
12-12-, 1935 (Address) Ashton Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| ASHRON IDAHO | 12/17/35 19 |
| **20. Undertaker** | **Address** |
| LEWIS KISER. | ASHTON IDAHO. |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 15 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92188

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No. ____
1/2

**PLACE OF DEATH**

County of FREMONT
City of ASHTON.
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CLAUDEL IRENE DILLS.

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 12/1/34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | | | 3 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) ASHTON
(State or country) IDAHO.

PARENTS

10. NAME OF FATHER NELSON DILLS.

11. BIRTHPLACE OF FATHER (city or town) N.C.
(State or Country)

12. MAIDEN NAME OF MOTHER BONNIE WYCKLE

13. BIRTHPLACE OF MOTHER (city or town) N.C.
(State or Country)

14. Informant NELSON DILLS
(Address) ASHTON IDAHO.

15. Filed 1/1/35, 19__ LEWIS KISER Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12/ 9/34
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__
that I last saw h__ alive on ____, 19__
and that death occurred, on the date stated above, at 11.A.M m.
The CAUSE OF DEATH* was as follows:

NO MEDICAL ATTENDANCE

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? ____ Date of ____
Was there an autopsy? ____
What test confirmed diagnosis? ____
(Signed) LEWIS KISER REG. , M. D.
____, 19__ (Address) ASHTON IDAHO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| | |

| 20. Undertaker | Address |
|---|---|
| LEWIS KISER ASHTON | IDAHO |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD

FORM V. S. No. 5-A-25M-1930

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Gem — Registration District No. 5 — 1935 — 6

City of Emmett — Primary Registration District No.

(No. ____ St.)

State File No. 92196

Local Registrar's No.

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Floyd Reed

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| M | | |

6. DATE OF BIRTH: October 18 1934 (Month) (Day) (Year)

7. AGE: ____ Yrs. ____ Mos. ____ ds. 19 — IF LESS than 1 day how many ____ hrs. or ____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweet Idaho

10. NAME OF Father: Wm L. Reed

11. BIRTHPLACE OF FATHER (State or Country): Texas

12. MAIDEN NAME OF MOTHER: ~~Maryland~~ Bessie Warren

13. BIRTHPLACE OF MOTHER (State or Country): Lewiston Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address) Wm L. Reed Jr Emmett Idaho

15. Filed 11-8- 1934 — J. H. Reynolds, Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 7 1934 (Month) (Day) (Year) 1 00 a

17. I HEREBY CERTIFY, That I attended deceased from ____ 19____ to ____ 19____, that I last saw h____ alive on ____ 19____, and that death occurred on the date stated above, at 8 A M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. R. Cummings M. D.

19____ (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ days. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted if not at place of death?
Former or usual residence

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Buried by fathers | 11-9- 1934 |
| 20. UNDERTAKER: Wm L Reed | ADDRESS: Sweet Ida |

...INK—THIS IS A PERMANE...
...carefully supplied. AGE should be stated EXA...
...CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen... OF CERTIFICATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92198

Registration District No. 27
Primary Registration District No. 2048 Local Registrar's No.
(No. St. Valentine Hospital Wendell)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo. D. Woodhead

(a) Residence. No. Thousand Springs Dist. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Woodhead
6. DATE OF BIRTH (month, day, and year) March 28 – 1889
7. AGE Years 45 Months 3 Days 19 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Electrician
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE ~~(city)~~ or town (State or country) Army Wyo.

FATHER
13. NAME Samuel Woodhead
14. BIRTHPLACE (city or town) Chesterfield (State or country) England

MOTHER
15. MAIDEN NAME Eliza Fletcher
16. BIRTHPLACE (city or town) Chesterfield (State or country) England

17. INFORMANT G. D. Woodhead (Address) Boise

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Hagerman Date 7/19, 1934

19. UNDERTAKER Coggs & Johnson (Address) Buhl Ida

20. FILED 7-20, 1934 E. L. Swanton Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1934, to July 17 1934
I last saw h. alive on 7-17 1934. death is said to have occurred on the date stated above, at .... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:
Gangrene of the prepuce of the

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. L. Swanton M. D.
(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 92199

Local Registrar's No. 303

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gregoria Ascuena

(a) Residence. No. Gooding, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Claudio Ascuena

6. DATE OF BIRTH (month, day, and year) May 25, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 6 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edanchave, Spain

FATHER

13. NAME Nicolas Marcelino

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Madelina — ?

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address) Corrina Glover

18. BURIAL, CREMATION, OR REMOVAL Place Elmwood Date 12-26, 1934

19. UNDERTAKER (Address) A E Thompson

20. FILED 1-31, 1935 J H Cranwell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1934, to 12-22, 1934

I last saw her alive on 12-22, 1934: death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 12-21-34 |

Other contributory causes of importance: undetermined

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Dale Cranwell, M. D.

(Address) Gooding Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92291

**PLACE OF DEATH**

County of Gooding Registration District No. 22

City of Wendell Primary Registration District No. 2018 . Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

**2. FULL NAME** Franklin B. Richardson

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 17-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 8 | 13 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Wendell Ida

PARENTS

10. NAME OF FATHER Barney Richardson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oklahoma

12. MAIDEN NAME OF MOTHER Lillie Collings

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant Barney Richardson
(Address) .....

15. Filed Dec 31, 1934 E. L. Simonton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 30 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934 to Dec 30, 1934
that I last saw him alive on Dec 30, 1934
and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia

.....(duration) .....yrs. .....mos. 17 ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) E. L. Simonton, M. D.
....., 19..... (Address) .....

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Wendell Ida | Jan 1 1935 |
| 20. Undertaker Lyman Collings | Address Wendell |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
92202
State File No. .....

PLACE OF DEATH
CERTIFICATE OF DEATH

County of Gooding Registration District No. 22
City of Hagerman Primary Registration District No. 2018 - Local Registrar's No. .....
(No. 5)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Eliason

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Eliason

6. DATE OF BIRTH (month, day and year) Sept. 1, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 2 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Veterinary Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

PARENTS

10. NAME OF FATHER Eric Eliason

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Kaisa Andersson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Mrs Carrie Eliason
(Address)

15. Filed Nov 27, 1934 E. L. Dimmitt Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 25 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1934, to Nov 25, 1934
that I last saw h— alive on .....
and that death occurred, on the date stated above, at 8:35 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
.....
.....
(duration) 10 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) ..... yrs. ..... mos. 5 ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Laboratory
(Signed) E. L. Dimmitt, M. D.
Nov 27, 1934 (Address) Wendell Ida

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Hagerman Ida | Nov 29 1934 |
| 20. Undertaker Johnson | Address Buhl Ida |

RECEIVED JAN 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 92293

**PLACE OF DEATH**

County of Bonneville Registration District No. 22

City of Windell Primary Registration District No. 2018 Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Linton Mack Holbrook

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Anna Langer

6. DATE OF BIRTH (month, day and year) Apr 15th 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 6 | 2 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Ohio

**PARENTS**

10. NAME OF FATHER Calvin B Holbrook

11. BIRTHPLACE OF FATHER (city or town) (State or Country) .....

12. MAIDEN NAME OF MOTHER Mary Ann Yeaworth

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) .....

14. Informant J. A. Gilliam
(Address) .....

15. Filed Oct 17 19 34 O. L. Simonton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 17 (Day) 19 34 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-12 19 34 to Oct 17 19 34
that I last saw him alive on Oct 16 19 34
and that death occurred, on the date stated above, at 7 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) ..... yrs. ..... mos. 4 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) O. L. Simonton M. D.
Oct 17, 19 34 (Address) Dewdrop Ida

19. Place of Burial, Cremation, or Removal — Date of Burial 19

20. Undertaker Thompson Co — Address Soda Springs

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92204

County of Jefferson

City of Rudert

R. F. D.

Registration District No. 27

Primary Registration District No. 2018 Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wesley Caleman

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Jordan Caleman

6. DATE OF BIRTH (month, day, and year): March 18 = 1860

7. AGE: Years 74 | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Tenn

MOTHER FATHER

13. NAME: Isaac Caleman

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): J. A. Caleman Moscow

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Weippe Date ....., 193..

19. UNDERTAKER (Address): Evans & Johnson Bur. Dir. Pullman

20. FILED 9-27, 193.4 L. L. Simonton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-27 193 4

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to Sept 27, 1933.

I last saw him alive on 8-3, 1934.: death is said to have occurred on the date stated above, at 11:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation: None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Workell, M. D.

(Address) Bucklin Idaho

RECEIVED JAN [illegible] 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 32295

PLACE OF DEATH

County of Gooding Registration District No. 22

City of Wendell Primary Registration District No. 2218 . Local Registrar's No. .....

(No. .....)

If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Robert Santochi

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 1- 1930

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 4 1930 | May | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wendell Idaho

PARENTS

10. NAME OF FATHER Carl Santochi

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Born Switzerland

12. MAIDEN NAME OF MOTHER Neva Wellcherson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oregon

14. Informant Neva Santochi
(Address)

15. Filed Aug 9 1934 E. L. Simonton Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 9 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934 to Aug 8, 1934
that I last saw h[illegible] alive on Aug 8, 1934
and that death occurred, on the date stated above, at 12:5 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute fulminative appendicitis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? [illegible]
Did an operation precede death? Yes Date of 8-8-34
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) E. L. Simonton M. D.
Aug 9, 1934 (Address) Wendell Ida.

19. Place of Burial, Cremation, or Removal: Wendell Ida. Date of Burial: 19

20. Undertaker: Geo Smith Address: Wendell Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No. ..... Local Registrar's No. 300

DO NOT WRITE IN THIS SPACE

State File No. 92206

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Ella Goodmiller

(a) Residence. No. Gooding, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of W. H. Goodmiller
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** H-Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation 39 yrs.

12. BIRTHPLACE (city or town) (State or country) West Plains Missouri

FATHER

13. NAME James Eldredge

14. BIRTHPLACE (city or town) (State or country) Bonbright Missouri

MOTHER

15. MAIDEN NAME Sarah Willis

16. BIRTHPLACE (city or town) (State or country) Memphis Tennessee

17. INFORMANT Wm. Goodmiller Gooding Ida.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Cemetery Date Dec. 5, 1934

19. UNDERTAKER A. E. Lamborn Gooding
(Address)

20. FILED 1-31-, 1935 J. H. Cromwell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1934 to Dec. 3, 1934
I last saw h[illegible] alive on Dec. 3, 1934: death is said to have occurred on the date stated above, at 12 noon
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Hypertension | |
| Arterio Sclerosis | |

Name of operation None Date of....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**, ....
Manner of injury....
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify....
(Signed) J. H. Cromwell ....., M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**PLACE OF DEATH**

County of Idaho

City of Stites

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92213

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 377

(No. 742)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Jerrel

(a) Residence. No. ..... St. Stites Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jerrel

6. DATE OF BIRTH (month, day, and year): Jan 10th 1849

7. AGE — Years: 85 Months: 11 Days: 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Gardner

10. Date deceased last worked at this occupation (mo. and yr.): 2 mos.

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Wayne Co. Indiana

MOTHER FATHER

13. NAME: Manuel Jerrel

14. BIRTHPLACE (city or town) (State or country): No Carolina

15. MAIDEN NAME: Rachel Staley

16. BIRTHPLACE (city or town) (State or country): So Carolina

17. INFORMANT (Address): Mary Jerrel Stites Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Stites Date: Dec 16 1934

19. UNDERTAKER (Address): Geo Tremaine Kendrick

20. FILED Jan 15, 1935 Jno Rutherford Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 13 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Nov. 30., 1934., to Dec. 14., 1934.

I last saw him alive on Dec. 13, 1934: death is said to have occurred on the date stated above, at 4.45 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | Nov 30-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wentworth M. D.

(Address) Stites Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92252

## PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 242

(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank L. Smith

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Smith

6. DATE OF BIRTH (month, day, and year) April 3 - 1875

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 59 | 8 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 29 Dec 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pelican Rapids Minn.

MOTHER FATHER

13. NAME Frank D. Smith

14. BIRTHPLACE (city or town) (State or country) Erie Co. N. York

15. MAIDEN NAME S. E. Streeter

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Clayton L. Smith
(Address) 1014 Coeur d'Alene Ave

18. BURIAL ~~CREMATION OR REMOVAL~~
Place Forest Cem. Date 1/3 1935

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 1-23-1935 E. A. ... Registrar. M.K.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-29-1934, to 12-29-1934.
I last saw him alive on 12-29-1934; and not death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of Cardiac Aneurism | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ..... Coroner

(Signed) E. H. Lynch, M. D.

(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92281

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 90

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl J. Gritman

(a) Residence. No. ..... St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Olga Hainer Gritman

6. DATE OF BIRTH (month, day, and year): July 5 1879

7. AGE: Years 55 Months 5 Days 24 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Service station

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Gas & oils.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middletown Ill.
(State or country)

FATHER

13. NAME Thomas Gritman

14. BIRTHPLACE (city or town) Lane Co.
(State or country) Ore.

MOTHER

15. MAIDEN NAME Susan Trimble

16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMANT Brower & Wann
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 12/29, 1934

19. UNDERTAKER Brower & Wann
(Address) Lewiston, Ida.

20. FILED 12/29, 1934 Stacy Emmons
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1934, to 12/29, 1934

I last saw h[illegible] alive on 9 a.m., 1934; death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Acute myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Acute intestitial
nephritis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was ~~disease~~ or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. Gunthorp, M. D.

(Address) Bronson Bldg

FORM V. S. No. 5-25 M. 1-16-13

# CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 47

File No. 92264

Registered No. 199

1. PLACE OF DEATH

County of Lewis

City of Nezperce Idaho (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information. Rout

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Everett Fielding Akridge

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Jan. (Month) 12 (Day) 1870 (Year)

7. AGE: 64 Yrs. 9 Mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Francis. Marion

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Martha Ann Moore

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thelma Akridge

(Address) Nezperce, Idaho

15. Filed Jan 15 1935 Albert Huff Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. (Month) 28 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h... alive on ..... 191...,
and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Angina actoris — few min

(I saw him a few min after death)

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) Sclerosis arteries

(Duration ..... yrs. ..... mos. ..... ds.

(Signed) P. E. Dunlap M. D.

11-6-34 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: Oct 30 1934

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

BYNS - YORK CO., PTRS. & BDRS. 24654

FORM V. S. No. 5-25 M. 1-16-13

# CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 47
Primary Registration District No.
(No. ..... , ..... St.)

File No. 92265
Registered No. 100

1. PLACE OF DEATH.
County of Lewis
City of Nezperce Idaho now

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Martha Stack

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write word.)

6. DATE OF BIRTH: September 29 (Month) (Day) 1870 (Year)

7. AGE: 64 Yrs. 1 Mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minnesota

10. NAME OF FATHER: John Krebsbach

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Teresa Bahner

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Josephine Stack
(Address) Nezperce, Idaho

15. Filed Jan 15 1935 Albert Huff Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Hour 1-15-P.M.
November (Month) 9 (Day) Friday 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1924, to Nov 9 1934,
that I last saw h. or alive on Nov 5, 1934,
and that death occured on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows:

Cardio- vascular renal

(Duration) 3 Yrs. mos. ds.

Contributory (Secondary) (Duration yrs. mos. ds.)

(Signed) P E Dunlap M. D.
11-19 1934 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Nezperce Catholic Cemetery — DATE OF BURIAL: Nov 12 1934

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9278

Registration District No. 19
Primary Registration District No. 2016 Local Registrar's No. B

(No. Rupert General Hospital) I
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leila Fay Jenkins

(a) Residence. No. 312 N. Hansen St. 33
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 5 1920

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 13 | 9 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 9/10/34

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Oxford Idaho

MOTHER/FATHER

13. NAME Walter E. Jenkins

14. BIRTHPLACE (city or town) (State or country) Sherman Texas

15. MAIDEN NAME Dora Elva Fritz

16. BIRTHPLACE (city or town) (State or country) St. Anthony Ida.

17. INFORMANT (Address) Walter E. Jenkins 312 N. Hansen

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Idaho Date 9/ ..., 1934

19. UNDERTAKER (Address) L. C. Johnson Burley Idaho

20. FILED 9/26 ..., 1934 Pat E. Moore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 ..., 1934 to Sept 25 ..., 1934
I last saw her alive on Sept 25 ..., 1934; death is said to have occurred on the date stated above, at 7:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Enteritis | 1933 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Hugh L. Dean, M. D.
(Address) Burley Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

# PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92274

Registration District No. 19

Primary Registration District No. 2013 Local Registrar's No. 11

(No. Rupert General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lila Marian Hale

(a) Residence. No. Bridge Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F. | W | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Loyal S. Hale

6. DATE OF BIRTH (month, day, and year) Sept. 4 1900

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 34 | 1 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) 9/28/34

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town). (State or country) Parker Idaho

FATHER

13. NAME Walter Moore

14. BIRTHPLACE (city or town) Marshal (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) Farmington (State or country) Utah

17. INFORMANT Loyal Samuel Hale
(Address) Bridge Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Oakley Ida. Date 10/1, 1934

19. UNDERTAKER W. C. Johnson
(Address) Burley Idaho

20. FILED 10/9, 1934 J. T. Edmonds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-2-, 1934, to 10-7-, 1934.

I last saw h[illegible] alive on 10-7-, 1934: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxemia from ruptured appendix | 9/29/34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: Production of Colon after failure to check Colon pains | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) ..... M. D.
(Address) Burley

RECEIVED

1 Ed

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9225

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 23

11

884

(No. 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert L Dean

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 26 1860

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 74 | 10 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Hattie Dean
(Address)

18. BURIAL, CREMATION ~~OR REMOVAL~~ Rupert
Cem Place Cemetery Date Jan 1, 1935

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 2-4, 1935 C. H. Edmunds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1934, to Dec. 29, 1934.

I last saw him alive on Dec. 29, 1934.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Arterio Sclerosis | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. H. Edmunds, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Ada

City of Spalding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 92279

1002

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darel Daniels

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) October 23rd 1934

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| — | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Spalding (State or country) Idaho

MOTHER

13. NAME Joseph DeAngels

14. BIRTHPLACE (city or town) Delaware (State or country) Idaho

FATHER

15. MAIDEN NAME Malinda Whitfield

16. BIRTHPLACE (city or town) Delaware (State or country) Idaho

17. INFORMANT Joseph Daniels (Address) Spalding Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spalding, Idaho Date Dec 6th, 1934

19. UNDERTAKER Brower-Wagner Co (Address) Lewiston Idaho

20. FILED Dec. ..., 1934 George Gaymard M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-4-34, 193..., to 12-5-34, 193...

I last saw him alive on 12-5-, 1934; death is said to have occurred on the date stated above, at 5.10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) George Gaymard M. D.

(Address) Caldwell, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108

**PLACE OF DEATH**
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

Registration District No. 128
Primary Registration District No. ____

DO NOT WRITE IN THIS SPACE
State File No. 02230

Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mack John

(a) Residence. No. Lapwai, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Indian | Single |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 6, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| | | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

FATHER

13. NAME Philip John

14. BIRTHPLACE (city or town) Kuppenuish
(State or country) Ore

MOTHER

15. MAIDEN NAME Lillian Parduite

16. BIRTHPLACE (city or town) Warm Springs
(State or country) Oregon

17. INFORMENT (Address) Lillie Parduite Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai Ida Date 12/18, 1934

19. UNDERTAKER Bower-Hakes Co
(Address) Lewiston Idaho

20. FILED Dec., 1934 George Gaisnard M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h...alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

No Medical attendance

(Signed) George Gaisnard M.D.

(Address) Registered Dec 18 128

RECEIVED JAN 1 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 92232

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce
City of Lenore
Registration District No. 95
Primary Registration District No. 2321
Local Registrar's No.
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Charles J Haag

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word.) |
|---|---|---|
| M | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Haag

6. DATE OF BIRTH (month, day and year) Jan 23 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | 8 | 6 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fond du Lac Wisconsin

PARENTS

10. NAME OF FATHER Jacob Haag
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Bertha Schuessmann
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs Anna Haag Lenore Idaho

15. Filed Sept 29 1934 Daniel Lyle Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH Sept (Month) 29 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934, to Sept 29, 1934 that I last saw him alive on Sept 24, 1934 and that death occurred, on the date stated above, at 1:30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cancer of Stomach

Symptoms (duration) yrs. 3 mos. 15 ds.
CONTRIBUTORY (Secondary) Cardiac Decompensation
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Harlan P Kahler - Town Lenore, M. D.
Prac. Physician
Sept 29, 1934 (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal: Sunnyside Cem Lenore Date of Burial: Oct 1 1934
20. Undertaker: John J Pickard Address: Troy Idaho

RECEIVED JAN ... 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92304

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Roger George Luther

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 23 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Payette, Idaho
(State or country)

FATHER

13. NAME George I. Luther

14. BIRTHPLACE (city or town) New York State
(State or country)

MOTHER

15. MAIDEN NAME Lottie Ovieth

16. BIRTHPLACE (city or town). New York State
(State or country)

17. INFORMANT George I. Luther
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Idaho Date Dec. 29, 1934

19. UNDERTAKER Glenn C. Saunders
(Address) Payette Idaho

20. FILED 12/29/34 193... J. E. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 193.., to Dec 27, 1934.

I last saw him alive on 12/26, 193.., death is said to have occurred on the date stated above, at 1:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis & Hemorrhage | 10 days ago |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

*Manner of injury*.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. R. Woodward, M. D.

(Address) Payette Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
92305
State File No.....

**PLACE OF DEATH**

County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Babb.

(a) Residence. No. 417 N. Seventh St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Flora Ann Babb.

6. DATE OF BIRTH (month, day, and year) Mar 13 1867.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 67 | 9 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ploughmen.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Springfield Missouri.

FATHER

13. NAME Green Babb.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Julia Patterson.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT (Address) Irvin C. Babb. Wendell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 12-20-1934

19. UNDERTAKER (Address) Pleus C. Langdon Payette Idaho

20. FILED 12/29/34 193.. J. C. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Dec 14, 193.4.

I last saw h. alive on Dec 14 1934: death is said to have occurred on the date stated above, at 5.30 a m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 5 yrs ago |
| Cerebral hemorrhage | 1 yr ago |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Payette, Ida

RECEIVED JAN [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92306

**PLACE OF DEATH**
County of Payette
City of Near Plymouth
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 70

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Elmer Clark

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W. | married |

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs A E Clark

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 7 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairbury Nebraska

FATHER

13. NAME Thomas Jefferson Clark

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Floyd R. Clark

18. BURIAL, CREMATION, OR REMOVAL
Place Home Date 12-23 1934

19. UNDERTAKER Peterson Funeral Co
(Address) Payette

20. FILED 12/21/34 1934 J. O. Woodward Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from February, 1934, to Dec 18, 1934.
I last saw him alive on Dec 16, 1934; death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1890 |
| Arteriosclerotic heart disease | 1932 |
| Other contributory causes of importance: | |

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) A. W. Popma, M. D.
(Address) Near Plymouth, Idaho

RECEIVED JAN [illegible] 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92307

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. Henry Miller

(a) Residence. No. 426 N. 11th St.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Baker Oregon
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Baker Miller

6. DATE OF BIRTH (month, day, and year) Aug 12 - 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 3 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Joseph Miller

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Lydia Clayton

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. B. C. Nelson
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 12-8, 1934

19. UNDERTAKER Henry C. Lundin
(Address) Payette Idaho

20. FILED 12/19/34, 193... J. E. Woodward
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19-, 1934., to Dec 7 -, 193.4.
I last saw h[illegible] alive on Dec 6, 193.4: death is said to have occurred on the date stated above, at 1.45 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Not known |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. C. Paxton M. D.
(Address) Payette Idaho

RECEIVED JAN 3 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Gayette.

City New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92308

Registration District No. 4.

Primary Registration District No. 1008. Local Registrar's No. 68.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa B. Mathews.

(a) Residence. No. ..... New Plymouth Ida. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

205 5

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| female | White | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert E. Mathews.

6. DATE OF BIRTH (month, day, and year) June 7 - 1885.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 49 | 10 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** wife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wallace (State or country) Kansas

MOTHER FATHER

13. NAME John Bichler

14. BIRTHPLACE (city or town) ..... (State or country) France.

MOTHER

15. MAIDEN NAME Emily Stinit.

16. BIRTHPLACE (city or town) ..... (State or country) Ind.

17. INFORMANT Zelma Nutting (Address) Wayne, Nevada

18. BURIAL, CREMATION OR REMOVAL Place New Plymouth Ida. Date 12-4 1934

19. UNDERTAKER Glenn C. Sanders (Address) Gayette Ida.

20. FILED 12/7/34 193... J. B. Woodward Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 ....., 193.4, to Dec 1 ....., 193.4

I last saw her ~~alive~~ on Dec 1 ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows: ~

| | Date of onset |
|---|---|
| Unknown - possibly coronary thrombosis | |
| patient was dead when I got there. | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Merrill L. [illegible] M. D.

(Address) Gayette Ida.

RECEIVED JAN 3 1938

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of PAYETTE

City of PAYETTE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92309

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 67

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LILLIAN MAY HELLER. 31

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. Color or Race: WHITE
5. Single, Married, Widowed or Divorced (write the word): SINGLE.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: NONE
6. DATE OF BIRTH (month, day, and year): AUG-2-1902.
7. AGE: Years 32 | Months 3 | Days 1. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: NONE
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ARLINGTON, FAYETTE, CO IOWA

FATHER

13. NAME: Wm HELLER.
14. BIRTHPLACE (city or town) (State or country): GLEN-HAVEN WIS.

MOTHER

15. MAIDEN NAME: MARY ANN LINEBECK
16. BIRTHPLACE (city or town) (State or country): GLEN-HAVEN WIS.

17. INFORMANT: Wm Heller (Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL. Place NEWPLYMOUTH Date 11-4 1937

19. UNDERTAKER (Address): Glenn C. Sanders Payette Idaho

20. FILED 12/7/37 193... E. O. Woodward Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1937 to Nov 3, 1937

I last saw h.. alive on Nov 3, 1937 death is said to have occurred on the date stated above, at 11:50 m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, Pulmonary | 1925 |
| Severe hemorrhage (Pulmonary) about 4 hr. preceding death. | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

22a. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Merrell R. Pratt, M. D.

(Address) Payette Ida

1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of American Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92310

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 44

(No. Schiltz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Leroy Funk

(a) Residence. No. Si Fifteen Miles West of Am Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 17th 1934.

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Am Falls, Ida

FATHER

13. NAME Elmer Funk

14. BIRTHPLACE (city or town) (State or country) Am Falls, Ida

MOTHER

15. MAIDEN NAME Marry Gehring

16. BIRTHPLACE (city or town) (State or country) Am Falls, Idaho

17. INFORMANT (Address) Elmer Funk American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Pleasent Valley Date 12/12/34

19. UNDERTAKER (Address) American Falls, Idaho

20. FILED 12/12, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 193 4

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 193 4 to Dec 10, 193 4

I last saw h[illegible] alive on Dec 9, 193 4; death is said to have occurred on the date stated above, at 10 A m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gastro-Enteritis non specific | Dec 5 1934 |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Terminal Bronchio-Pneumonia | Dec 9 1934 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Gregg Kinnear M. D.

(Address) Aberdeen Idaho

RECEIVED DEC 23 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Power

City of Am. Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92311

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 45

(No. 9 Miles West of Town (Schiltz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johannes Deeg

(a) Residence. No. 9 Miles West Of Town (Usual place of abode) American Falls Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paulina Deeg

6. DATE OF BIRTH (month, day, and year) Dec. 9 1886

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 48 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 7 1934

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Johannes Deed

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katherine Stickel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT A. J. Deeg (Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Am. Falls, Ida. Date 12/15, 1934

19. UNDERTAKER A. W. Davis. (Address) Am. Falls, Ida.

20. FILED 12/15, 1934 Genevieve Hoff Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1934, to Dec. 11, 1934

I last saw him alive on Dec 11, 1934: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Dec 7-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pneumococcic Meningitis | Dec 10-34 |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W. H. Powell M. D.

(Address) American Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1935

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92312

County of Power

City of American Falls

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mil Joseph Milton Frodsham

(a) Residence. No. 4 miles from Rockland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Zelma M. Frodsham

6. DATE OF BIRTH (month, day, and year) Oct 10 1905

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 29 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 12/24/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rockland, Ida

FATHER

13. NAME Hyram P. Frodsham

14. BIRTHPLACE (city or town) (State or country) Oregon Spgs Idaho

MOTHER

15. MAIDEN NAME Johanna Barnard

16. BIRTHPLACE (city or town) (State or country) Centerville Utah

17. INFORMANT Lee E. Frodsham
(Address) Rockland, Idaho

18. CREMATION OR REMOVAL
Place Rockland Date 12/28/34

19. UNDERTAKER Awdon
(Address) American Falls, Idaho

20. FILED Dec 26, 1934 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Death | ..... |
| Clothing caught in Line shaft of | ..... |
| Water wheel, Body mangled badly. | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accidental Injury 193.
Where did injury occur? at his home
*(Specify city or town, county, and state)*
Specify whether injury occurred in **industry**, in **home** or in **public place.** ....Water wheel on his farm
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Awdon Coroner
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92313

**PLACE OF DEATH**

County of Power
City of American Falls, Idaho

Registration District No. 25
Primary Registration District No. 2072

Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louie Geneva Allen

(a) Residence. No. American Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1st 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| | 5 | 5 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ////

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ////

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tronto Kas
(State or country)

MOTHER FATHER

13. NAME William Allen

14. BIRTHPLACE (city or town) Colo
(State or country)

MOTHER

15. MAIDEN NAME Winnfred M. Frodsham

16. BIRTHPLACE (city or town) Rockland, Idaho
(State or country)

17. INFORMANT William Allen
(Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rockland, Ida Date 12/28/34, 193..

19. UNDERTAKER .....
(Address) American Falls, Ida

20. FILED 12/28, 1934. Genevieve Mott Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27/34 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1934, to Dec. 27, 1934.
I last saw her alive on Dec. 27, 1934: death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epidemic Cerebro Spinal Meningitis | Dec. 24. |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Farrell M. D.
(Address) American Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92326

**PLACE OF DEATH**

County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 1
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Jane Hayes

(a) Residence. No. 87 Park Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Ed Hayes

6. DATE OF BIRTH (month, day, and year): Sept 11-1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 2 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa U.S.A.

FATHER
13. NAME: Ole Hatle
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Josephine Johnson
16. BIRTHPLACE (city or town) (State or country): Sand Cartyland

17. INFORMENT (Address): Ed Hayes

18. BURIAL, ~~CREMATION,~~ OR ~~REMOVAL~~ Place: Kellogg Ida Date: 12-28-, 1934

19. UNDERTAKER: [illegible] Stout
(Address)

20. FILED: Feb. 9, 1935 Mrs. Helen McBride
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Dec, 1934

I last saw her alive on Dec 12, 1934: death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculos Potts disease, Valvular heart disease | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lundmary, M. D.

(Address) Kellogg Idaho

RECEIVED FEB 1 5 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92327

Registration District No. 123

Primary Registration District No. 3201

Local Registrar's No. 2

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reynold Arthur Anderson

(a) Residence. No. St. 188C
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helga Anderson

6. DATE OF BIRTH (month, day, and year) 24 Aug 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 26 | 4 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 7 31

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Raddison Me

FATHER

13. NAME Alfred Anderson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) John Desmond Kellogg

18. BURIAL, CREMATION, OR REMOVAL Place Pinehurst Date Dec 31, 1934

19. UNDERTAKER (Address) L. L. Stanich Funeral Home

20. FILED Feb 9, 1935 Mrs. Helen McBride Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h[illegible] on Dec 24, 1934 death is said to have occurred on the date stated above, at 7 Pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | Dec 24 |
| [redacted] | |

Other contributory causes of importance:

Hemorrhage of brain

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Dec 24 1934

Where did injury occur? Public Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway near Cherry Creek

Manner of injury Fell out of truck

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. McWaters Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECORDED JAN 1 1935

# PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92368

County of Wash.
City of

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 17
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thos. Jasper Palmer

(a) Residence. No. Weiser St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | Wt | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Charlotte Palmer

6. DATE OF BIRTH (month, day, and year) Jan 22 1870

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 64 | 7 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Webster Palmer.

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Green

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charlotte Palmer
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 1-13- 1935

19. UNDERTAKER L. L. Hartshorn
(Address) Weiser Idaho

20. FILED Jan ..., 1935 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 ..., 1934, to Dec. 12 ..., 1934.
I last saw him alive on Dec. 11, 1934.: death is said to have occurred on the date stated above, at 1 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1928 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) F. A. Schmick M. D.
(Address) Weiser Idaho

RECEIVED FEB - 1935

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92372

Registration District No. 8 6

Primary Registration District No. 2112 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darnell A Steele

31

(a) Residence. No. Weiser Flat Route 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 1 1911

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 23 | 0 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, weaver, sawyer, bookkeeper, etc.** Farm and orchard

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Work. Jimmy apple Orchard

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) St Johns Utah

MOTHER FATHER

13. NAME Arthur D. Steele

14. BIRTHPLACE (city or town) (State or country) Cloger Utah

15. MAIDEN NAME Dagmar Jensen

16. BIRTHPLACE (city or town) (State or country) Aalborg Denmark

17. INFORMANT (Address) Arthur Steele Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 2-2-1935

19. UNDERTAKER (Address) Arthur Steele Weiser Idaho

20. FILED Feb. 6, 1935. Dr. Hyden Hanchey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-31-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934, to Dec 31, 1934

I last saw h alive on Dec 31, 1934: death is said to have occurred on the date stated above, at 1:30 P m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Pneumonia | Dec 21 1934 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Pulmonary Tuberculosis | ? |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Hyden Hanchey, M. D.

(Address) Weiser Idaho

RECEIVED DEC 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92433

**PLACE OF DEATH**

County of Ada
City of Near Eagle

Registration District No. 9-10
Primary Registration District No. 9-10
Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Coltrin Harris

(a) Residence. No. Route No. 1 Eagle, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | M. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 15, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 14 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Boise

PARENTS

10. NAME OF FATHER Wm. H. Harris
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Mary G. Coltrin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Mr. W. H. Harris
(Address) Eagle

15. Filed 12/3/ 19 34 Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 29 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-17-34, 19 to 9/29/34, 19
that I last saw him alive on 9/29/34, 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Malnutrition Birth
premature birth (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? none Date of
Was there an autopsy? none
What test confirmed diagnosis? none

(Signed) Bruce L. Budge M. D.
19 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. Place of Burial, Cremation, or Removal | Date of Burial |
|---|---|
| Morris Hill | 12/1 /1934 |
| 20. Undertaker W. Mc Bratney, Boise | Address |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAR 2 1985

FORM No. 5 M. 45 M. 1-19.

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 38 2357
Primary Registration District No.
File No. 99498
Registered No.

1. PLACE OF DEATH
County of Bonner
City of Cedar Creek (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James York

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) |
|---|---|---|
| M | White | Married |

6. DATE OF BIRTH: April (Month) 16 (Day) 1885 (Year)

7. AGE: 49 Yrs. 7 Mos. 27 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: James York

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Mary Ellen Hobbs

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Wife--Mrs. Lottie G. York
(Address): Cedar Creek, Idaho

15. Filed: Feb 4 1935 John Larson Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 12 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from did not to attend 19
that I last saw h alive on 19
and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) Yrs. mos. ds.

~~Contributory~~ (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm F. Tyler M. D.
Bonner County Health Officer
Jan 3 1935 (Address) Sandpoint Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

| 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Spokane, Wash | Dec. 15 1934 |
| **20. UNDERTAKER** | **ADDRESS** |
| Mission Funeral Home | Spokane |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

## PLACE OF DEATH

County of Cassia

City of Oakley Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92586

Registration District No. 19

Primary Registration District No. 2198

Local Registrar's No. 1000

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Edward Benson

(a) Residence. No. Almo St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single Alice F. Benson

6. DATE OF BIRTH (month, day, and year) Nov. 8- 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Almo Ida.
(State or country)

MOTHER FATHER

13. NAME Alice F. Benson

14. BIRTHPLACE (city or town) Almo Ida.
(State or country)

15. MAIDEN NAME Margaret Sheppard

16. BIRTHPLACE (city or town) Chicago Ill.
(State or country)

17. INFORMANT Alice F. Benson
(Address) Almo

18. BURIAL, CREMATION OR REMOVAL
Place Almo Date 1-2, 1934

19. UNDERTAKER [illegible]
(Address) Burley Ida.

20. FILED ....., 193.. [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934, to Dec 31, 1934
I last saw him alive on Dec 29 1934. death is said to have occurred on the date stated above, at 11:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 12/20/34 |
| Myocardial Heart Disease | |
| | |
| | |
| | |
| Other **contributory causes** of importance: None | |
| | |
| | |

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Malta

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92637

Registration District No. 103
Primary Registration District No. 2161
Local Registrar's No. 134

(No. At Home Mount Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Edwards

(a) Residence. No. Mount, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) Nov. 3, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| | 24 | Hours | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mount Idaho
(State or country) Idaho

FATHER
13. NAME Walter R. Edwards
14. BIRTHPLACE (city or town) Texas
(State or country)

MOTHER
15. MAIDEN NAME Rebecca Cash
16. BIRTHPLACE (city or town) Grangeville
(State or country)

17. INFORMANT ~~XXXXXX~~ Walter Edwards
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 11/4 193..

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 11-4, 1935 B. Chapman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/3 193..

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193....
I last saw her alive on Nov. 3, 1934; death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia - at birth. | |
| Baby born before arrival of Medical Attendance. | |
| Other **contributory causes** of importance: | |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Stanley F. Opp M D
(Address) Cottonwood Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 6

Roberta Pocatello

# PLACE OF DEATH

County of Minidoka

City of Rupert

1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92697

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 9

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold W. Thacker

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 28 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or .... min. |
|---|---|---|---|---|
| | 37 | 2 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER FATHER

13. NAME A. B. Thacker

14. BIRTHPLACE (city or town) (State or country) Illinois

15. MAIDEN NAME Grace Wilson

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT Archie D. Thacker
(Address) Rupert

18. BURIAL, CREMATION OR REMOVAL
Place I.O.O.F. Date Dec 11 1934

19. UNDERTAKER W. G. Goodman
(Address) Rupert Idaho

20. FILED 2-23, 1935 E. E. Lemon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec ..., 193.4, to Dec 7 ..., 193.4
I last saw h... alive on Dec 7 ..., 193.4: death is said to have occurred on the date stated above, at 1 ... m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | |
| Arteriosclerosis | |
| Other **contributory causes** of importance: | |
| Carcinoma of Sigmoid | |
| Complicated by L-leg | |
| Age 62 & high | |

Name of operation Unperformed Date of ... 1/1/35

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ... 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ....

(Signed) .... M. D.
(Address) ....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92698

**PLACE OF DEATH**

County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 12

(No. 117)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Garner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 25 1915
7. AGE: Years 18 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: Er R Garner
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Clara Beazer
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT: Elmer Garner
(Address): Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Cem. Date: Sept 16, 1934

19. UNDERTAKER: W. A. Goodman
(Address): Rupert Idaho

20. FILED 2-25, 1935 E. R. Johnson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1934, to Sept 13, 1934.
I last saw him alive on 9-13, 1934, death is said to have occurred on the date stated above, at 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | |
| Suppurative | 1 wk |
| with peritonitis | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Leland Frazier, M. D.
(Address) Burley, Idaho

RECEIVED MAR 6 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
92699
State File No.....

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Royce Klupfer

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 28 1917
7. AGE: Years 17 | Months 5 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Rupert

MOTHER OR FATHER
13. NAME: William Klupfer
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Rachel Fuhrman
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): William Klupfer

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date Dec 10, 1934

19. UNDERTAKER (Address): N. A. Landman Rupert

20. FILED 2-25-1935 Ed. E. Emmons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Dec 5, 1933, to Dec 6, 1935
I last saw h...alive on Dec 5, 1934: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma R testicle | |
| with metastases | |
| in abdomen | 1½ yrs |

Other **contributory causes** of importance:

Name of operation Castration R Date of 3-6-33
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) Leland Fraser, M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 6 1935

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92701

Registration District No. 19

Primary Registration District No. 2013 Local Registrar's No. 16

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vaugn Hyde

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 1/2 hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Milton Hyde

14. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER

15. MAIDEN NAME Mildred Gregory

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Milton Hyde
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date Aug 28 1934

19. UNDERTAKER W. A. Goodman
(Address)

20. FILED 3/1, 1935. E. E. Elmore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934, to Aug 24, 1934.

I last saw him alive on 8-24, 1934; death is said to have occurred on the date stated above, at 11:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 8-24-34 |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation. None Date of....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify.

(Signed) E. E. Gregory M. D.

(Address) Rupert, Idaho.

1610

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 6 1935

Fargo

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92707

Registration District No. 19

Primary Registration District No. 2013 Local Registrar's No. 15

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John R. Ford

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 27 1866

7. AGE: Years 68 | Months 1 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER

13. NAME: Eliga Ford

14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER

15. MAIDEN NAME: Anna Ross

16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT (Address): Edith Ford

18. BURIAL, CREMATION OR REMOVAL: Place Paul Cem. Date Oct 29, 1934

19. UNDERTAKER (Address): A Walgoodemann Rupert Ida

20. FILED 2-25, 1935 A. H. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1934, to 10-27, 1934.

I last saw h....alive on 10-26, 1934.: death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar | |
| Bilateral | 5 da |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Leland Frazier, M. D.

(Address) Burley Idaho

RECEIVED MAR 6 1935

Kelly

**PLACE OF DEATH**
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92708

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 14
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo Slater Wignall

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | White | Maried |

5a. If married, widowed, or ~~divorced~~
HUSBAND of
~~(or) WIFE of~~ Harlene Wignall

6. DATE OF BIRTH (month, day, and year) Feb 13 1879

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 55 | 4 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Payson
(State or country) Utah

FATHER
13. NAME Joseph Wignall
14. BIRTHPLACE (city or town) ....
(State or country)

MOTHER
15. MAIDEN NAME Kendall
16. BIRTHPLACE (city or town) Kanarra
(State or country)

17. INFORMANT Harlene Wignall
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Idaho. Date 6-19, 1934

19. UNDERTAKER Wa Goodman
(Address) Rupert Ida

20. FILED 2-25, 1935. E M Edmonds
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 16 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to June 16, 1934.
I last saw h....alive on June 16, 1934.; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| [illegible] | |
| Pneumokoniosis | |
| Miners Tuberculosis | |

Other **contributory causes** of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) L. M. Kelly, M. D.
(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 92709

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William F. Bell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct 2 1858
7. AGE: Years 75 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spianer, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER
13. NAME: James Bell
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Ferrell
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address):
18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date Sept 20, 1934
19. UNDERTAKER W. J. Goodman
(Address) Rupert Idaho
20. FILED 9-22-, 1935 C. E. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 20 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1934, to Sept 20, 1934.
I last saw him alive on 9-20, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valv. Ht. Dis. | about |
| Mitral Insuff. | 10 yrs |
| | |
| | |
| Other **contributory causes** of importance: | |
| Ch. Bright's disease | about 1 yr. |
| Arterio-sclerosis | about 4 years |

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) Lilam Torgerson, M. D.
(Address) Burley, Idaho

RECEIVED MAR [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 9271U

**PLACE OF DEATH**
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2013
Local Registrar's No. 8
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** William B Hardy

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 15-1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 2 | 18 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate agt.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER Geo W Hardy
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ?
12. MAIDEN NAME OF MOTHER ?
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ?

14. Informant (Address) Mrs W B Hardy Rupert, Idaho

15. Filed 2-25, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 3 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to June 3, 1934
that I last saw him alive on June 2, 1934
and that death occurred, on the date stated above, at 3 07 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

about 15 yrs
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible], M. D.
, 19 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal: Rupert, Idaho — Date of Burial: 6-6 1934

20. Undertaker: Wolfoodman — Address: Rupert, Idaho

WHITE PAPER, [illegible]—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-25 M. 1-16-18

RECEIVED APR 6 1935

# CERTIFICATE OF DEATH.

1-2-7-2-3

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 47

Primary Registration District No.

File No. 9278

Registered No. 281

1. PLACE OF DEATH.
County of Lewis
City of Nezperce Idaho (No. , St.)
Village

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Peeler

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH. Jan (Month) 26 (Day) 1859 (Year)

7. AGE: 85 Yrs. Mos. ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mining
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Perry Co Miss

10. NAME OF FATHER: Alfred R. Peeler

11. BIRTHPLACE OF FATHER (State or Country): Perry Co Miss

12. MAIDEN NAME OF MOTHER: Flora Lutz

13. BIRTHPLACE OF MOTHER (State or Country): Perry Co Miss

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Flora Peeler
(Address) Nezperce Idaho

15. Filed April 6 1935 Albert Huff Local Registrar

BYRNE - YORK CO., PTRS. & BDRS. 24858

## MEDICAL CERTIFICATE OF DEATH

8 AM 31

16. DATE OF DEATH: May (Month) 9 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 - 1934, to May 9 - 1934, that I last saw h~~im~~ alive on May 9 - 1934, and that death occured on the date stated above, at - 10 A.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lung.

(Duration) 10 Yrs. - mos. - ds.

Contributory (Secondary)
(Duration yrs. mos. ds.

(Signed) G. H. Cooper M.D. M. D.
4/5-1935 (Address) Nezperce Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Nezperce Cem
DATE OF BURIAL: May 11 1935

20. UNDERTAKER: Albert Huff
ADDRESS: Nezperce Idaho

No. 1.

# STANDARD CERTIFICATE OF DEATH

28/216

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

8—2091
V. S. No. 98

1. PLACE OF DEATH

County Bannock. State Idaho. Registered No. 35-1

Township _____ or Village _____ 92846 or

City Pocatello. No. General Hospital. St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Eva Phelps.

(a) Residence: No. Ft. Washakie, Wyo. St., _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | Shoshone 4/4 | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6. DATE OF BIRTH (month, day, and year) 1920

| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|---|---|---|---|---|
| | 14 | No | Rec. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-girl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boarding School.

10. Date deceased last worked at this occupation (month and year) May 6, 1934

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Ft. Washakie, Wyo.

FATHER

13. NAME Jack Phelps.

14. BIRTHPLACE (city or town) (State or country) Ft. Washakie, Wyo.

MOTHER

15. MAIDEN NAME Rosie Poudisete.

16. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

17. INFORMANT John Phelps.
(Address) Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Gibson Cemetery Date May 16, 1934

19. UNDERTAKER Agency Carpenter.
(Address) Ft. Hall, Idaho.

20. FILED 4-8, 1935 D C Ray
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934 to May 13, 1934

I last saw her alive on May 13, 1934; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | | Date of onset |
|---|---|---|
| Tonsillectomy | May 7- 34 | |
| Hemorrhage | May 11-34 | |
| " | " 12-34 | |
| " | " 13-34 | |

Other **contributory causes** of importance:

Measle epidemic

Name of operation Tonsillectomy Date of May 7

What test confirmed diagnosis? None Was there an autopsy no

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

none

Manner of injury "

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Unknown definitely

(Signed) C. G. Kerns, M. D.

(Address) Ft. Hall Mont

c11—3184

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 15 1935

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92866

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 117

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Rudolph Widmer

(a) Residence. No. ..... St. Geneva Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Wenger

6. DATE OF BIRTH (month, day, and year): Feb 13 - 1877

7. AGE — Years: 57 — Months: 9 — Days: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

FATHER

12. BIRTHPLACE (city or town) (State or country): Switzerland

13. NAME: John Widmer

MOTHER

14. BIRTHPLACE (city or town) (State or country): Switzerland

15. MAIDEN NAME: Lisetth Krani

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Mrs. J. P. Widmer, Geneva Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Geneva Idaho — Date: Dec 9, 1934

19. UNDERTAKER (Address): J. D. Wilkinson, Montpelier Idaho

20. FILED: Jan 1, 1935 — Registrar: E. V. Young

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 7- 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1934, to Dec. 7, 1934.

I last saw him alive on Dec. 7, 1934: death is said to have occurred on the date stated above, at 4:40 A. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis. | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Pus case of appendicitis.

Name of operation: Laporatomy. Date of: Dec. 2

What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Evan Eccles, M. D.

(Address) .....

RECEIVED APR 15 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

52

Registration District No.....

Primary Registration District No. 2136 Local Registrar's No. 90

DO NOT WRITE IN THIS SPACE

92868

State File No.....

(If death occurred in a hospital or institution give its name instead of street and number)

(No.....)

2. FULL NAME Mary Elizabeth Shepherd

(a) Residence. No. Box 5 Idaho St. Paris - Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Fred J Shepherd

6. DATE OF BIRTH (month, day, and year): Jan 1 1869

7. AGE: Years 65 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER

13. NAME: Owen Morgan

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Frances Godsell

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Shepherd Paris Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Paris Idaho Date: Dec 26 1934

19. UNDERTAKER (Address): J. D. Williamson Montpelier Idaho

20. FILED: Jan 1, 1935 N. V. Evans Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Dec. 22, 1934

I last saw her alive on Dec. 22, 1934 death is said to have occurred on the date stated above, at 3:50 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | |
| Flu | |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 15 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92869

## PLACE OF DEATH

County of Bear Lake

City of Montpelier

Registration District No. 52 2136

Primary Registration District No. ..... Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christina A+ Fagan

(a) Residence. No. Montpelier, Idaho St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of P H Fagan.

6. DATE OF BIRTH (month, day, and year) Oct 31 - 1877

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 57 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Hyde Park Utah

FATHER

13. NAME Lars S. Nelson

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Katherine Christensen

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Nels Nelson
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Dec 30 1935

19. UNDERTAKER J. H. Williams
(Address) Montpelier Idaho

20. FILED Jan. 1, 1935 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Dec 27, 1935.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | Dec 1934 |

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. P. Gaylord M. D.

(Address) Montpelier Ida

COEUR D'ALENE INDIAN AGENCY

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

1. PLACE OF DEATH

County Benewah State Idaho Registered No. 92880

Township ____ or Village De Smet or

City De Smet, Idaho No. Not in hospital St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Unknown yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Michell Lahaset

(a) Residence: No. Reservation St., ____ Ward. 31

(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | FB C.D.A. Indian | M. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Michell

6. DATE OF BIRTH (month, day, and year) 6/21/1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 68 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Indian Ward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Kalispel Res. (State or country) Wash.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Kalispel Res. (State or country) Wash.

MOTHER

15. MAIDEN NAME Therese

16. BIRTHPLACE (city or town) Kalispel Res. (State or country) Wash.

17. INFORMANT Baptiste Meshell (Address) De Smet, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet Date 8/25/34, 19

19. UNDERTAKER None (Address)

20. FILED Aug. 24, 1935 John Last Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 19 34 to Aug. 24, 1934, 19 ____

I last saw him alive on Aug. 19, 1934, 19 ____; death is said to have occurred on the date stated above, at 12:30 P. M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |
| | 8/6 |

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Wn.

c11—3184

Fort Hall Agency E on R

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

92887

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Fort Hall Reservation State Idaho. 121 Registered No. 2194-R. Reg. 61

Township ____ or Village ____

City ____ No. No Hospital St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Flora Neaman

(a) Residence: No. Fort Hall Reservation St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F | Shoshone 4/4 Indian | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Foster Neaman

6. DATE OF BIRTH (month, day, and year) 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 36 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) Fort Hall Reservation
(State or country) Idaho

FATHER

13. NAME Poengerah

14. BIRTHPLACE (city or town) Unknown
(State or country) Idaho

MOTHER

15. MAIDEN NAME Hengwatse

16. BIRTHPLACE (city or town) unknown
(State or country) Idaho

17. INFORMANT Foster Neaman
(Address) Fort Hall Reservation

18. BURIAL, CREMATION, OR REMOVAL
Place Cedars Cemetery Date Sept 4 34

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall Reservation.

20. FILED April 6, 1935 Lane E. Hussey Registrar
Mrs Frances Gilmore Deputy

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Dr. in attendance., 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Aug. 1933 |

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) C. J. Middleman, M. D.

(Address) Fort Hall Idaho

8—2091
V. S. No. 98

C11—3184

APR 4 1935

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
93075
State File No.....

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Mathilda Nelson

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15-1858

7. AGE

| Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 76 | 9 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER FATHER

13. NAME: Nels Person

14. BIRTHPLACE (city or town) (State or country): Sweden

15. MAIDEN NAME: Marna Olson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): ~~Brudere~~ J. A. Nelson Deary

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Cem. Deary Date Dec. 31 1934.

19. UNDERTAKER (Address): John J. Pickerd Troy Ida

20. FILED Dec 26., 1934. Lucy M. Pickerd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21., 1934., to Dec. 27., 1934.

I last saw h alive on Dec 24., 1934.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... Chas. A. Myer, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 4 1935

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93076

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inga Maria Person Palen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Fem | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 17 - 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 67 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** house wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER/FATHER

13. NAME Per Person

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Maria Jonsson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Person

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek cem Date Nov 2, 1934

19. UNDERTAKER (Address) John J. Pickard Troy

20. FILED Nov 1, 1934 Lucy An. Pickard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1934, to Oct 30, 1934.

I last saw her alive on Oct 29, 1934; death is said to have occurred on the date stated above, at 11:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Uteri | Unknown |
| | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chronic Myocarditis & Nephritis | Unknown |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Pickard, M. D.

(Address) Moscow Ida.

**N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

APR 4 1935

1

**PLACE OF DEATH**

County of Latah

City of Avon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93079

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James D Perkins

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 19 1858

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 76 | 9 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mo. (State or country)

FATHER

13. NAME Joe Perkins

14. BIRTHPLACE (city or town) Mo (State or country)

MOTHER

15. MAIDEN NAME Rachel Mobley

16. BIRTHPLACE (city or town) Mo. (State or country)

17. INFORMANT Myrtle Houk (Address) Avon Ida

18. BURIAL, CREMATION OR REMOVAL Place Moscow Date Nov. 11 1934

19. UNDERTAKER John J. Pickard (Address)

20. FILED Nov. 10 1934 Lucy M. Pickard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1934, to Nov. 9, 1934

I last saw h alive on Nov. 1, 1934 death is said to have occurred on the date stated above, at 5 p.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Meyer, M. D.

(Address) Troy, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 4 1935

**PLACE OF DEATH**

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93080

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Martin W. Hoar

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Allie Hoar

6. DATE OF BIRTH (month, day, and year): Jan - 5 - 1860

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|
| 74 | 10 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: John R Hoar

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Allie Hoar Troy

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Nov 10 1934

19. UNDERTAKER (Address): John J. Pickard

20. FILED Nov 9 1934 Lucy M. Pickard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-8-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-6-1934, to 11-8-1934

I last saw him alive on 11-8-1934, death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Right Lobar Pneumonia | 11-3-34 |

Other **contributory causes** of importance:

| | |
|---|---|
| Cardiac Failure | |

Name of operation. none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph S. Wilson M. D.

(Address) Moscow, Idaho

**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

N. E. Off Res.

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH: 1936 District 74, local registered No. 92 93125
County Owyhee. State Idaho. Registered No. ____
Township Western Shoshone Reservation. or Village None. or
City None. xxxx (Not in hospital) xxx --- Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred -- yrs. -- mos. 7 days. How long in U. S., if of foreign birth? -- yrs. -- mos. -- days.

2. FULL NAME Thelma Browning.
Residence: No. ------- St., --- Ward. Ft. Hall, Idaho.
(Usual place of abode) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: 4/4 Shoshone Indian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, and year) November 7, 1931.

7. AGE: Years 2 | Months 10 | Days 14 | If LESS than 1 day, -- hrs. or -- mins.

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None.
10. Date deceased last worked at this occupation (month and year) -----
11. Total time (years) spent in this occupation ------

12. BIRTHPLACE (city or town and State or country): Ft. Hall, Idaho.

FATHER

13. NAME: Roosevelt Browning.
14. BIRTHPLACE (city or town and State or country): Ft. Hall, Idaho.

MOTHER

15. MAIDEN NAME: Elaine Humpy.
16. BIRTHPLACE (city or town and State or country): Mt. City, Nevada.

17. INFORMANT (name and address): Elaine Browning. Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place West. Shoshone Res. Nev. Date Sept. 26., 1934

19. UNDERTAKER (name and address): Friends. Owyhee, Nevada.

20. FILED Apr. 4, 1935 Alice C. Erbenbeck Registrar.
Deputy

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 21, 1934

22. xxxx

RECEIVED MAY 1936

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93341

## PLACE OF DEATH

County of Fremont

City of Ida

Registration District No.

Primary Registration District No. Local Registrar's No. 5

(If death occurred in a hospital or institution, give its name instead of street and number) No. Clayton County Hospital

2. FULL NAME Alex L. Stalker

(a) Residence. No. Grace Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alpha Stalker

6. DATE OF BIRTH (month, day, and year): Sept - 5 - 1866

7. AGE: Years 68 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer & Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Ranch

10. Date deceased last worked at this occupation (mo. and yr.): Aug. 1934

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Franklin Ida

FATHER

13. NAME: Alex Stalker

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Florence Smith

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Myron Jenkins Grace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grace Ida Date 12-20 1934

19. UNDERTAKER (Address): E. S. Patterson Soda Springs

20. FILED 12-20-1934 Dr. Samuel Liguest Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1934, to 12-18-, 1934.

I last saw h. alive on 12-18-1934 death is said to have occurred on the date stated above, at 2:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach with perforation | |

Other **contributory causes** of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following: —

Accident, suicide, or homicide? — Date of injury — 193—

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) E. S. Bovenmyer M. D.

(Address) Grace, Ida.

RECEIVED APR 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
State File No. 93361

Registration District No. ____
Primary Registration District No. ____
Local Registrar's No. ____

**PLACE OF DEATH**
County of Clearwater
City of Elk River (No. ____ (If death occurred in a hospital or institution, give its name instead instead of street and number.))

2. **FULL NAME** Edith Elizabeth Frederick.

(a) **Residence.** No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Women
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: M. Elmer Frederick

6 DATE OF BIRTH (month, day and year): Dec. 7, 1899

7 AGE: Years 34 | Months 11 | Days 27 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): Home wife
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lundvalls Sweden

PARENTS
10 NAME OF FATHER: John Nels Lundvall
11 BIRTHPLACE OF FATHER (city or town) (State or country): Örnsköldsvik - Sweden
12 MAIDEN NAME OF MOTHER: Edla Josefina Tinberg
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Vasa Finland

14 Informant: Mrs. Emma Leatherwood
(Address) Elk River Idaho

15 Filed Dec. 5, 1934 Mrs. Emma Leatherwood
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 4 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1934 to Dec. 4, 1934
that I last saw her alive on Dec. 2, 1934
and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____
Did an operation precede death? No. Date of ____
Was there an autopsy? No.
What test confirmed diagnosis? ____

(Signed) Chas. A. Meyer, M. D.
Dec 4, 1934 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Elk River Cem. | Date of Burial: Dec 7 1934
20. Undertaker | Address: Elk River Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

United States
**Department of Commerce**
Bureau of the Census

(COPY)

# CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 93381
Local Reg. No. [illegible]
Reg. Dist. No. 102

RECEIVED JUN 26 1940

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town Ashton
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ira Latham

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ira Latham
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 9th, 1883

| 8. AGE | Years | Months | Days | If less than 1 day |
|---|---|---|---|---|
| | 53 | 5 | 27 | hrs min. |

9. Exact Occupation Forest Ranger — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Flint Michigan (City or town) (State or foreign country)

Father
12. Name Andrew Latham
13. Birthplace D.K. (City or town) (State or foreign country)

Mother
14. Maiden name D.K.
15. Birthplace D.K. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ira Latham
and Address Ashton, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-34 (Month) (Day) (Year)
(c) Place: Ashton, Idaho
18. Funeral Director's **OWN** Signature Lewis Kiser
and Address Ashton, Idaho
19. (a) 4-8-34 (Date received and filed) (b) Lewis Kiser (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-6-34 19
at 5.30 o'clock p. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 4-2-34 19, to 4-6-34 19
I last saw him alive on 4-6-34 19; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** Cancer of Stomach — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E.L.Hargis M.D. (M. D. or other)
and Address Ashton, Idaho Date 19
(For additional space, use reverse side)

*Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.*

C. A. BOTTOLFSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
E. L. BERRY, M. D., DIRECTOR
DIVISION OF PUBLIC HEALTH

# STATE OF IDAHO
## DEPARTMENT OF PUBLIC WELFARE
## DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFARE
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

June 20, 1940

93381

W. M. Hansen
St. Anthony, Idaho

Dear Mr. Hansen:

Sometime ago we wrote to Mr. Kiser for the death certificate of Ira Latham, and have received no answer from him.

Will you please look this record up and send it to us at your earliest possible convenience.

Very truly yours,

DIVISION OF PUBLIC HEALTH
Mae G. Atwood

Mae G. Atwood, Registrar
Bureau of Vital Statistics

RECEIVED
JUN 26 1940

MGA/lb

P. S.

We find that this record has been in our possession as there is a card file in our files for it under number 93381. However the original is not in this office so if you will make a copy of your record for us we will appreciate it very much.

BVS

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1935

PLACE OF DEATH

County of Idaho

City of Kooskia

1985

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93408

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 383

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Lee Chenoweth

(a) Residence. No. Kooskia Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 5 / 1911

7. AGE — Years: 23 | Months: 7 | Days: 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School Teacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clearwater Co. Idaho

FATHER

13. NAME: Marshal Chenoweth

14. BIRTHPLACE (city or town) (State or country): Cottonwood Ida Co. Ida

MOTHER

15. MAIDEN NAME: Jesse Stewart

16. BIRTHPLACE (city or town) (State or country): Clearwater Ida Co Idaho

17. INFORMANT (Address): Down L. Brown Kooskia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date Dec 15, 1934

19. UNDERTAKER (Address): Geo. H. Freeary Kooskia Ida

20. FILED April 10, 1935 J. McGerber Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| Other **contributory causes** of importance: | |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury.., 1934 Dec 12
Where did injury occur? Orangeville
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Street
Manner of injury Knocked down on concrete walk
Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Geo. H. Freeary, M. D.
(Address) Coroner Ida. Co.
Kooskia, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 6 1935

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93520

County of Payette

City of New Plymouth

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 1

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Lucy Lee Gust.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of. Emery Gust.

6. DATE OF BIRTH (month, day, and year) Feb 26 1897

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 37 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Home wife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER FATHER

13. NAME Joe Yaden.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Ellen Evans.

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Emery Gust
(Address) New Plymouth Ida.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth, Date 12-30 1934

19. UNDERTAKER Theron C. Landon
(Address) Payette Idaho

20. FILED 1/3/35 193... J. C. Woodward
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1934

22. I HEREBY CERTIFY, That I attended deceased from November 193 8., to Dec 27, 193 4

I last saw her alive on Dec 27, 1934: death is said to have occurred on the date stated above, at 8:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic heart disease (Mitral Stenosis) | 1927 |
| Other **contributory causes** of importance: | |
| Acute bronchitis | Dec 23 1934 |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) R. Ford M. Deprey M. D.
(Address) New Plymouth Idaho

RECEIVED APR 3 1935

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Wash.

City of Midvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93583

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME William Henry Hatley

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Hatley.

6. DATE OF BIRTH (month, day, and year): 8-17-1861

7. AGE — Years: 73 +861 — Months: 2 — Days: 19 — If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cambridge Wisconsin

FATHER

13. NAME: Walter Hatley

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Anna Rutherford

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Louise Hatley
(Address): Midvale Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Midvale Ida. Date: 11-8, 1934

19. UNDERTAKER: J. A. Anderson
(Address): Undertaker

20. FILED: 4-2-35, 193... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934, to Nov 1, 1934.

I last saw him alive on Nov 1, 1934: death is said to have occurred on the date stated above, at 7 A.M. m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 2 yrs ago |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Generalized anasarca | 6 mos ago |
| | |

Name of operation 0 Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? 0 Date of injury.., 193.

Where did injury occur? 0
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify.....

(Signed) Elvin S. Thurston MD, M. D.

(Address) Council Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 93593

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 24
(No. )
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Unknown) Supposed to be O. P. Reed
(a) Residence. No. 2 Caldwell Idaho St. Clothing etc
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 60 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address)

15. Filed May 4, 1934 Emma Driscoll Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dont Know Found July 25—1934
In Snake River. 6 miles below (Month) Huntington. Ore. (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
From all indications drowned supposed to have committed Suicide. No Inquest
.....(duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY (Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Coroner
(Signed) L. C. Northam M.D.
Sept 1st, 1934 (Address) Weiser Idaho

19. Place of Burial, Cremation, or Removal: Weiser Idaho — Date of Burial: 9-26 1934
20. Undertaker: L. C. Northam — Address: Weiser. Idaho

RECEIVED JUN 18 1934

**PLACE OF DEATH**

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 94061

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Clyde Byers.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | W. | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of S

6. DATE OF BIRTH (month, day, and year) June 28. 1932

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 2 | | 17. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tamarack Idaho
(State or country)

FATHER

13. NAME Walter Jack Byers

14. BIRTHPLACE (city or town) Grand Island Neb
(State or country)

MOTHER

15. MAIDEN NAME Emma Nelson Byers

16. BIRTHPLACE (city or town) Shelby Idaho
(State or country)

17. INFORMANT Mother Mrs Emma Byers
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Council Date 7/15 1934.

19. UNDERTAKER J. A. Hudelson Council Ida
(Address)

20. FILED 6-17-, 1934 Alvin S. Thurston MD
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15 1934.

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1934, to 7-15-, 1934
I last saw h.. ~~alive~~ dead on 7-15, 1934: death is said to have occurred on the date stated above, at 6:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions | 7-14-34 |
| | |
| | |
| | |
| Other **contributory causes** of importance: | |
| Acute Nephritis & Uraemia | 7-15-34 |
| Hyperpyrexia | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Alvin S. Thurston M.D ....., M. D.
(Address) Council Ida

**M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M-1-19.

# CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 49
Primary Registration District No. 2127
State File No. 94253
Local Registrar's No. 195

1. PLACE OF DEATH
County of Idaho
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Marion M. A. Brown

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| M | W | Single |

6. DATE OF BIRTH
About ..... 5 90
(Month) (Day) (Year)

7. AGE
About 44 Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF Father John Brown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. F. Tevans
(Address) Kamiah Idaho

15.
Filed 6 - 10 1935 Nels Robertson
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 22 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....,
that I last saw h..... alive on ..... 19.....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Struck by Lightning

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. N. Freeman M. D.
19..... (Address) Kooskia Ida. Coroner Idaho Co.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Ash Grove Mo. | DATE OF BURIAL 19.....

20. UNDERTAKER [illegible] | ADDRESS

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. JUL 12 1935 RECEIVED

# CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 49

County of Idaho

Primary Registration District No. 2127

File No. 94254

City of Kamiah (Cottonwood) (No. ..... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Grace M Lamb

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) |
|---|---|---|
| F | White | Married |

6. DATE OF BIRTH: February (Month) 6th (Day) 1894 (Year)

7. AGE: 40 Yrs. 6 Mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Clearwater, Idaho

10. NAME OF FATHER: Mr James McPherson

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Olive Straugh

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs A. L. Lamb
(Address) Kamiah Ida.

15. Filed 6-10 1935 Nell Patterson Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

## MEDICAL CERTIFICATE OF DEATH

117

16. DATE OF DEATH: Sept (Month) 2 (Day) 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1934, to Sept 2 1934, that I last saw her alive on Sept 1 1934, and that death occurred on the date stated above, at 2:10 P.M.

The CAUSE OF DEATH* was as follows: Streptococcic Peritonitis

..... (Duration) ..... Yrs. ..... mos. 6 ds.

Contributory (Secondary) Appendectomy

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dudley F. Orr M. D.

9/2 1934 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? Kamiah, Ida.

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah Idaho — DATE OF BURIAL: 9-4 1935

20. UNDERTAKER: Kamiah Funeral Home — ADDRESS: Kamiah Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY; PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

JUL 2 1935 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 94313

Registration District No. 49

Primary Registration District No. 2127 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Wohlsein

(a) Residence. No. ..... St. Lenore Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| M | W | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Wohlsein

6. DATE OF BIRTH (month, day, and year) Dec 25 1843

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 90 | 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herbert Wohlsein
(Address) Lenore, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Cem. Date 11/30, 1934

19. UNDERTAKER Kamiah Funeral Home
(Address) Kamiah Ida.

20. FILED 6-10, 1935 Nell Roberts Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/27 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934, to Oct 31, 1934.

I last saw h[illegible] alive on Oct 31, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility with | " |
| Arterio-Sclerosis | |
| & Myocarditis | |

Other **contributory causes** of importance:

Name of operation None Date of "

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? " Date of injury " 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. "
Manner of injury "
Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul J. Murray M. D.
(Address) Lewiston Idaho

SEP 7 1935 RECEIVED

95505

DUPLICATE OF ORIGINAL CERTIFICATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 95505

**PLACE OF DEATH**

County of Valley

City of McCall Idaho

Registration District No.....

Primary Registration District No..... Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William S Wilkins

(a) Residence. No. Portland Oregon St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: About 54 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ind,

MOTHER / FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Wilkins

18. BURIAL, CREMATION OR REMOVAL
Place Portland Ore, Date....., 193..

19. UNDERTAKER (Address) A.D.Robb
Cascade Idaho

20. FILED Nov. 4, 1934. Montana G. Ready Registrar.

By Myrtle M. Gardner Dep.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 193 4, to Nov. 4, 193 5

I last saw h.. alive on Nov 4, 193 4: death is said to have occurred on the date stated above, at 4.9 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute | |
| Pneumonia | |
| Bronchial Catarrh | |
| | |
| | |

Other **contributory causes** of importance:

| | |
|---|---|
| Chr. alcoholism | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Dr. Numbers, M. D.

(Address) McCall Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 6 1935 RECEIVED

Rem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 95791

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 56
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gladys Minerva Noble 144

(a) Residence. No. 6 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Frances Noble
6. DATE OF BIRTH (month, day, and year): Mar 29 1896
7. AGE — Years: 38 Months: 4 Days: 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Farmington Utah

FATHER
13. NAME: F L Titcomb
14. BIRTHPLACE (city or town) (State or country): —

MOTHER
15. MAIDEN NAME: Sarah Savage
16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Frances Noble
18. BURIAL, CREMATION OR REMOVAL — Place: Rupert Idaho Date: Nov ..., 1935
19. UNDERTAKER (Address): Olan Goodman Rupert Ida
20. FILED 11-2..., 1935 Elsie Ehmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 193 4, to Aug 9, 193 4
I last saw her alive on Aug 9 193 5 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Suspected accident (hemorrhage)? | |
| | |
| | |
| | |
| | |

Other **contributory causes** of importance:
Gall

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. L. Lovaas, M. D.
(Address) Rupert Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 6 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9579?

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2013
(No. )
Local Registrar's No. 54

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Gladys Venetta Kleke

(a) Residence. No. Rupert Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Feb 12 1929

7 AGE: Years 5 | Months 2 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rupert Idaho

PARENTS
10 NAME OF FATHER William Kleke
11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa
12 MAIDEN NAME OF MOTHER Theresa Schenk
13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Dakota

14 Informant Mrs Kleke
(Address) Rupert Ida

15 Filed 11-2, 1935 W E Ehmann Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 13 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1934 to Apr 13, 1934
that I last saw h[illegible] alive on Apr 13, 1934
and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Measles
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical signs
(Signed) F. N. Kinsey M. D.
11-1, 1935 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19 Place of Burial, Cremation, or Removal | Date of Burial 19 |
|---|---|
| 20. Undertaker | Address |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
96529
State File No.

PLACE OF DEATH
County of Canyon
City of Caldwell Registration District No. 2007
Primary Registration District No. 3 Local Registrar's No. 68

(No. ) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Price

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. R. Price

6. DATE OF BIRTH (month, day, and year): July 11-1865

7. AGE: Years 68 | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Carolina

FATHER

13. NAME: Coffee
14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Coffee
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Bessie E. Leiper Parma Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Greenleaf Date 12-7, 1934
19. UNDERTAKER (Address): V. Peckham Caldwell Ida
20. FILED 1-6, 1935 Ethel Jurries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 4 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to Dec 4, 1934
I last saw her alive on Dec 4, 1934; death is said to have occurred on the date stated above, at 1 A. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Nov 26 |
| Cardiac failure | Nov 27 |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. C. J. Hawkins, M. D.
(Address) Parma Idaho

FEB 1[illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9719

**PLACE OF DEATH**

County of Washington
City of Midvale

Registration District No.....
Primary Registration District No..... Local Registrar's No.....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elbert Homer Haynes

(a) Residence. No..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 42
7. AGE — Years: 42 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Common Labor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME William S. Haynes
14. BIRTHPLACE (city or town) (State or country) Gate City Va. Scott Co.

MOTHER
15. MAIDEN NAME Nannie E. Wininger
16. BIRTHPLACE (city or town) (State or country) Gate City Va. Scott Co.

17. INFORMANT Mrs. WB Wininger (Address)

18. BURIAL, CREMATION OR REMOVAL
Place.... Weiser, Idaho.. Date 12/12/34 193..

19. UNDERTAKER .... J.A. Hudelson (Address) Cambridge Idaho.

20. FILED 12/15/34 193... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/8/34 193

22. I HEREBY CERTIFY, That I attended deceased from 12/8/34....., 193...., to 12/8/34....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | 12/8/34 |
| (Death occured before medical aid arrived) | |
| Other **contributory causes** of importance: Alcoholism | ? |

Name of operation.. None Date of None.
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) ..... M. D.
(Address) ... Cambridge, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 29 RECEIVED

99855

PLACE OF [redacted]

STATE OF [redacted]HO
DEPARTMENT OF [redacted]C WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99855

County of [redacted]ce

City of [redacted]ston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. [illegible]

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stella Whitman Jackson

(a) Residence. No. St. Spalding Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anderson Jackson

6. DATE OF BIRTH (month, day, and year) August 27th 1900

| 7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min. |
|---|---|---|---|
| 33 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

FATHER

13. NAME Silas D. Whitman

14. BIRTHPLACE (city or town) (State or country) Missouri Idaho

MOTHER

15. MAIDEN NAME Sophia Thomas

16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT Hiram D. Whitman
(Address) Spalding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spalding Idaho Date 8/27, 1934

19. UNDERTAKER Bohrer-Wamp Co.
(Address) Lewiston Idaho

20. FILED Aug 26 1934 M. M. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to Aug 24, 1934

I last saw h[illegible] alive on 8/24, 1934; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Liver Abscess | about July 1st |
| | Aug 15 34 |
| Other **contributory causes** of importance: | July 18th |
| Empyema of | 1934 |
| Gall bladder | |

Name of operation July 20/34 Date of ... Autopsy

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Culdesac Idaho

102077

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

**PLACE OF DEATH**

County of Minidoka

City of Rupert

RECEIVED

FEB 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102077

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 5

(No. 101a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Angelo Batt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 4 - 1887

7. AGE: Years 47 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tyrol Austria

FATHER

13. NAME: Balista Batt

14. BIRTHPLACE (city or town) (State or country): Tyrol Austria

MOTHER

15. MAIDEN NAME: Mary Stinger

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Selvia Batt Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Aug 29 1934

19. UNDERTAKER (Address): W. A. Gooldman Rupert Idaho

20. FILED 1-28, 1937. C. E. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day and year) August 24 1934

22. I HEREBY CERTIFY, That I attended deceased from August 13 1934, to August 24, 1934.

I last saw him alive on Aug. 24, 1934; death is said to have occurred on the date stated above, at 11 a.m.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus Pneumonia | August 8th 1934 |

Other **contributory causes** of importance:

| | |
|---|---|
| Toxamia | |

Name of operation No Date of No

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas B. Coffman M. D.

(Address) Burley Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
**Department of Commerce**
Bureau of the Census

# CERTIFICATE OF DEATH
STATE OF IDAHO

121194
State File No. 121194
Local Reg. No.
Reg. Dist. No.

RECEIVED
OCT 14 1940

1. **PLACE OF DEATH:**
(a) County Washington.
(b) City or town Cambridge.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes. Outside? O city or town
(e) Died in a Home, Hospital, Institution O. Other place O.
(f) Name Hosp. or Inst. O Stayed O days
(g) Lived in this county years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon. (b) County Multnomah.
(c) City or town Portland
(d) Street Address or R. F. D. No. ?
(e) Deceased lived Inside? Yes. Outside? city or town
(f) If foreign born, in U. S. O yrs. Citizen of U. S.? Yes.
(g) How long had deceased lived in Idaho? ? years
(h) Former residence (city, state) Oregon.

3. (a) **FULL NAME** Nellie Fletcher-Hopper.

3. (b) If veteran, name war O 3. (c) Social Security No. O

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife J. E. Hopper. 6 (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April 6 1879.

| 8. AGE | Years | Months | Days | If less than 1 day |
|---|---|---|---|---|
| | 53 | 5 | 10. | hrs min. |

9. Exact Occupation Housewife. Did this work for ? yrs.
10. Industry or Business Home. Date last worked ?
11. Birthplace (City or town) Oregon. (State or foreign country)

Father
12. Name Elijah Anderson.
13. Birthplace Marion Co. (City or town) Oregon. (State or foreign country)

Mother
14. Maiden name Melissa Vannoy.
15. Birthplace Pike Co. (City or town) Missouri. (State or foreign country)

16. Informant's **OWN** Signature J. E. Hopper
and Address Cambridge, Ida. RFD 1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-13-34 (Month) (Day) (Year)
(c) Place: Portland, Ore.
18. Funeral Director's **OWN** Signature J. A. Anderson
and Address Cambridge. Idaho
19. (a) 10-12-40 (Date received and filed) (b) Otto Liebman (Registrar's signature)

## MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-11-'34 19
at 10:00 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 10-11-34 19, to 10-11-34 19
I last saw h.r alive on 10-11-34 19; death is said to have occurred on the date and hour stated above.

**Immediate Cause of Death:** — Duration
Acute Cardiac Dilatation. ?
Due to Diabetes Mellitus.
Due to Cardio-Vascular-Renal Disease ?
Other conditions
(Include pregnancy within 3 months of death)
Death occured before aid arrived.
Where was disease first contracted? Unascertained. PHYSICIAN
Name of operation O Date O
Major finding O
Finding of autopsy O

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Otto Liebman M. D.
and Address Cambridge Ida. Date 10-12 1940
(M. D. or other)
(For additional space, use reverse side)

WHITEMAN BRIDGE